Form V. S. No. 11-C—[illegible]

[illegible] OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 18801

[illegible]nty of [illegible]

[illegible]ity of Boise

No. 1702, N 19 St.

Hospital

Registration District No. 2 File No. 410

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Mabel Elizabeth Jackson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	✓	5	yes	11 (Month) – 26 (Day), 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D B Jackson	FULL MAIDEN NAME	Edith Fisher
RESIDENCE	1702 N 19	RESIDENCE	1702 N 19
COLOR	White	COLOR	[illegible]
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 [illegible]
BIRTHPLACE	Boise Ida	BIRTHPLACE	N Dakota
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Forney

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed 12-4 1913 M S Parker

Registrar

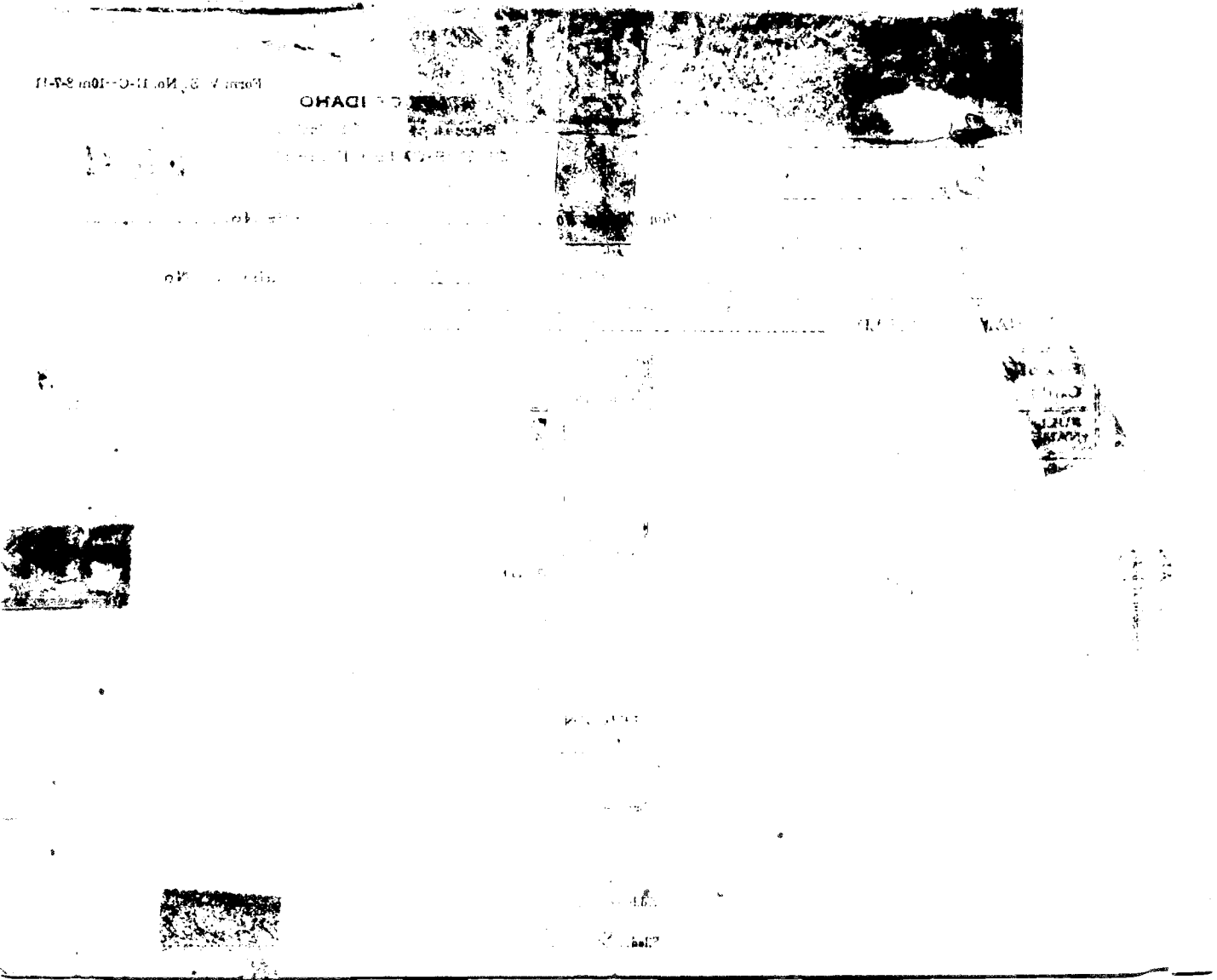
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERV[illegible]

WRITE PLAINLY, WITH UNFADING INK

N. B. In case of more than one child at birth, a SEPARATE RETURN [illegible] of each, in order of birth stated



4 3 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS FEB 14 2 PM '78

Certificate No. 189921

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Jackson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1913 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Mabel Elizabeth Jackson

Subscribed and sworn to before me this 13th day of February, 1978

Florence Furtaght

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Mabel E. Clements

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Wayne Eugene Clements born Aug. 7, 1933 at Boise, Idaho, State Fiel # 214405 gives mothers name as Mabel Elizabeth Jackson. Viewed by VS

Marriage Certificate gives name of bride as Mabel E. Jackson of Boise, Idaho and groom's name as Wallace E. Clements. Married in Ada County, Idaho, on July 22, 1930.
Viewed by V.S.

258-225-00-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18802

County of Ada

City of Boise

No. 1307 N. 21th St.

Registration District No. 2 File No. 411

Primary Registration District No. 1004 Registered No.

Hospital

FULL NAME OF CHILD Dorothy Fern Keyes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		L	11 – 25 1913

FATHER		MOTHER	
FULL NAME	Donald C. Keyes.	FULL MAIDEN NAME	Blanche Wilson
RESIDENCE	1307 N 21th	RESIDENCE	1307 N 21th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Electrician	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John A Bock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-6 1913 Mo Parker

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFA THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 19 1941

618-224-00-279

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1016 Eastman St.

Registration District No. 2

File No. 412

Primary Registration District No. 1004

Registered No. 18803

Hospital

FULL NAME OF CHILD Louise Josephine Way

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F1		L.	11-24 1913

FATHER		MOTHER	
FULL NAME	Leonard Way	FULL MAIDEN NAME	Jessie H. Sprague
RESIDENCE	1016 Eastman	RESIDENCE	1016 Eastman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	South Dakota
OCCUPATION	Mgr. of Boise Traffic Bureau	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-6 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JAN 23 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-226-00-363

PLACE OF BIRTH

[redacted] V. S. No. 11-C—20m-2-15-12

18804

County of Ada

City of Boise

No. 2523 Main St.

Hospital

Registration District No. 2

File No. 413

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD THELMA MARIE RUDGE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		L	11 26 1913

FATHER		MOTHER	
FULL NAME	R. C. Rudge	FULL MAIDEN NAME	Veda Collins
RESIDENCE	2523 Main	RESIDENCE	2523 Main
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 6 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or midwife)

Address Boise Idaho

Filed 12-6 1913 M S Parker

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 18804

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on 11-26-13 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Children's Birth Certificates #190851 & #228673 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Thelma Marie

Subscribed and sworn to before me this 29 day of October, 1954

Notary Public, residing at Boise, Idaho
My commission expires 2-6-1959
(Seal)

Signed Richard L Pudge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2311 Emerson Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of October, 1954

Notary Public, residing at Boise, Idaho
My commission expires 2-6-1959
(Seal)

Signed Ray A. Bucy
(Signature of Any Credible Person)
1317 Eastman, Boise, Ida.
(Street Address, City, State)

FORM DPH 55. 155

NOV 6 19

789-225-00-556

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 302 E. Jeff. St.

Hospital

Registration District No. 2 File No. 414

Primary Registration District No. 1004 Registered No. 18805

FULL NAME OF CHILD Geo. Homer Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F1		L	11 25 1913

FATHER		MOTHER	
FULL NAME	Geo. Homer Phillips	FULL MAIDEN NAME	Margaret N Nefsy
RESIDENCE	302 E Jeff.	RESIDENCE	302 E Jeff. St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah.	BIRTHPLACE	Wyoming
OCCUPATION	Engineer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Boise Idaho

Filed 12-6 1913 Mo Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

693.228.00.962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 713½ N 8th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18806

Registration District No. 2 File No. 415

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		L	11 28 1913

FATHER		MOTHER	
FULL NAME	Geo L Williams	FULL MAIDEN NAME	Ora T Roberts
RESIDENCE	713½ N 8th	RESIDENCE	713½ N 8th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	~~Ka~~ Idaho	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Address Boise Ida

Filed 12-6 1913 M S Parker Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

584101-001-662

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18807

County of Ada

City of Boise

No. 1406 E Franklin St.

Registration District No. 2

File No. 416

Primary Registration District No. 1014

Registered No.

Hospital

FULL NAME OF CHILD Robert John Nydegger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L	12 (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Adolph J Nydegger	FULL MAIDEN NAME	Katherine Foster
RESIDENCE	1406 E Franklin	RESIDENCE	1406 E Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Switzerland	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12/6 1913 M S Parker

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

County of

Registration District No.

Registration District No.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 18807

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Robert John Nydegger (Name on Original Certificate) who born (Was Born or Died) on Dec. 1, 1913 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name	None	Robert John Nydegger

Subscribed and sworn to before me this 14 day of June, 1968

Hazel L. Hurlbert

Notary Public, residing at Eagle Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Leito M. Bransfield

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte #2 Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Own child's birth certificate. Born in Idaho, #306622. Gives name as ~~Robert~~ Robert John Nydegger. Viewed by Vital Statistics. June 14, 1968.

JUN 24 1968

Certificate of Baptism, St. John's Cathedral, Boise, Idaho, baptized April 12, 1914 gives full name as Robert John Nydegger, child of Adolph John Nydegger and Katherin Foster, born December 1, 1913, baptized by Rev. Remi S. Keyzer - viewed by VS.

685-202-00-813

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18808

County of Ada

City of Boise

No. 1607 N 16th St.

Hospital

Registration District No. 2 File No. 417

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Fred Boise Wheeler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		l	12-2-1913

FATHER		MOTHER	
FULL NAME	Leonard Wheeler	FULL MAIDEN NAME	Doratt Hall
RESIDENCE	1607 N 16th	RESIDENCE	1607 N 16th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-6-1913 M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 18808

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wheeler (Name on Original Certificate) who born (Was Born or Died) on Dec. 2, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physician (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Fred Boise Wheeler

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

659.203.00-297

Form V. S. No. [illegible]—20m-3-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 1115 State St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18809

Registration District No. 2 File No. 418

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Marjorie Jane Weinkauf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		L	12 3 1913

FATHER		MOTHER	
FULL NAME	Chas F Weinkauf	FULL MAIDEN NAME	Rebecca Jane Sixeas
RESIDENCE	1115 State St	RESIDENCE	1115 State St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wisconsin	BIRTHPLACE	Pa.
OCCUPATION	Fascal Ag. of U. S. R. S	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Address Boise Ida

Filed 12-6 1913 M S Parker Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-206-od-417

PLACE OF BIRTH

Form V. S. No. B-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1815 No 11th St.

Hospital

Registration District No. 2

File No. 18810

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Marine Ashley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Dec. 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur E Ashley	FULL MAIDEN NAME	Mabel B Maxwell
RESIDENCE	1815 No 11th St	RESIDENCE	1815 No 11th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Conn	BIRTHPLACE	Minn
OCCUPATION	Sign Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 25 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward T Biwer Md.

Physician
(Physician or midwife)

Address 208 Sonna Bldg

Given names added from a supplemental report

19

Filed 12-12 1913 M S Parker
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 18 1972

629-128-00-543

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18811

County of Ada

City of Boise

No. 217½ St.

Hospital

Registration District No. 2

File No.

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Domingo Obieta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12 28 1913

FATHER		MOTHER	
FULL NAME	Urbano Obieta	FULL MAIDEN NAME	Berasategui Eulogia
RESIDENCE	217½ So 9th	RESIDENCE	217½ So 9th
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Baso Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pietenger

(Physician or midwife)

Given names added from a supplemental report.

19

Address Falk Bldg

Filed 12 29 1913

M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 54732

318-101-001-4/19

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

18812

County of Ada

City of Boise South

Registration District No. 2

File No.

No. 3d St.

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Karl Marmon Haystura

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec 12 1912

FATHER		MOTHER	
FULL NAME	Lawrence W. Haystura	FULL MAIDEN NAME	Esther Marmon
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M.D.
(Physician or midwife)

Address 824 Franklin St

Filed 12-12-19 M. S. Parker
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

* N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-350812

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-203-00-238

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18813

County of Ada

City of Boise

Registration District No. 2

File No. 1477

No. 1220 N 5th St.

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Jean Elizabeth Thomson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	12 (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm Arthur Thomson	FULL MAIDEN NAME	Georgia Blythe
RESIDENCE	1220 N 5th St	RESIDENCE	1220 N 5th St
COLOR	White — AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Isle of Malta	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr W. M. Smith

(Physician or Midwife)

Given name added from a supplemental report

, 19

Address

Filed 12-22 1913 M S Parker

Registrar

Registrar

S-Y CO., 16669

SEP 2 5 1975

145-205-001-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 422 So 12 St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

18814

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 112

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Thelma Viona Ames

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F	2	yes	12 5 1913

FATHER		MOTHER	
FULL NAME	James Gilbert Ames	FULL MAIDEN NAME	Alfreda Barker
RESIDENCE	422 So 12 — Boise	RESIDENCE	422 So 12 —
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Perry Tarbo	BIRTHPLACE	
OCCUPATION	Teamster	OCCUPATION	H. Co.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Titus

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address.....

Filed 12-20 1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 1 5 1965

SEP 1 1976

389-102-007-393

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 18815

County of Ada

City of Boise

No. 1124 Grand Ave

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No.

Hospital

FULL NAME OF CHILD Alex. Leon Chisholm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		2	Yes	Mar 2 1913

	FATHER	MOTHER
FULL NAME	Alex. J. Chisholm	FULL MAIDEN NAME Elsie Nichols
RESIDENCE	1124 Grand Ave Boise	RESIDENCE 1124 Grand Ave Boise
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	32 (Years)	19 (Years)
BIRTHPLACE	Canada	Colorado
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Sites

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 12-20 [illegible] M S Parker

Registrar

Registrar

BYRNS - YORK CO., PTRS. & BDRS 17826

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 16 1942

d States (Be sure the information is as of date of birth of THIS child) State File No.
rtment of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
au of the Census STATE OF IDAHO Reg. Dist. No.

ACE OF BIRTH (All items at time of this birth)
) County Ada (b) City Boise
) Street Address or R.F.D. No. 1124 Grand, ave
) Name of Hospital or Maternity Home:
) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 6 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1124 Grand
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
3. RESIDENCE OF FATHER (city, state) Boise, Idaho

ULL NAME CHILD Alex Leon Chisholm
5. Date of Birth of Child (Month, day, year) Nov 2, 1913
ex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
ULL NAME Alex Donald Chisholm
Color or Race white
12. Age at time of THIS birth 34 yrs.
Birthplace Antigonish Canada (City or town) (State or foreign country)
Exact Occupation truck driver
ndustry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Effie Mae Nichols
17. Color or Race American
18. Age at time of THIS birth 16 yrs.
19. Birthplace Carbondale Colorado (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE
I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
Attendant's **OWN** signature M.D. Midwife Address Date

e of Oregon } ss.
nty of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears em 4, above, that I am now 45 years of age, that I have known this person for 29 years, and that octor Titus (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

Effie Mae Funk Signature
5924 N. Detroit, Portland Oregon P.O. Address

Subscribed and sworn to before me this 13 day of June, 1942
(SEAL) Viola Lucca Notary Public, residing at 125 N.E. Killingsworth Portland, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)
my commission expires Jan. 14, 1944

eived for filing on JUL 14 1942 by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed~~ by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-201-001-014

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

18816

County of Ada

City of Boise

Registration District No. 2

File No. 1125

No. , St.

Primary Registration District No. 1004

Registered No.

Hospital St Lukes

FULL NAME OF CHILD Dorothy Eileen Hastington

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	1	1	yes	Dec 1, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. L. Hastington	FULL MAIDEN NAME	Grace Hammack
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Burns Oregon
OCCUPATION	Electrical Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Boise, Idaho

Filed 12-12 1913 M S Parker

Registrar

Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 1 1974

863.117-401-31 [redacted]

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH [redacted] ATISTICS 18817

County of Ada [redacted] RTH

City of Boise

Registration District No. 2 File No. 426

No. St.

Primary Registration District No. 1004 Registered No.

Hospital St. Alphonsus

FULL NAME OF CHILD Roy John Holm

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec. 17 1913

FATHER		MOTHER	
FULL NAME	Thorwald Holm	FULL MAIDEN NAME	Gertie Carmel Carey
RESIDENCE	Barberton	RESIDENCE	Barberton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Norway	BIRTHPLACE	Kansas
OCCUPATION	Storekeeper	OCCUPATION	House-wife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Fall

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 12/29 1918 M S Parker

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/30/40 L. B.

OCT 7 1954

266-225-001-643

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Lukes

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18818

Registration District No. 2 File No. .....

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Helen Francis Bowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 25 1913

FATHER		MOTHER	
FULL NAME	Wm H. Bowler	FULL MAIDEN NAME	Elma Faulkenberg
RESIDENCE	Boise	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Clergyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 25 at 9:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Mumford
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-19-1913 M. L. Parker
Registrar

S-Y CO. 24655

NOV 18 1960
AUG 25 1971

128-124-001-168

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18819

County of [redacted]

City of Boise

Registration District No. 2

File No. 4-28

No. 1909 Wash St.

Primary Registration District No. 1007

Registered No.

Hospital Home

FULL NAME OF CHILD Gum, Henry, William Henry Ash

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and [Number in order of birth]	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Grey Ash	Gertrude Mae Johnson
RESIDENCE	1909 Washington	1909 Washington
COLOR / AGE AT LAST BIRTHDAY	White / 34 (Years)	White / 23 (Years)
BIRTHPLACE	Raymond Ill	Youngstown Ill
OCCUPATION	Mangr Interstate Auto Co	Clerk

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James L Stewart

Physician

(Physician or Midwife)

Address Boise Idaho

Given name added from a supplemental report

William Henry, 19....

Registrar

Filed 12-29 1913 M S Parker

Registrar

S-Y CO., 16668

JAN 5 1942

[redacted]

391-224-001-437

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18820

County of Ada

City of Boise

No. 608 S 16th St.

Hospital

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD ~~Nora Thelma~~ Thelma Nora Cramer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Cramer	FULL MAIDEN NAME	Maud McGrew
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman, M.D.

(Physician or midwife)

Address Boise

Filed 12/31 1913

[signature] Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
MAR 3 1944
SEP 18 1974

766-119-001-755

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18822

Registration District No. 2 File No. 4

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Henry Ward Pomeroy Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male				Yes	Dec 19 1913

FATHER		MOTHER	
FULL NAME	Henry Ward Pomeroy	FULL MAIDEN NAME	Bertha Plunger
RESIDENCE	Near Meridian	RESIDENCE	Near Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Lincoln Neb	BIRTHPLACE	Medford Or.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 19 1913 at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numans
(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report.

2 ..... 19.....

Filed 12-29 19 18 M. Parker
Registrar

.....
Registrar

S-Y CO. 24655

MAR 6 1943

JUL 17 1951

FEB 26 1952

FEB 29 1952

391-21 81401-613

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18823

County of Ada

City of Boise

No. 1815 Wash St.

Registration District No. 2

File No. 1132

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Charlotte Virginia Cramer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Cramer	FULL MAIDEN NAME	Sarah A Walker Cramer
RESIDENCE	1815 Washington St	RESIDENCE	1815 Washington St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Texas	BIRTHPLACE	Ill
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J S Springer MD
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 12/19 1913

M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 18 1942

FEB 22 1952

212.226.001-569

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18824

County of Ada

City of Boise

No. 704 N. 7th St.

Hospital

Registration District No. 2

File No. 453

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Florence Marie Baker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Dec (Month) 26th (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Baker	FULL MAIDEN NAME	Laura M. Norford
RESIDENCE	704 North 7th St	RESIDENCE	704 North 7th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Pennsylvania
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

(lived an hour)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise

Filed 12-28 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-125-001-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-1-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]IFICATE OF BIRTH

8825

County of Ada

City of Boise

Registration District No. 2

File No.

No. 9th Surr N.W. Cor

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Domingo Baraínca

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Ye	12 25 1913

FATHER		MOTHER	
FULL NAME	Tony Baraínca	FULL MAIDEN NAME	Cipriana Casto
RESIDENCE	Owyhee Ore	RESIDENCE	Owyhee Ore
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Purington

(Physician or midwife)

Given names added from a supplemental report.

19

Address Talk Bldg

Registrar

Filed 12/26 1913

M S Parker

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

W.F. No. 31-100-6-20-11. No. 33.

THIS IS TO CERTIFY. That the following is a true and correct copy of a certificate of birth, filed in the Bureau of Vital Statistics, Board of Health as directed by the Act of Legislature, approved March 9, 1911.

Eduard J Binrd
(State Registrar)

March 27, 1917.
(Date)

STATE OF IDAHO
Bureau of Vital Statistics.
CERTIFICATE OF BIRTH.

PLACE OF BIRTH

County of Ada
City of Boise
No. 9th & Grove St.
N.W. Corner.
Hospital .....

Registration District No. 2. File No. 18825

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD.....Domingo..... Barainca.....

Sex of Child.	TWIN, TRIPLET, OR OTHER?	AND Number in order of birth	LEGITIMATE?	DATE OF BIRTH
Male			Yes	Dec. (Month) 12 (Day) 1913 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Antonio Barainca		CIPRIANA-SORTA ~~Celrea Cortia~~
RESIDENCE	Owyhee, Oregon	RESIDENCE	Owyhee, Oregon.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	.....40 (Years)	AGE AT LAST BIRTHDAY	....23 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco, Spain
OCCUPATION	Sheepman.	OCCUPATION	Housewife.

Number of child tihis mother....Number of children, of this mother, now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, and that it occurred on Dec. 12 1913, at. 7 A.M.

When there was no attending physician or midwife, then the father, mother, householder, etc. should make this return.

(SIGNATURE) Fred A. Pittenger.
Falk Building
(Physician or Midwife)

GIVEN NAME ADDED FROM A SUPPLEMENTAL REPORT
....., 19.....
..... Registrar

ADDRESS.....
Filed Dec. 26th 1913 M.S. Parker
Registrar.

BY CO., 16671.

JUN 26 1975

JAN 27 1965

Dr. Forney

331-48-004-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-23-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18826

County of Ada

City of Boise

Registratio[redacted] 2

File No. 4.35

No. ....., ... St.

Primary Registration District No. 1004

Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Ben Clark

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)	5	yes	12 (Month), 18 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thos L. Clark	FULL MAIDEN NAME	Vera Michael
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housek pr

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

.....
(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address .....

Filed [redacted] 12 Mil Parker

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Certified Copy issued Nov. 7, 1940. E.W.

[redacted]

395-220-00-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

1827

County of Ada

City of Boise — Registration District No. 2 — File No. 436

No. Cor. 9th & Washington St. — Primary Registration District No. 1004 — Registered No.

Hospital

FULL NAME OF CHILD Olive Marie Trimble

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Dec 20th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hodgen A. Trimble	Olive B. Wallon
RESIDENCE	Boise Ida	Boise 517 N 4th St
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	17 (Years)
BIRTHPLACE	Jefferson City Mo	Iowa Falls Iowa
OCCUPATION	Electrician	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

(Physician or Midwife)

Address 120 S. 9th Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12-30 1913 M S Parker

Registrar

S-V CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962-205-001-813

PLACE OF BIRTH AMENDED 11/21/50

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1101 Pueblo St. Registration District No. 2 File No. 18828

Hospital Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Alice May Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	12/5/13 192

What bacteriocidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry Cleve Ross	FULL MAIDEN NAME	Alice Myrtle Haley
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kansas City, Missouri	BIRTHPLACE	Boise, Idaho
OCCUPATION	Candy Manufacturer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:40 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) George P. Haley

(Physician or midwife)

Address Boise, Idaho

Filed 12/30/13 192 M. S. Parker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18828
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Myrtle A. Ross	Alice May Ross
Name of Father	Henry C. Ross	Henry Clem Ross
Name of Mother	Alice M. Haley	Alice Myrtle Haley

Subscribed and sworn to before me this 15th day of Aug 1950

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Jennie M. Haley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

368-126-001-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18829

County of Ada

City of Boise

Registration District No. 2

File No. 43

No. ..... St.

Primary Registration District No. 1004

Registered No. .....

Hospital St Alphonsus

FULL NAME OF CHILD Sidney William Coy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	12 26 1913

FATHER	MOTHER
FULL NAME: Sidney E. Coy	FULL MAIDEN NAME: Blanche Morin
RESIDENCE: Boise	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Missouri
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman M.D.

(Physician or midwife)

Address Boise

Given names added from a supplemental report

..... 19.....

Filed 12-31 19 13

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

396-215-001-369

E OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18830

County of Ada

City of Boise

No. 1420 E Bannock St.

Registration District No. 2

File No. 439

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD LAMOYNE ELIZABETH TROY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jack E. Troy	FULL MAIDEN NAME	Emma A. Corn
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Missouri
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Buck

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-27 1913

M S Parker
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12630
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... Birth (Birth or death)
for LaMoyne Eliz. Troy (Name on original certificate) who was born (Was born or died) on Dec. 15 - 1913 (Date of event)
in Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	No Name - Troy	LaMoyne - Elizabeth Troy

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed Mrs. Jack Troy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1711 Boise Ave. Boise Ida
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of ..... } ss.
County of ..... }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed John Booth
(Signature of any credible person other than the previous affiant)

Boise Ida - 315 N 8th
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

[illegible]
[illegible] of Vital Statistics
[illegible] an Original Certificate of Birth or [illegible]

Certific[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

263-116-001-795

Form V. S. No. H-C—20m-8-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 615 Myrtle St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

18831

Registration District No. 2 File No. 440

Primary Registration District No. 1004 Registered No.

Amended 9/27/77

FULL NAME OF CHILD Delbert Andrew Koll

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Koll	FULL MAIDEN NAME	Mary M. Greiner
RESIDENCE	Boise Ida	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Liveryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-27 1913 M S Parker

Registrar

Registrar

R-Y CO. 20174

9/27/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
SEP 27 1 51 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 18831

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Koll (Name on Original Certificate) who was born (Was Born or Died) on 12/16/13 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Koll	Delbert Andrew Koll

Subscribed and sworn to before me this 27th day of
September, 19 77
Margaret E. Evans
Notary Public, residing at Boise
My commission expires Lifetime
(Seal)

Signed x Mrs Helen A Koll
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
x 1909 State St. Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Child's birth certificate issued by S.Alphonsus Hospital on 3/10/43 gives name of Father as Delbert Andrew Koll. viewed by V.S.

SEP 2 7 1977

Social Security Card issued 12/16/36 #518-07-5334 gives name as Delbert Andrew Koll. Viewed by V.S.

814-224-001-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18832

County of Ida

City of Boise Ida

No. 819 E. Jeff St.

Hospital

Registration District No. 2 File No. 441

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Nancy Naomi Hamon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Hamon	FULL MAIDEN NAME	Lydia Collar
RESIDENCE	Boise Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-27 B M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

— PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259 [illegible]

Amended 11/22/78

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18833

City of Boise

No. 1614 N 21 St.

Hospital

Registration District No. 2

File No. 442

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Gladys Lucille Berry

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Melvin Berry	FULL MAIDEN NAME	Emley Shaffner
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Austria	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed Nov 27 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 30 10 43 AM '78

State of Oregon
County of Washington } ss.

Certificate No. 18833

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Berry (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 12, 1913 (Date of Event)
in Boise, Idaho (Ada) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Gladys Lucille Berry

Subscribed and sworn to before me this 5th day of October 1978

Nancy Matlock
Notary Public, residing at Boring, Oregon
My commission expires 11/25/79
(Seal)

Signed Joan W. Berry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6523 N.E. Oregon St. Portland, Or.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of October 1978

Nancy Matlock
Notary Public, residing at Boring, Oregon
My commission expires 11/25/79
(Seal)

Signed Wally Joyce
(Signature of Any Credible Person)

518 Wynooski, Newberg, Or 97132
(Street Address, City, State)

FORM DH 60-155

CL 9/27/78

Certif of Marriage gives names as Loran W. Gray and Gladys Berry. married in Portland,Oregon on Sept 5, 1936. viewed by V. S.

NOV 2 2 1978

National Service Life Insurance Certif No. 3 148 912 gives namea a Loran Walter Gray dated Aug 1, 1942. Mrs. Gladys Lucille Gary. dated Oct 28, i42 viewd byVS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-230-001-344

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsas

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18834

Registration District No. 2 File No. 443

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Margaret Hartson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clinton H. Hartson	FULL MAIDEN NAME	Florence Ludwig
RESIDENCE	Boise Idaho	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	R. I.
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 30 at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Boise, Idaho

Filed 12 30 1913 M S Parker
Registrar

Registrar

S-Y CO. 24655

JUL 21 1942

MAR 27 1970

215·206·001-845

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18835

County of Ada

City of Boise

No. 401 1/2 O'Farrell St.

Hospital

Registration District No. 2 File No. 444

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD LOUISE ANNE SANDMEYER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph L Sandmeyer	FULL MAIDEN NAME	Ellen G Huntley
RESIDENCE	Boise Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Nebraska
OCCUPATION	Book-keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Buck

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-27-13 M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 18835

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Louise Anne Sandmeyer (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 6 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Louise Anne Sandmeyer

Subscribed and sworn to before me this 16th
day of April, 1942

W. B. Douglas
Notary Public, residing at Boise Idaho
My commission expires Dec. 13, 1942
(SEAL)

Signed Mrs. J. L. Sandmeyer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
401 - O'Farrell St Boise I
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 17 1942

219-111-001-349

Form V. S. No. 11-C—[illegible]-2-15-12

PLACE OF BIRTH

Ida

City of Boise

No. ..... St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18836

Registration District No. 2 File No. 445

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Don Hurdman Bark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Don H. Bark	FULL MAIDEN NAME	Mary K. Turner
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Ind
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 45 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12 27 19 13 McParker

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 2 1944

453 [redacted] -006-349

[redacted] IRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18837

County of [redacted] ham

City of Kimball

No. R. F. D. 4 3 Blackfoot

Registration District No. 69 File No.

Primary Registration District No. 2447 Registered No. 221

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. L. Mecham	FULL MAIDEN NAME	Amelia Curtis
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye
Midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Shelley Ida.

Registrar

Filed 12-30 1913 Edwin Cutler M. D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 16 1971

386-108'006-399

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. _____ St.

Hospital _____

Registration District No. 69

File No. 18838

Primary Registration District No. 2147

Registered No. 222

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Lyons	FULL MAIDEN NAME	Emma E Criddle
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye
midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley Ida.

Filed 12 — 30 1913 Edwin Cutler M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-217-606-485

PLACE OF BIRTH

Form V. S. No. 11-7—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Basalt

No. _____ St.

Hospital _____

Registration District No. 69

File No. 18839

Primary Registration District No. 2147

Registered No. 223

FULL NAME OF CHILD EDITH LOUISE JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra Johnson	FULL MAIDEN NAME	Ada Dye
RESIDENCE	Basalt	RESIDENCE	Basalt
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleys
midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley Ida

Filed 12-30 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1987
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County BINGHAM (b) City BASALT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
OUR OWN HOME
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Basalt
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Basalt, Idaho

FULL NAME OF CHILD Edith Louise Johnson

5. Date of Birth of Child (Month, day, year) Dec. 17 - 1913

Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

FULL NAME William Ezra Johnson
Color or Race White 12. Age at time of THIS birth 28 yrs.
Birthplace Ovid (City or town) Idaho (State or foreign country)
Exact Occupation Farming
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Adelaide Doyle
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace Basalt (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive/stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ada (First name) Johnson (Last name) who related to this child as mother (Mother, etc.)

Attendant's **OWN** signature E J Wadsworth M.D. Midwife Address 1344 Sage I. F. Date 1/26

FEB 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993-108-006-399

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 18840

Primary Registration District No. 2147 Registered No. 237

FULL NAME OF CHILD James Phillip Richmond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov 8 1913

FATHER

FULL NAME Ray E. Richmond

RESIDENCE Shelley

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Iowa

OCCUPATION Lineman

MOTHER

FULL MAIDEN NAME Martha Critchlow

RESIDENCE Shelley

COLOR W AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah Ogden, Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. E. Roberts M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-14 1914 Edward Cutler Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INDELIBLE INK IN A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

319-212-[redacted]

PLACE OF [redacted]

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

Registration District No. 69 File No. 18841

Primary Registration District No. 2147 Registered No. 224

FULL NAME OF CHILD BERTHA WILHELMINA LARSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
F			yes	11	*12-	1913

FATHER	MOTHER
FULL NAME Charles A. Larson	FULL MAIDEN NAME Hannah Carlson
RESIDENCE Firth	RESIDENCE Firth
COLOR W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION H K.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 30 P M. on the date above stated.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Filed 12-4 1913 Edwin Cutler M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18841

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bertha Wilhelmina Larson
Date	Nov. 10th	Nov. 12, 1913

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of Sept, 1943

Notary Public, residing at Firth Ida

My commission expires July 7-1944
(Seal)

Signed Roland Larson (Brother)
(Signature of Any Credible Person Other Than Previous Year)

Firth Idaho R #1
(Street Address, City, State)

SEP 30 1943

OCT 2 1943

JUN 26 1948 - APR 22 1948

154-116-006632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18842

County of Bingham

City of Shelley

No. ..... St.

Registration District No. 67 File No. .....

Primary Registration District No. 2147 Registered No. 226

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	11 - 16 1913

FATHER	MOTHER
FULL NAME G. D. Anderson	FULL MAIDEN NAME Maria Olsen
RESIDENCE Shelley	RESIDENCE Shelley
COLOR W. AGE AT LAST BIRTHDAY 48 (Years)	COLOR W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION H. K.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.
(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 12-1 1913 Edwin Cutler M.D.
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-119-006-992

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18843

County of Bingham

City of Woodville

No. ..... St.

Hospital .....

Registration District No. 69 File No. .....

Primary Registration District No. 2147 Registered No. 227

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	11 (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W. E. Morriss	FULL MAIDEN NAME	Elizabeth Rosenney
RESIDENCE	Woodvill	RESIDENCE	Woodvill
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed 12-30 1913 Edwin Cutler M. D.

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D 82-018

695-209-006-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bingham

Amended 5/11/76

CERTIFICATE OF BIRTH

City of Jamestown

Registration District No. 69

File No. 18844

No. ..... St.

Primary Registration District No. 2147

Registered No. 214

Hospital .....

FULL NAME OF CHILD Guelda Fielding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 9 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Nephi Fielding	FULL MAIDEN NAME	Lillie Cannon
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapplyf
midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley Ida.

Filed 12—1 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 18844

Date Filed March 11, 1976

APR 23 1976 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Fielding (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 4, 1913 (Date of Event) in Jamestown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism record, Grade School Diploma (Bible Record, Insurance Policy, Etc.) Notorized Signatures prepared on April 15 - 1976 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Guelda Fielding
Birth date not correct		Nov. 9, 1913
Mother's name incorrectly spelled		Lillie Cannon

Subscribed and sworn to before me this 15th day of April, 1976

Notary Public, residing at Shelley, Idaho
My commission expires January 18, 1980
(Seal)

Signed Leslie N. Fielding
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Box 207 Shelley Idaho 83274
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of April, 1976

Notary Public, residing at Shelley, Idaho
My commission expires January 18, 1980
(Seal)

Signed Fern Christensen
(Signature of Any Credible Person)

570 So. Park, Shelley, Idaho 83274
(Street Address, City, State)

FORM DH 60-155 CL 3/29/76 Rush!

MAY 1 1 1976

Application for National Serice Life Ins gives name as Ronald Monroe Christens} en born June 8, 1914 at Shelley, Idaho. Beneficiary listed as Guelda Fielding Christense. dated March 25, 1944. viewed by V. S.

Baptismal

Record of [redacted] from the LDS Church gives name as Guelda Christensen born Nov 9, 1913 at Jamestown, Idaho. Baptized July 1, 1922. father's name given as Nephi Fielding and mother's name as Lille Cannon. viewed by V. S.

Permanent High school record from Jamestown gives name as Guelda Fielding born Nov 9, 1913. age at entrance in 14. dated 1932. vieweed by V. S.

857-220-006-384

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Kimball

No. _____ St.

Hospital _____

Registration District No. 69 File No. 18845

Primary Registration District No. 2147 Registered No. 215

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E. Hepworth	FULL MAIDEN NAME	Mary E. Thurman
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rapphys
midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Shelley Ida

_____ 19__

Filed 12-1 1913 Edwin Cutler M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 6 1975

753-1 [redacted] :863

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18846

County of Bonneville

City of Taylor

No. _____ St.

Hospital _____

Registration District No. 69 File No. _____

Primary Registration District No. 2147 Registered No. 216

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		no	Nov (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lester W. Peterson	FULL MAIDEN NAME	Viola Holm
RESIDENCE	Taylor	RESIDENCE	Taylor
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye
midwife
(Physician or midwife)

Given names added from a supplemental report.

Address Shelley Ida

_____ 19____

Filed 12-1 1913 Edwin Cutler M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3

DUP OF 1913-387349

693.129.006

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18847

County of Bingham

Amended 11/8/74

City of Woodville

Registration District No. 69

File No.

No. St.

Primary Registration District No. 2147

Registered No. 217

Hospital

FULL NAME OF CHILD Virgel LeRoy Willyerd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leroy A Willyerd	FULL MAIDEN NAME	Maggie Humpherries
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	utah	BIRTHPLACE	utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye
midwife
(Physician or midwife)

Given names added from a supplemental report.

19

Address Shelley

Registrar

Filed 12-1 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

FEB 1 4 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 1 10 16 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... ss.
County of .....

Certificate No. 18847

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Willyered (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 29, 1913 (Date of Event)
in Woodville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child;s name	Unnamed Willyered	Virgel LeRoy Willyerd
Father's last name	Willyered	Willyerd

Subscribed and sworn to before me this 31 day of October, 1974

Notary Public, residing at St. Anthony, Idaho
My commission expires 1-15-79
(Seal)

Signed Margaret Call
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of October, 1974

Notary Public, residing at St. Anthony, Ida.
My commission expires Dec. 9, 1975
(Seal)

Signed [signature] (Signature of Any Credible Person)

[signature] St. Anthony, Idaho (Street Address, City, State)

FORM DH 30-155 CL 2/14/73

Diploma from Carbon County School District of Utah gives name as Virgel L. Willyerd. for the 8th grade. dated May 18, 1928. viewed by V. S. NOV 8 1974

Certificate of Baptism and Confirmation from the LDS Church gives name as Virgel LeRoy Willyerd son of LeRoy A. Willyard and Margaret W. Humphries. Born Nov. 29, 1913 at Woodville, Idaho. Was Baptized Oct. 1, 1922. viewed by V. S.

389-112-006-293

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **18848**

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 69 File No. 29

Primary Registration District No. 2147 Registered No. 218

FULL NAME OF CHILD Windell Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	nov 12 1913

FATHER		MOTHER	
FULL NAME	Josephine Christensen	FULL MAIDEN NAME	Ardena Killian
RESIDENCE	Goshen Ida	RESIDENCE	Goshen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Hyrum utah	BIRTHPLACE	Glenwood severbo utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive nov 12 at 8 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Serstans
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida R-1

Filed nov 22 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386.123.006-957

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **18849**

County of Bingham

City of Firth

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** 30

Primary Registration District No. 2147 **Registered No.** 217

FULL NAME OF CHILD Eli Lyons

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			5	yes	nov 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John J. Lyons	FULL MAIDEN NAME	Ellen J. H Ingelstrom
RESIDENCE	Firth Ida	RESIDENCE	Firth Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive nov 29 at 2.20 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida R-1

Filed nov 24 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-230-006-869

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18850

County of Bingham

City of Goshen

No. ..... St.

Hospital .....

Registration District No. 69 File No. .....

Primary Registration District No. 2147 Registered No. 220

FULL NAME OF CHILD Alta Mansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Oct 30 1913

FATHER		MOTHER	
FULL NAME	Julius Neals Mansen	FULL MAIDEN NAME	Julia Jorgensen
RESIDENCE	Goshen Ida	RESIDENCE	Goshen Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Farmers

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 30, at 4 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

Midwife
(Physician or midwife)

Address Shelley Ida R.F.D. #1

Given names added from a supplemental report

..... 19.....

Filed Nov 8 1913 Edwina Cutler M.D.
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-352740

443.125.006-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18851

County of Bingham

City of Shelley

Registration District No. 69 File No.

No. St.

Primary Registration District No. 2147 Registered No. 234

Hospital

FULL NAME OF CHILD Geo. Ray Mull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1	Yes	Sept. 25 1913

FATHER		MOTHER	
FULL NAME	Geo Ray Mull	FULL MAIDEN NAME	Zella May Sage
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ida
OCCUPATION	Mail Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 2-13-9 M
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Elliott M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

.....19.....

Filed 1-14-1914 Edward Miller
Registrar

.....
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-118-001-712 [redacted]

PLACE OF BIRTH

Form V-S-Fac-11-G—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 18852

No. R# II St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD John Calzacorta

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	one (To be answered only in event of plural births)	4th	yes	Nov 18, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jan J. Calzacorta	FULL MAIDEN NAME	Maria L. Gabica
RESIDENCE	Meridian R# II	RESIDENCE	Meridian R# II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Meridian Idaho

Filed Dec 2nd 1913 C. L. Dutton Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 18852

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Calzacorta (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 18, 1913 (DATE OF EVENT)
in Meridian, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 6th 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	John Calzacorta

Subscribed and sworn to before me this 6
day of May, 1942

Geo A Dixon

Notary Public, residing at Nampa Idaho

My commission expires June 1943
(SEAL)

Signed M L Calzacorta

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1623 - 1st Stret No - Nampa Ida

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ knowledge.

Subscribed and sworn to before me this 6th
day of May, 1942

Notary Public, residing at Nampa Idaho.

My commission expires June 1943
(SEAL)

Signed Earl Grace

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1519- 1st Stret So Nampa Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 9 1942 By

(REGISTRAR'S SIGNATURE)

MAY 22 1951

MAY 1 1 1948

283-217-001 295

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R St.

Registration District No. 1 File No. 18853

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Malinda Bell Kyle

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	one	3rd	yes	Dec 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jefferson J. Kyle	FULL MAIDEN NAME	Tina Kindle
RESIDENCE	Nampa R# II	RESIDENCE	Nampa R# II
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Ark.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or midwife)

Given names added from a supplemental report

Jan 1st 1914

C. L. Dutton Registrar

Address C. L. Dutton

Filed Jan 1st 1913 C. L. Dutton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1948

356-223-001-685

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18854

County of Ada

City of Meridian

No. 1 St.

Hospital 1

Registration District No. 1

File No. ✓

Primary Registration District No. 2003

Registered No. ✓

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec 23 1914 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lester Wm Lewis	FULL MAIDEN NAME	Clora May Wheeler
RESIDENCE	4 Mi N 2½ Mi W.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ada Co Idaho	BIRTHPLACE	"Mancos" Colorado
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Hutton

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian Ida

Filed Dec 23 1914 C. L. Hutton Registrar

..... Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-129-00-819

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18855

County of Ada

City of Meridian

Registration District No. 1 File No.

No. St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Sherman J Louderbough

Sex of Child Male | Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milton M Louderbough	FULL MAIDEN NAME	Rebecca Jane Hazen
RESIDENCE	Meridian	RESIDENCE	~~Ill~~ Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Hardware Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:10 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician ~~or midwife~~)

Given names added from a supplemental report.

Address Meridian

19

Filed Jan 2 1913 C. L. Dutton

Registrar Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 5 1973

DEC 2 9 1941

413-122-00698

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1 File No. 18856

No. ____ St.

Primary Registration District No. 2003 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ernest Roy Mathews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Illegitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	and	✓	Yes	Dec 22 1913

FATHER	MOTHER
FULL NAME Roy E. Mathews	FULL MAIDEN NAME Edna Lee Symmes
RESIDENCE Meridian	RESIDENCE Meridian Ida
COLOR White AGE AT LAST BIRTHDAY 26 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Star Idaho.	BIRTHPLACE Trinidad Colorado
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:25 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sullivan
(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report.

....., 19....

Filed Dec 23 1913 C. L. Sullivan
Registrar

S-T CO. 24686 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... }ss.
County of ..... }

Certificate No. 18856

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ernest Roy Mathews

Subscribed and sworn to before me this 4th
day of Mar., 1943

(Pauline Ambrose)
Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Mrs Roy E Mathews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 4 1943

693-220-004699

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18857

County of Ada

City of Meridian

Registration District No. 1 File No.

No. St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Not Named: - Flory Margaret

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman C. Wilson	Lucy F. Orr
RESIDENCE	Meridian Ida	Meridian Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	32
BIRTHPLACE	Missouri	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bacock

(Physician or midwife)

Address Boise Ida

Given names added from a supplemental report

K 19

Filed Jan 1st 1914 C. L. Sutton Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-002-042-236

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ——

No. ..... St.

Hospital .....

Registration District No. 2085 File No. 18858

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harley Edward Chaffer Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 2 191 (Month) (Day) (Y

FATHER		MOTHER	
FULL NAME	Harley E. Chaffer	FULL MAIDEN NAME	Mary Stormer
RESIDENCE	Twin Falls Co.	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	——

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 a on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician (Physician or midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed 12-8 1913 John F. Cughler Registrar

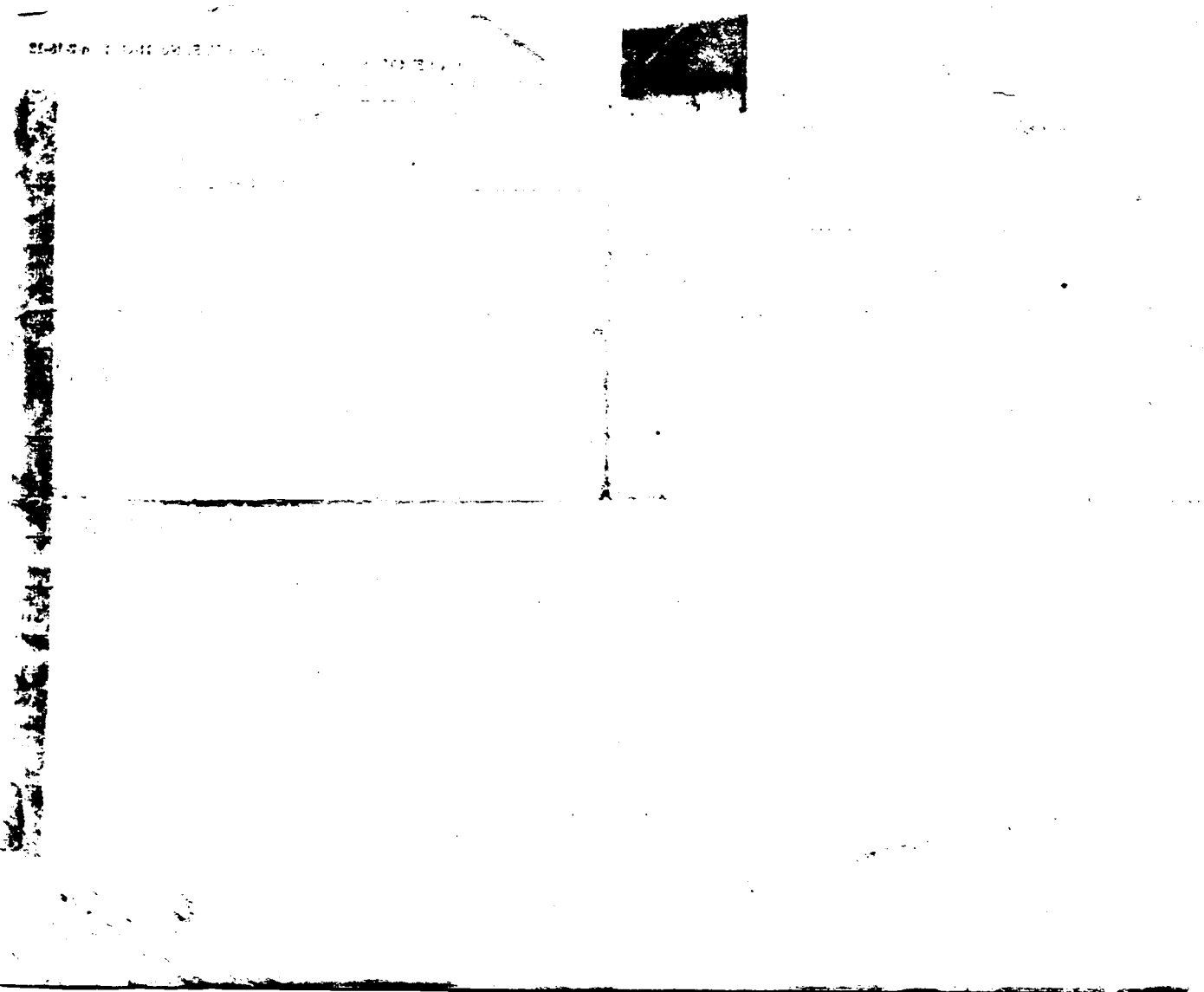
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



219-125-042-285

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18859

County of Twin Falls

City of Kimberly

Registration District No. 2085 File No.

No. St.

Primary Registration District No. Registered No.

Hospital Home

FULL NAME OF CHILD Paul Nelson Barnhill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—	—	—	Yes	Dec 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank R Barnhill	FULL MAIDEN NAME	May L Sherman
RESIDENCE	Kimberly Idaho	RESIDENCE	Kimberly Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Monticello, Iowa	BIRTHPLACE	Alliance Nebr.
OCCUPATION	Rancher	OCCUPATION	Hw.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Davis M.D. (Physician or midwife)

Address Kimberly

Given names added from a supplemental report.

19

Registrar

Filed 12-28 1913 John W Quigley Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 10/31/40

395 219 042 619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 208

File No. 18860

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Arta Hazel Lind.

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	yes	Oct. (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Herman Gustave Lind	FULL MAIDEN NAME	Hazel Farwell
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct. 19, 1913 at 9 35 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 1-8 1913 John F. Crigher

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1958
AUG 7 1973

653-102 042-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. _____ St.

Hospital _____

Registration District No. 2085

File No. 18861

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	1	yes	Dec. (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred Fellabaum	FULL MAIDEN NAME	Tressie Kendall
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Washington.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec. 2, 1913 at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Twin Falls

Filed 1-8 1914 John H. Bugher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-125-042-165

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 4085 File No. 18862

Primary Registration District No. Registered No.

FULL NAME OF CHILD Omer Albert McIntire

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	1	yes	Dec 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest W McIntire	FULL MAIDEN NAME	Cora Jones
RESIDENCE	Goat Springs	RESIDENCE	Goat Springs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Rock Creek, Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Dec. 25, 1914 at 4.30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan

(Physician or midwife)

Given names added from a supplemental report.

19

Address Twin Falls

Filed 1-8 1914 John Brighton

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

243-22C-042-8LB

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 2085 File No. 18863

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mildred Dessie Butcher

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl		1	yes	Dec (Month) 20 (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leanard Benton Butcher	FULL MAIDEN NAME	Jennie Rhodaellen Halloway
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Dec. 20 at 4 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 1-8 1914 John T. Engleler
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 16 1971

243-121-042-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital Twin Falls

Registration District No. 1085 File No. 18864

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jess. Sutmiller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul C. Sutmiller	FULL MAIDEN NAME	Helen H Ball
RESIDENCE	Hansen, Ida	RESIDENCE	Hansen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls, Ida

Filed 12-24 1913 John T. Coughlin Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VIT
CERTIFICAT

JAN 27 1975

853-231-042-356

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 558 - 5th W St.

Hospital

Registration District No. 1085 File No. 18865

Primary Registration District No. Registered No.

FULL NAME OF CHILD Isabel Helki

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Helki	FULL MAIDEN NAME	Elizabeth Leonard
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white AGE AT LAST BIRTHDAY 23 (Years)	COLOR	white AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

Address Twin Falls, Ida

19

Filed 1-4 1914 John A Engelhorn Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-375975

not

613-209-042-418

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 44-4 3rd East St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18866

Primary Registration District No. Registered No.

FULL NAME OF CHILD Ella May Walters

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female		3.	legitimate	Dec 9th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick James Walters	FULL MAIDEN NAME	Christie Myrtle McHoney
RESIDENCE	Three Creek Idaho	RESIDENCE	Three Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Austin Nev	BIRTHPLACE	Weiser Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 9th 4 P.M. at 4 E 4th East on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) Corrillo J. Robbins

~~219 W S H Boise Idaho~~ Midwife
(Physician or midwife)

Address 219 W S H Boise Idaho

Filed 12-15 1913 John L. Bughler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

6/17/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18866

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Walters (Name on Original Certificate) who was born (Was Born or Died) on Dec. 9, 1916 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Name~~	Unnamed Walters	Ella May Walters

Subscribed and sworn to before me this 17 day of June, 1977

Margaret L. Davis

Notary Public, residing at Margaret L.

My commission expires .....

(Seal)

Signed X Ella May Walters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Social Security Card #539-50-4180 issued 9/61 gives name as Ella May W. Gould (married name) viewed by V.S.

JUN 17 1977

Own child's birth certificate issued by State of Idaho 5/18/41 gives name as Ellamae Walters. viewed by V.S.

263-215-042-263

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls,

City of Twin Falls,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18867

Registration District No. 1085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruth Edith Botts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edward P Botts	FULL MAIDEN NAME	Nell Botts
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T O Boyd

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Twin Falls Idaho

Filed 12-15 1913 Johnson Cugher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 7 1975

613,121-042-418

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 245 - 3 Dove South St.

Hospital Home

Registration District No. 1085 File No. 18868

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD William Franklin Walters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Legitimate	Dec 21 1913 (Month) (Day) (Year) 4 A.M.

FATHER		MOTHER	
FULL NAME	Charles Royal Walters	FULL MAIDEN NAME	Georgia Fine Mahoney
RESIDENCE	Three Creek Idaho	RESIDENCE	Three Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Bullian Nev.	BIRTHPLACE	Weiser Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 4 A.M. Dec 21st at 245 Pa M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Corrilla J. Robbins
Midwife
(Physician or midwife)

Address 219 W. S. A. Boise Idaho

Filed 12-23 1913 Johnson Crighton
Registrar

6-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-216-042-455

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 1085 File No. 18869

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ruby Esther Coleman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec. 16 1913

FATHER		MOTHER	
FULL NAME	Chas R. Coleman	FULL MAIDEN NAME	Viola Denton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White AGE AT LAST BIRTHDAY 24 (Years)	COLOR	White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Boise, Ida	BIRTHPLACE	Mountain Home, Ida
OCCUPATION	Electrician	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 pm M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19..

Address Twin Falls Ida

Filed 12-20 1913 John L Brighton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH 7-18-67

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 19 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 18869

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Coleman (Name on Original Certificate) who was born (Was Born or Died) on Dec. 16, 1913 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	unnamed	Ruby Esther Coleman

Subscribed and sworn to before me this 19 day of
May, 19 67
Notary Public, residing at Twin Falls County
My commission expires Dec. 31, 1968
(Seal)

X Signed C. R. Coleman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JUL 19 1967

Own childs birth certificate on file - Idaho Certificate # 240862. Child born Feb. 21, 1936gives mother's name as Ruby Esther Coleman.
Viewed by V. S.

Marriage Certificate gives name as Ruby Esther Coleman. Married July 19, 1932 in Valley County Idaho. Roy Daley County Clerk.
Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-214-042-291

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18870

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 1085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Marjorie McKinstry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert McKinstry	FULL MAIDEN NAME	Elizabeth Krause
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Plumber	OCCUPATION	—

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls Idaho

Filed 12-20 1913 Joseph Coughlin
Registrar

S-Y CO. 20174

MAR 26 1970

386-213 042-289

~~PLACE OF BIRTH~~

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Registration District No. 1085 File No. 18871

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Corinne Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	12 13 1913

FATHER		MOTHER	
FULL NAME	Harold H. Thompson	FULL MAIDEN NAME	Anna B. Shirley
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE		BIRTHPLACE	Georgia
OCCUPATION	Miller	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed Dec 16 1913 John W. Creighton Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 3 1970

OARD OFFICERS

. ANDERSON
PRESIDENT

GE B. S. VARIAN
VICE-PRESIDENT

. C. DUNBAR
TREASURER

S OPAL BILLINGTON
SECRETARY

The Children's Home Finding and Aid Society of Idaho

MRS. LILLIAN M. CARSE
SUPERINTENDENT
MISS OPAL BILLINGTON
ASSISTANT TO THE SUPERINTENDENT
MISS BERENICE INGWERSEN
CASE WORKER

BOISE, IDAHO

BOARD OF DIRECTOR

TERM EXPIRES 1942
MRS. J. W. CUNNINGH
MRS. JAMES E. BRUC

TERM EXPIRES 1943
R. M. DAVIDSON
WM. C. DUNBAR
MRS. FRANK S. DIETRI
MRS. C. W. PURSELL

TERM EXPIRES 1944
C. C. ANDERSON
JUDGE B. S. VARIAN
J. LYNN DRISCOLL

GOV. CHASE A. CLARK
EX-OFFICIO

TO WHOM IT MAY CONCERN:

I hereby certify that I, Lillian M. Carse, am the duly appointed, qualified and acting Superintendent of the Children's Home Finding and Aid Society of Idaho; that I have charge of the books, papers, and records of the Corporation and that according to the books and records of the Corporation that Corrine Thompson was born at Twin Falls, Idaho, on December 13, 1913, to Anna Shirley Thompson and H. H. Thompson, and was committed to the Children's Home Finding and Aid Society of Idaho on December 6, 1921 by the Probate Court of Twin Falls County, Idaho. Our records show that she is the same child as the child registered in the Bureau of Vital Statistics, State House, Boise, Idaho, under number 18871, as unnamed child, born December 13, 1913, in Twin Falls County, Idaho.

Lillian M. Carse
Superintendent
CHILDREN'S HOME FINDING AND AID SOCIETY
OF IDAHO.

Subscribed and sworn to before me this 29th day of December, 1941, at Boise, Idaho.

Opal Billington
Notary Public residing at Boise, Idaho.

853-221-042-[illegible]

Form V. S. No. 11—[illegible] 1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 1085 File No. 18872

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Virginia Helsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William F Helsey	FULL MAIDEN NAME	Anna Hadfield
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tob Boyd

MW
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Twin Falls, Idaho

Filed 12-24 1913 Johnson Coughlin
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 6 9 43 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 18872

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
of unnamed Helsey (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1913 (Date of Event)
in Twin Falls, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Belmont High School Diploma Certificate of typing Profieiency prepared on January 22, 1932 April 21, 1931 (Give Date) are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Virginia Helsley

Subscribed and sworn to before me this 2nd day of May, 1974

Signed Virginia Helsley Watts
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nancy J. Pierce
Notary Public, residing at Van Nuys, Calif.
My commission expires Jan. 7, 1975
(Seal)

2236 Gain St., Arleta, Calif. 91331
(Street Address, City, State)

OFFICIAL SEAL NANCY J. PIERCE NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires Jan. 7, 1975

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 1974

Nancy J. Pierce
Notary Public, residing at Van Nuys, Calif.
My commission expires Jan. 7, 1975
(Seal)

Signed Melissa H. Flynn
(Signature of Any Credible Person)

11 Matilija Ave., Van Nuys, Calif. 91405
(Street Address, City, State)

OFFICIAL SEAL NANCY J. PIERCE NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires Jan. 7, 1975

FORM DH 60-155 CL 4/24/74 nm

Certificate of Proficiency awarded to Virginia Helsey for Typewriting 39 words a minute. at Belmont High School. dated April 21, 1931. viewed by E V. S.

MAY 21 1974

Diploma from Belmont High school gives nameas Virginia Helsey. dated Jan 22, 1932. viewed by V. S.

556.183.042.296

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls.

City of Twin Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18873

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD TRUMAN CLARENCE NEWBRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 23 1913

	FATHER	MOTHER
FULL NAME	Charles Newbry Newbry	
FULL MAIDEN NAME		Florence Brooks
RESIDENCE	Twin Falls.	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	22
BIRTHPLACE	Kansas	Washington
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd MD

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-2-20 19 13 John A. Coughlin Registrar

8-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 18873

State of IDAHO }
County of Twin Falls } ss. JAN 1 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Truman Clarence Newbry (Name on original certificate) who was born (Was born or died) on Dec. 23, 1913 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, ~~insurance policy, etc.~~) prepared on Dec. 23, 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed child	Truman Clarence Newbry
Surname	Newbery	Newbry

Subscribed and sworn to before me this 12th
day of January, 1942

Notary Public, residing at Twin Falls, Idaho
My commission expires Feb. 19, 1944
[SEAL]

Signed Charles T. Newbry
(Signature of parent ~~or attendant if~~ correcting a birth record; ~~of attendant, funeral director, informant if correcting a death record;~~ or other credible person.)

Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Twin Falls } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of January, 1942

Notary Public, residing at Twin Falls, Idaho
My commission expires Feb. 19, 1944
[SEAL]

Signed H. Lee Newbry
(Signature of any credible person other than the previous affiant.)

Route #3, Twin Falls, Idaho
(Street Address, City, State)

Received for filing on JAN 14 1942 By
(Registrar's signature)

389-231-042-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18874

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy May Thieme

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1st	yes	Dec 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman H. Thieme	FULL MAIDEN NAME	May McCracken
RESIDENCE	South of town	RESIDENCE	1 mile South west of town
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	S. Dakota	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. White M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls

Filed Jan 8 1914 John W. Creighton Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 4 1944

OCT 2 1943

413.122.042-619

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Private

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7085 File No. 18875

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Frank Mattison Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	yes	Nov. 22 1913

FATHER		MOTHER	
FULL NAME	Frank Mattison	FULL MAIDEN NAME	Grace E. Warrington
RESIDENCE	Adams Rooms - Twin Falls	RESIDENCE	Adams Rooms - Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov. 22, 1913 at 11 10/0 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 1-8 1914 John H. Gugler

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1952

APR 2 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

796-228-042-753

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18876

County of Twin Falls

City of Twin Falls

Registration District No 1085 File No.

No ____, ____ St.

Primary Registration District No. ____ Registered No.

Hospital ____

FULL NAME OF CHILD Grove

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	No		Yes	11 / 28 / 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry P. Grove	FULL MAIDEN NAME	Ella Patterson
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Twin Falls Ida.

Filed 12-10 1913 John H. Coughlin Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS 17826

K

MAR 10 1969

PLACE OF BIRTH

STATE OF IDAHO

791.227.004.415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Pegram

No. ..... St.

Hospital .....

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 18877

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Grace Grandy.

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec 27th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Grandy.	FULL MAIDEN NAME	Grace Davidson
RESIDENCE	Pegram, Ida	RESIDENCE	Pegram Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming.
OCCUPATION	Pumper-O S L. RR.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 30 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S H S King MD

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Idaho

Filed 12/28/ 1913 S H S King MD
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

697-227-004-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18878

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Maude Sophia Wixom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Aug 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Wixom	FULL MAIDEN NAME	Hedwig Hansen
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Liberty Ida.	BIRTHPLACE	Norway.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

MDP
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 1913 H H King
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Aug 3, 1973

Certificate No. 18878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Maude Sophia Wixom (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on August 27, 1913 (DATE OF EVENT) in Georgetown, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by LDS Church Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on date of "Blessing" (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Wixom	Maude Sophia Wixom
Maude Sophia	Wixom	

Subscribed and sworn to before me this 17th day of July, 1973

Maude W. Thompson

Notary Public, residing at Salt Lake City

My commission expires Oct. 1, 1973

(SEAL)

Signed Hedwig M. Wixom

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

161 No. West Temple, Salt Lake City, Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of July, 1973

Maude W. Thompson

Notary Public, residing at Salt Lake City

My commission expires Oct. 1, 1973

(SEAL)

Signed Laura C Bowring

(SIGNATURE OF ANY CREDIBLE PERSON, OTHER THAN PREVIOUS AFFIANT.)

1250 So 8th West, Salt Lake City, Utah

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

Certificate of Blessing from LDS Church gives name as Maude Sophia Wixom daughter of Leroy Wixom and Hedwig Marie Hanson. Born Aug. 27, 1913 at Georgetown, Idaho. Was Blessed Nov. 2, 1913. Viewed y V. S.

JAN 24 1974

Certificate of Baptism and Confirmation from LDS Church gives name as Maude Sophia Wixom daughter of Jos. Leroy Wixom and Hedwig Marie Hansen. Born Aug. 27, 1913 at Georgetown, Idaho. Was Baptized Sept. 7, 1921. Viewed by V. S.

445-104004-397

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18879

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ezra Thurston Dunn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Brady Dunn	FULL MAIDEN NAME	Amanda Tippets
RESIDENCE	Georgetown	RESIDENCE	Georgetown
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Georgetown
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley,

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Oct. 13 W. Jr. King

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18879

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dunn (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1913 (Date of Event)
in Georgetown, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ezra Thurston Dunn

Subscribed and sworn to before me this 23 day of June, 19 75

Notary Public, residing at Smithfield Utah

My commission expires 10-5-76

(Seal)

Signed x Edna D. Mayer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

765 N. 3rd East Logan Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of June, 19 75

Notary Public, residing at Smithfield Utah

My commission expires 10-5-76

(Seal)

Signed x Edna D. Mayer
(Signature of Any Credible Person)

765 N. 3rd East Logan Utah
(Street Address, City, State)

FORM DH 60-155 CL 8/2/73

Certi.fo Ordination to the Holy Priesthood gives name as Ezra XXXXXXX Thurston Dunn dated Jan. 22, 1933. Ordained a Priest, ~~Idx~~ viewed by V. S. JUL 14 1975

Certif. of birth from LDS Church gives name as Ezra Thruston Dunn born Sept. 3, 1913 at Georgetown,Idaho. father's name as Brady Dunn and Abigal Tippets. Entered on record Nov. 2, 1913. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-715-004356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18880

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Edith Dayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 15 1913

FATHER		MOTHER	
FULL NAME	George F. Dayton	FULL MAIDEN NAME	Lelleam Lewis
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Dingle	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Aug 19 13 H H King

Registrar

Registrar

S-Y CO. 20174

APR 1 0 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-106-004-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

Registration District No. _____ File No. 18881

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Thomas Carlyle Michaelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Michealson	FULL MAIDEN NAME	Lola Williamson
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	St. Charles	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley D. Cooley
Ashley E. Cooley

(Physician or ~~midwife~~)

Given names added from a supplemental report

_____ 19__ Address Montpelier

_____ Registrar Filed Aug 19 13 H. H. King Registrar

8-Y CO. 20174

DUP OF 1913- 18045

AFFIDAVIT

TO WHOM IT MAY CONCERN:

Mrs. Leola Williamson Michaelson being first duly sworn, deposes, and says that she is the mother of Thomas Carlyle Michaelson and that the said Thomas Carlyle Michaelson was born at St. Charles, Bear Lake County, Idaho on the 6th day of August 1913.

Mrs Leola Williamson Michaelson

State of Utah)
County of Cache) ss.

Subscribed and sworn to before me this 19th day of May, 1939.

Russell L. Hanson
Notary Public residing at Logan, Utah.

My Commission expires:

My Commission Expires Dec. 8, 1941
Residence, Logan, Utah

993-223-004-944

Amended 6/9/76

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. ..... File No. 18882

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Alyce Richmond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Richmond	FULL MAIDEN NAME	Elmeda Zumbrunnen
RESIDENCE	Kenmore Wyo	RESIDENCE	Kenmore
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Moundsville, West Va.	BIRTHPLACE	Bolegen, Switzerland
OCCUPATION	O & L Engineer	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier Ind Pass

Filed Oct 19 13 H. H. King

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 9 12 17 PM '76

State of ..... } ss.
County of .....

Certificate No. 18882

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Richmond (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept 23, 1913 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mary Alyce Richmond
date of birth	Sept 23, 19	Sept. 23, 1913
Birth place of father	Germany	Moundsville, West VA.
Birth place of mother	Germany	Bolegen, Switzerland

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1976

Florence Curtright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Margaret Granga
(Signature of Any Credible Person)

6325 Colonial Dr.
(Street Address, City, State)

Boise, Idaho

FORM DH 60-155 Maiden name of mother - Zummerland - Zumbrunnen

CL 2/27/76

Insurance Policy issued the Equitable Life Assurance Society of United States of New York, N. Y. gives name as Mary Alice Richmond Hickox. Policy # GN15 501 720 gives the issue date of April 24, 1957. Born Sept. 23, 1913.
Viewed by V.S.

JUN 10 1976

Certificate of Baptism and Confirmation gives name as Mary Alice Richmond daughter of William Burdell Richmond and Almeda [redacted] born Sept. 23, 1913 and Baptized January 24, 1932 by the L.D.S.Church.
Viewed by V.S.

Remembrance card gives birth place of William B. Richmond as Moundsville, VA. viewed by V.S. Nov.4,1950

Memorial Obituary issued by the Idaho Statesman Apr. 18, 1965 gives the birth place of Almeda Richmond as Bolegen, Bern, Switzerland. Viewed by V.S.

Birth certificate of Brother David Simpson Richmond issued by State of Idaho Lists the birthplace of Father as Moundsville, West. Va. and the birthplace of Mother as Boltigan, Switzerland. viewed by V..S.

Name Added December 4, 1972

PLACE OF BIRTH

319-419-004-753

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18883

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thurle Belmont Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles H Carlson	FULL MAIDEN NAME	Eva Peterson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley + Cooley

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris, Ida

Filed Oct 1913 W. D. King

Registrar

Registrar

8-Y CO. 20175

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 18883

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Carlson (Name on Original Certificate) who was born (Was Born or Died) on September 19, 1913 (Date of Event)
in Ovid (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Unnamed	Thurle Belmont Carlson

Subscribed and sworn to before me this 29th day of November, 1972

Glenda Mae Larson

Notary Public, residing at Boise

My commission expires September 15, 1976

(Seal)

Signed Kathryn E. Hruska

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5306 Fairmont, Boise Idaho 83704

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

11 29 72

DEC 4 1972

Own-child's birth certificate on file Idaho #436998 gives name as Thurle Belmont Carlson. -- viewed by VS

LDS Church Genealogy Sheet - sealed at Salt Lake Temple on June 8, 1961 gives, Thurle Belmont Carlson born September 19, 1913 in Ovid, Bear Lake County, Idaho to Charles Fredrick John Carlson and Eva Annetta Peterson. -- viewed by VS

753-115-004-395

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

Registration District No. _____ File No. 18884

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Eldon La Mont Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver H. Peterson	FULL MAIDEN NAME	Hazel Lindsay
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ovid	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19__

Address Montpelier Idaho

Filed Aug 19 13 H H King

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

P.C. 6/23/41

632-209-004-958

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Form V. S. No. 11-O—20m-3-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18885

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Emma Olsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson Olsen	FULL MAIDEN NAME	Nellie Zelmora
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Riverdale, Wn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 9.4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Aug. 1913 W. W. King Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1951

JUN 14 1951

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

552-22-2-01-155

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18886
Local Reg. No.
Reg. Dist. No.

Amended 2/25/76

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nounan
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nounan
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Cecil
b. (Middle):
c. (Last): Nelson

4. SEX: Boy
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Dec. 22, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Nels
b. (Middle):
c. (Last): Nelson

8. AGE (At time of this birth): 40 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Denmark
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margaret
b. (Middle):
c. (Last): Jensen

13. AGE (At time of this birth): 40 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Denmark
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 7
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ashley and Cooley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Montpelier, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.:
22. REGISTRAR'S SIGNATURE: H. H. King
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS ____ OZS. TIME: 11:25 AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Certificate of Ordination gives name as Cecil Nelson and date of birth as December 22, 1913, Mothers name as Margaret Jensen. Dated February 3, 1929. Viewed by VS.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of BANNOCK }

Certificate No. 18886

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Nelsen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1913 (Date of Event) in Nounan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of Child	unnamed	Cecil Nelson
Date of Birth	December 21, 1913	Dec. 22, 1913
Full name of Father	Niel Nelsen	Nels Nelson
Mothers name	Mary Jensen	Margaret Jensen

Subscribed and sworn to before me this 6 day of February, 1976

Wayne L. Lovelass

Notary Public, residing at Pocatello, Idaho

My commission expires 20 Jan 1978

(Seal)

Signed Vernon S. Nelson Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

205 Wilson, Pocatello, Idaho 83201

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

One copy paid #14740 9-17-59 new forms picked up 4-24-61

L.D.S. Church membership record gives name as Cecil Nelson date of birth as December 22, 1913 and fathers name as Nels Nelson and mother as Margaret Jensen. Dated August 4, 1922. Viewed by VS.

Fathers Death certificate gives name as Nels Nelson. Dated April 12, 1945. Certificate on file in Idaho #143418.

553.221.004155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Vonnan

Registration District No. _____ **File No.** 18887

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	Yes				Dec 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Viel Velsen	FULL MAIDEN NAME	Mary Jensen
RESIDENCE	Vonnan	RESIDENCE	Vonnan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borned alive (Born alive or stillborn), at 119 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lilly Andeavy

(Physician or midwife)

Address Idaho

Given names added from a supplemental report

_____ 19____

_____ *Registrar*

Filed Jan 1914 [illegible] *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

245-208-004. 245

PLACE OF BIRTH

Amended April 27, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Registration District No. .....

File No. 18888

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Anona Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and		Yes	Dec. 8 13 192...

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Benjaman Kunz	FULL MAIDEN NAME	Rosanna Kunz
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bern	BIRTHPLACE	Wardboro, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Ashley & Cooley

Physician
(Physician or midwife)

Address Montpelier

Filed Jan 1923 H.H. King
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Rosanna Kunz's birth certificate from L.D.S., Bear Lake Stake, Bern Ward, Book #18463, Line 76, Entered on record prior to 1908, gives birthplace as Wardboro, Bear Lake Co. Idaho, viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

Statement regarding Patriarchal blessing to Roaanna Kunz, by Samuel Kunz, date 6-14-1917, Bern, Ida. gives birthplace as Wardboro, Idaho.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 18888

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Anona Kunz (Name on Original Certificate) who was born (Was Born or Died) on December 8, 1913 (Date of Event) in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's birthplace	Bern	Wardboro, Idaho

Subscribed and sworn to before me this 22 day of April, 1954

Hazel L. Hurlbert

Notary Public, residing at Eagle Ida

My commission expires Sept 28, 1960

(Seal)

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible], Salt Lake City, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DPH 55.155

1 copy paid

Certificate of Baptism- Baptized Dec 8, 1921
viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 18888

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Kunz (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1913 (Date of Event) in Bern, Bear Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by cert. of Blessing (Bible Record, Insurance Policy, Etc.) prepared on April 4, 1914 (Give Date), are:

viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Anona Kunz
birth date	December 7, 1913	December 8, 1913
sex of child	male	female

Subscribed and sworn to before me this 8th day of Sept., 1958

George P. Kuhn

Notary Public, residing at S.L.C., Utah

My commission expires 12-1-58

(Seal)

Signed Roxanna Kunz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, if correcting a death record; or other credible person.)

X

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Sept., 1958

George P. Kuhn

Notary Public, residing at

My commission expires 12-1-58

(Seal)

Signed Sophie K. Bateman
(Signature of Any Credible Person)

X

(Street Address, City, State)

FORM DPH 55.155

719-229100X-264

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Lanark

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18887

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Emily Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Caleb Parker	FULL MAIDEN NAME	Fanny Boustead
RESIDENCE	Lanark	RESIDENCE	Lanark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Cooley

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Jan 19 14 W H King Registrar

Registrar

S-Y CO. 20175

SEP 1 0 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

City of Newark

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 18890

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 10 1913

FATHER		MOTHER	
FULL NAME	Otto Buck	FULL MAIDEN NAME	Mary Engle
RESIDENCE	Newark	RESIDENCE	Germany Newark
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Paris	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	W D

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Ashley and Cady

..... (Physician or midwife)

Address .....

Filed Oct 1913

..... Registrar

8-Y CO. 20174

DUP OF 1913 D62-842

168-211-004-319 Child's name added 5-28-93 MCM

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18891

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD FONDELL JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Gul		Yes	Sept 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo Johnson	FULL MAIDEN NAME	Nate Carlson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ovid	BIRTHPLACE	Ovid
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashly and Cooly

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Oct 19 13 H. H. King Registrar

Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4-7-93

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS
MAY 10 2 27 PM '93

State of _____ } ss.
County of _____

Certificate No. 18891
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 11, 1913 (Date of Event)

in Ovid (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Johnson	Fondell Johnson

Subscribed and sworn to before me this 6th day of May, 1993

Notary Public Nadine Schoonmaker
Residing at Utah
My commission expires 8-11-93
(Seal)

NADINE SCHOONMAKER NOTARY PUBLIC 5 South Main Logan, Utah 84321 08/11/93 STATE OF UTAH

X Fondell Shockey
Signature of Applicant

X 198 So Main Providence Ut 84332
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1cc Pd

LDS blessing certificate shows Fondell Johnson born Sept 11, 1913 in Ovid to George Johnson and Catherine M Carlson and blessed Oct 19, 1913 by Niels Johnson. Viewed by VS MCM.

LDS certificate of award shows Fondell Shockey served in Relief Society dated June 3, 1980, in Providence Stake. Viewed by VS MCM.

MAY 28 1993

395-209-004-464

PLACE OF BIRTH AMENDED SEPT. 1, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

No. ____ St.

Registration District No. ____ File No. 18892

Hospital ____ Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Elizabeth Lindsay
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 9, 1943

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Lester Lindsay	FULL MAIDEN NAME: Vera Mouritsen
RESIDENCE: Bennington	RESIDENCE: Bennington
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Bennington	BIRTHPLACE: Montpelier
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ashley
(Physician or midwife)

Address Montpelier

Filed Oct 1943 H. H. King
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 18892

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for ~~Lester Lindsay~~ Elizabeth Lindsay (Name on Original Certificate) who was born (Was Born or Died) on September 9, 1913 (Date of Event)
in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by book of rembrance of the/ undersigned parants. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex:	Boy	Female
Mother's First Name	Eva	Vara

Subscribed and sworn to before me this 27 day of August, 1954

Notary Public, residing at Montpelier, Idaho
My commission expires October 8, 1956
(Seal)

Signed Lester Lindsay, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Bennington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of August, 1954

Notary Public, residing at Montpelier, Idaho
My commission expires October 8, 1956
(Seal)

Signed Vara Lindsay (Signature of Any Credible Person) Mother

(Street Address, City, State)

DPH 52.155

Copy

464-129-004-759 amended 1/14/81

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bennington

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18893

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Edward Oren Mouritsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Sept 29 1913

FATHER		MOTHER	
FULL NAME	Edward Mouritsen	FULL MAIDEN NAME	Ruby Elizabeth Perkins
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	deaf	OCCUPATION	W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Andbooly

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Oct 1913 [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of IDAHO
County of ADA } ss.

Certificate No. 18893
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Mortensen (Male) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Sept 28, 1913 (Date of Event)

in Bennington, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed Mortensen	Edward Oren Mouritsen
date of birth	Sept 28, 1913	Sept 29, 1913
father's name	Edwin Mortensen	Edward Mouritsen
mother's name	Ruby Holeman	Ruby Elizabeth Perkins

Subscribed and sworn to before me this 14 day of _____, 19__.

Notary Public, [signature]
Residing at [illegible]
My commission expires _____
(Seal)

x Jesse M. Nielson
Signature of Applicant

x 977 N. Liberty St
Street Address, City, State
Boise, Id.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Sister's birth certif on file in Idaho (June Mouritsen) born June 1, 1911 in Montpelier, Idaho. father's name as Edward Mouritsen andmother's name as Ruby Perkins. File No. 486. viewed by V. S.

Sons;s birth certificate gives name as Walter LaMar Mouritsen born Oct 24, 1939 in Emmett, Idaho. father's name as Edward Oren Mouritsen and mother's name as Ardith Campbell. viewed by V. S.

JAN 14 1981

Family Group record gives father's name as Edward Mouritsen and mother's name as Ruby Elizabeth Perkins. child's name as Edward Oren Mouritsen born Sept 29, 1913 in Bennington, Idaho. viewed by V. S.

168-120-004-846

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18894

County of Bear Lake

City of Montpelier

Registration District No. _____ **File No.** _____

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Johnsley	FULL MAIDEN NAME	Mary Hughes
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	C. L. Engineer	OCCUPATION	W

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Montpelier

Filed Oct 19 13 H. H. King Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

785-122-004-241

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. ..... File No. 18895

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Forrest Grant Phelps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Phelps	FULL MAIDEN NAME	Eva S. Smart
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Franklin
OCCUPATION	Farm	OCCUPATION	W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley M. Cady

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 19 13 H H Ivy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1952

364-221-004-846

Form V. S. No. 11-C—20m-2-15-1..

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 1[redacted]96

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Sept 21 1913

FATHER		MOTHER	
FULL NAME	Earl Cousins	FULL MAIDEN NAME	Ruby Huff
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 29 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Lee Cody

(Physician or midwife) Montpelier

Address .....

Filed Oct 13 [illegible] Registrar

Given names added from a supplemental report

..... 19.....

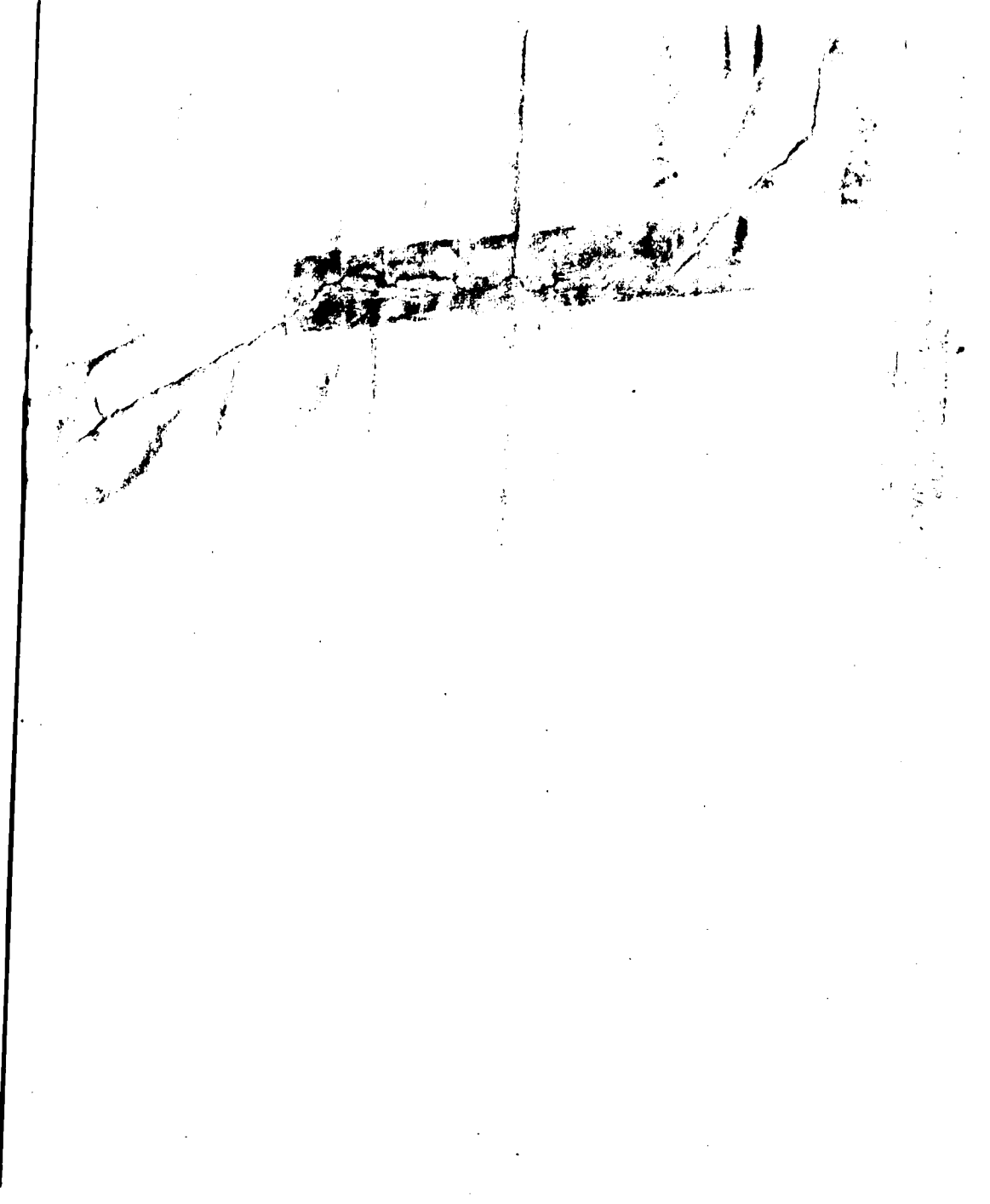
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



714-121-004-345

PLACE OF BIRTH

County of Bear Lake Amended 11/22/76

City of Liberty

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18897

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Calvin Poulsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Sept 21 1913

FATHER		MOTHER	
FULL NAME	Alma V Poulsen	FULL MAIDEN NAME	Laura Tunner
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Lanark
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Oct 19 13 [illegible] King

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 7 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. NOV 2 8 28 AM '76

County of .....

Certificate No. 18897

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Paulsen (male) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1913 (Date of Event)

in Liberty, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Calvin Poulsen
father's name	Elma M. Paulsen	Alma M. Poulsen

Subscribed and sworn to before me this 28th day of September, 1976

Fern K. Gallon

Notary Public, residing at Bern, Idaho

My commission expires June 1, 1977

(Seal)

Signed Agnes Toomer Eborn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of September, 1976

Notary Public, residing at ~~Bern, Idaho~~

My commission expires ~~June 1, 1977~~

(Seal)

Signed ~~Fern K. Gallon~~

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL /16/76 1cc pd. rec. #.17416

NOV 2 2 1975

Certif of Ordination to the office OD Deacon gives name as Calvin Poulsen son of Alma M. Poulson and Laura Toomer. born Sept 21, 1913 at Liberty, Idaho. Baptized Oct 17, 1921. viewed by V. S.

Certif of Baptism and Confirmation from the LDS Church gives name as Calin Poulsen son of Alma Poulsen and Laura Toomer. Baptized Oct 17,1921. viewedby V. S.

884-210-004-384

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 18898

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Sept 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Hymas	FULL MAIDEN NAME	May Lyons
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farm	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Andrews

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address H Hunsdell

Filed Oct 1913

H H King
Registrar

Registrar

2-Y CO. 20170

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-214-004-195

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m,2-15-12

18899

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Agnes LaPriel Brewer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Brewer	FULL MAIDEN NAME	Bertha Arnold
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley
M.D.
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Filed Aug 19 13 H H King
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 21 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
10 11 AM '75

Affidavit to Correct or Amend An Original Certificate ~~of Birth~~ or Death

State of ..... } ss.
County of .....

Certificate No. 18899

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Brewer (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 14, 1913 (Date of Event)

in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Agnes LaPriel Brewer

Subscribed and sworn to before me this 31 day of January, 1975

Elaine W Webb

Notary Public, residing at Paris Idaho

My commission expires May 13 1977

(Seal)

Signed John Harold Brewer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of January, 1975

Elaine W Webb

Notary Public, residing at Paris Ida

My commission expires May 13, 1977

(Seal)

Signed Velma L. Hansen

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 5/20/74

Agnes LaPriel Brewer

FEB 19 1975

Certif. of Blessing from the LDS Church gives name as Agnes LaPriel Brewer daughter of John Brewer and Bertha Arnell. Born 14th of Aug. 1913. Was Blessedon Oct. 5, 1913. ~~Viewed~~ by V. S.

Marriage record from Utah gives names as Julian Thornock and Agnes LaPriel Brewer married June 29, 1932. viewed by V. S.

229-226-024-454

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18900

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank E Skinner	FULL MAIDEN NAME	Pauline Demcott
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sharon	BIRTHPLACE	Liberty Ida
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19 .....

Address .....

Filed Aug 1913 H. H. King Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

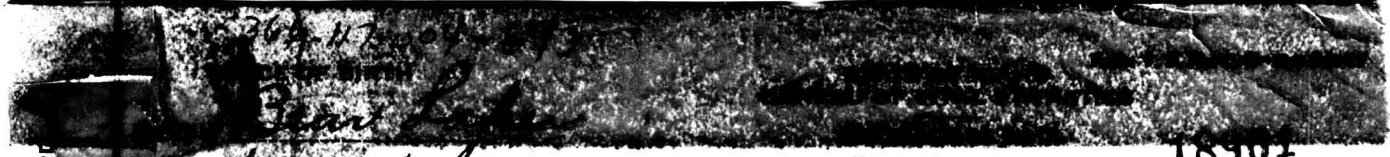
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IOWA

PLACE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

18901

City of Montpelier

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford Cook	FULL MAIDEN NAME	Lydia Wilcox
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ceder Fort, Ut.	BIRTHPLACE	Ceder Fort Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley L. Cirley

(Physician or ~~midwife~~)

Address Montpelier

Given names added from a supplemental report

_____ 19____

Filed Aug 19 13 W H King

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Bear Lake

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

City of Montpelier

Registration District No. _____ File No. 18902

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Wesley Thomas Hickman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Hickman	FULL MAIDEN NAME	Ida Williams
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bennington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 4.9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or ~~midwife~~)

Given names added from a supplemental report

_____ 19____

Address Montpelier

Filed Aug 19 13 W. H. King

Registrar

Registrar

S-Y CO. 20174

MAR 1 5 1976

MAR 1 9 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 11 9 54 AM '76

State of ..... ss. Certificate No. 18902

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hickman (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 11, 1913 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Wesley Thomas Hickman

Subscribed and sworn to before me this 3rd day of September, 1976

John A. Fost

Notary Public, residing at Wasco, Oregon

My commission expires Sept 6, 1979

(Seal)

Signed David C. Hickman

X (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Brother

Box #33 Wasco, Oregon 97065

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon

County of Lane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of September, 1976

T. Preston Smith

Notary Public, residing at Cottage Grove, Ore

My commission expires 3-20-79

(Seal)

Signed Claudius Wright

(Signature of Any Credible Person)

310 N. Douglas Cottage Grove Ore 97424

(Street Address, City, State)

FORM DH 60-155 CL 3/15/76

Certificate of Membership from the LDS Church gives nameas Wesley Thomas Hickman born Aug 11, 1913. father's nameas Thomas Floyd Hickman and mother's name as Eva Williams. Baptized May 1, 1954. viewed by V. S.

SEP 20 1976

Family group record for Thomas Floyd Hickman and Eva Leona Williams. gives child's name as Wesley Thomas Hickman. born Aug 11, 1913. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-229 004-2-4

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

18903

County Bear Lake

City of Montpelier

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Stiner	FULL MAIDEN NAME	Annie Kunzler
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Ward bird Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Montpelier

Filed Aug 19 13 H H King

Registrar

Registrar

S-Y CO. 20174

DUP OF 1913-332715

619-117100K 795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

No. ....., ... St.

Registration District No. ..... File No. 18806

Hospital .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Calvert Abram Ward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 17, 1913

FATHER		MOTHER	
FULL NAME	Abram Ward	FULL MAIDEN NAME	Pollie Prescott
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Bloomington, Idaho	BIRTHPLACE	~~Utah~~ Liberty
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Rottendorf M. D.

(Physician or Midwife)

Address Bloomington, Idaho

Given names added from a supplemental report

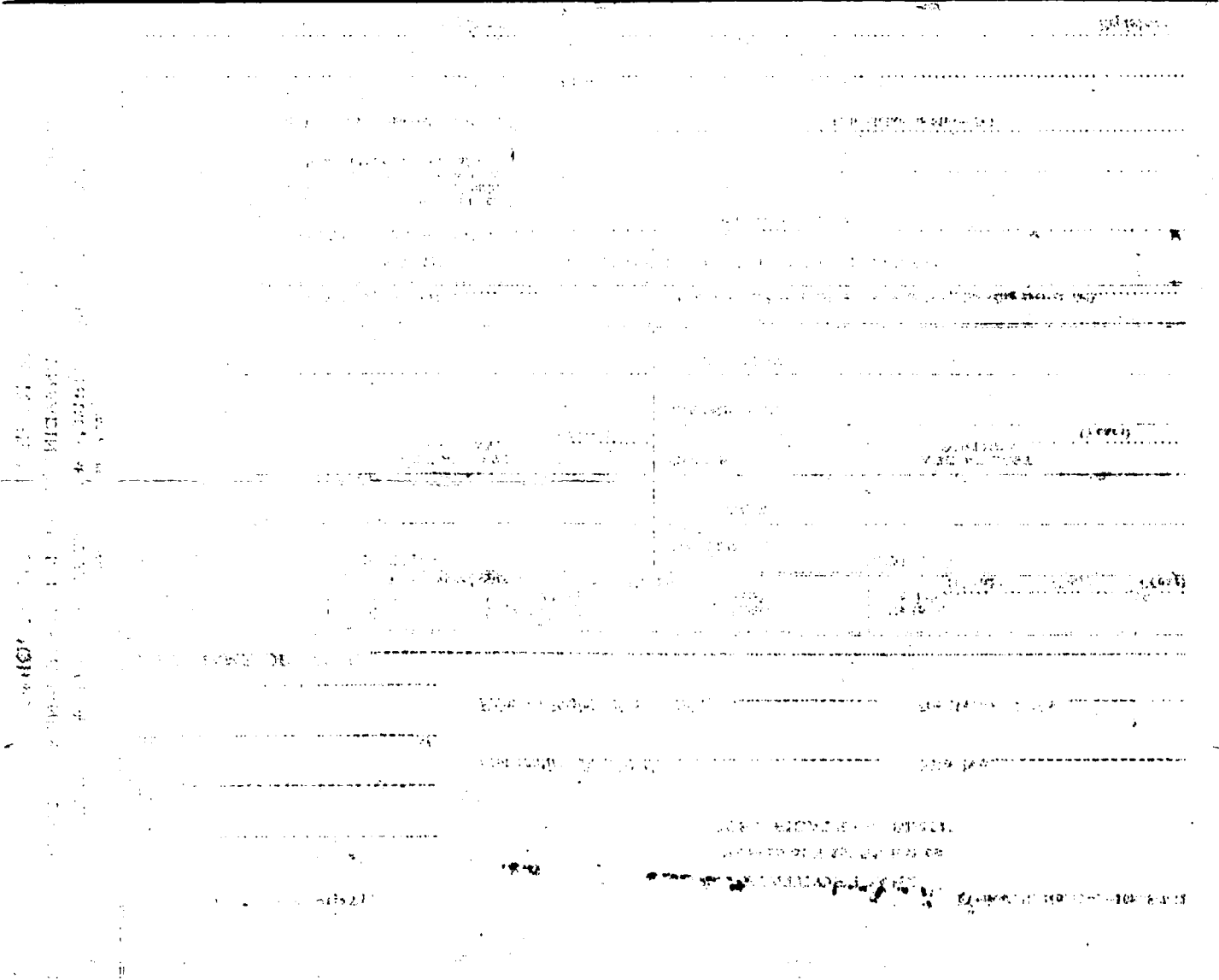
....., 19.....

Filed Aug. 19 13

SYMS - YORK CO., PTRS. & STRS. 17326

Registrar

Registrar



245·202·004-343

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18907

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Kunz	FULL MAIDEN NAME	Julia Fuller
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Aug 19 13 N 24 Kunz

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-110-004-962

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18908

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Loreine M. Sorensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis Sorenson	FULL MAIDEN NAME	Martha Rosen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19 .....

Address Montpelier

Filed Aug 1913 H H King

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 9 1975

Application to Reliance National Life Ins. Co. gives name as Loreine Sorensen Wallace born Aug. 2, 1913. dated Nov. 10,1958. viewd by V.S.

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 11 1 08 PM '79

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 18908
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Sorensen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 10, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Loreine Margaret Sorensen

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Id. } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of August, 1979

Notary Public, residing at R1-1 Kimberly
My commission expires March 1, 1975
(Seal)

Signed Theodore A. Rosen
(Signature of Any Credible Person)

R.R.1
(Street Address, City, State)
Wendell Idaho

CL 7/28, 1975

FORM DH 60-155

Marriage License from Idaho gives name as Elmer L. Vaughn and Loreine Sorensen dated Oct. 16, 1933. viewed by V. S.

SEP 3 1975

Own child's birth certif on file in Idaho gives nameas Terrie Ann Wallace born Nov. 11, 1956 at Twin Falls, Idaho. gives mother's name as Loreine ~~XXXXXX~~ Margaret Sorensen viewed by V. S.

962-201-004-7/2

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 18910

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	Dec 1 1913

FATHER		MOTHER	
FULL NAME	Charles Robison	FULL MAIDEN NAME	Cora Passey
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec 19 13

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-109-004-235

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Form V. S. No. 11-0—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 18911

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 9 1913

FATHER		MOTHER	
FULL NAME	Otto Peterile	FULL MAIDEN NAME	Emma Bentzagen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	COLOR	White
OCCUPATION	Baker	AGE AT LAST BIRTHDAY (Years)	
		BIRTHPLACE	Germany
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.8. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Dec 19.13

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1969

296-205-00K238

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 5/3/76

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. _____ File No. 18912

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Helen Leona Biorn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 5, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul R. Biorn	FULL MAIDEN NAME	Mary Schwier
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Montpelier

Filed Dec 19 13 W H King Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 22 1976 Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 18912

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Biorn (Name on Original Certificate) who was born (Was Born or Died) on December 4, 1913 (Date of Event)

in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Helen Leona Biorn
Date of birth	Dec 4, 1913	Dec 5, 1913

Subscribed and sworn to before me this 19th day of April, 19 76

Judith Anne [illegible]

Notary Public, residing at Pasco, Wa.

My commission expires December 31, 1978

(Seal)

Signed [illegible] Biorn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

164 El Dorado Flamingo Village Pasco, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Correction corresp. (B) fc CL 3-30-76

Membership record from the LDS Church gives name as Helen Leona Biorn born Dec 5, 1913 at Montpelier, Idaho. father's name as Paul Revere Biorn and mother's name as Schrier, Mary Emma. Baptized Sept 5, 1952. viewed by VX

Own child's birth certif on file in Idaho gives child's name as Terrill H. Davis born 9-7-33 in Ashton, Idaho. father's name as Vaughn Herschel Davis and mother's name as Helen Leona Biorn, File No. 217812. viewed by V. S.

MAY 4

764-105-004-249

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18913

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 6 1913

FATHER		MOTHER	
FULL NAME	George Poulsen	FULL MAIDEN NAME	Susie Smith
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8. a. M. on the date above stated.

(Signature) Ashley & Corley.

(Physician or Midwife)

Address Montpelier

Filed Dec 19 13

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

494-128'004-551

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18914

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ralph James Dimick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Dimmick	FULL MAIDEN NAME	Alice Evans
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Wardboro	BIRTHPLACE	Torlee, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Jan 19 14 H H King

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 11

Amended 10/6/72

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18915
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Maurice b. (Middle) David c. (Last) Green

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Dec. 31, 1913

FATHER OF CHILD

7. FULL NAME: a. (First) Jessie b. (Middle) c. (Last) Green

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
21 YEARS	Utah	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Minnie b. (Middle) c. (Last) Follick

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
21 YEARS	Montpelier, Ida.	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ashley D. Cooley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Montpelier
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.:
22. REGISTRAR'S SIGNATURE: H.H.King
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OF COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: Whit e
METHOD OF DELIVERY: TIME: 6 PM
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 18915

Date Filed SEP 22 [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for David Maurice Green (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	David Maurice Green	Maurice David Green

Subscribed and sworn to before me this 5th day of September, 19 72.

Mabel M Tennell

Notary Public, residing at Pocatello

My commission expires 4-17-74

(Seal)

Signed Minnie E. Green

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5/5/72 nm

VS

Social Security Card (519-03-8600) gives name as Maurice D. Green. Viewed by V.S.

Notice to Registrant to appear for Physical Examinnation, postmarked 1941 givesn

name as Maurcie David Green. From the Selective Service Local Borah No 48, Vallejo, California. Viewed by V. S.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18 11
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BEAR LAKE (b) City MONTPELIER
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME - RESIDANCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LA
(c) City MONTPELIER
(d) Street Address or R.F.D. No. GENERAL DE
(e) How long has **MOTHER** lived in Idaho? 50 y
3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD DAVID MAURICE GREEN.

5. Date of Birth of Child (Month, day, year) 12-30-19

6. Sex MALE

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JESSE ALLEN GREEN
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace VERNAL (City or town) UTAH (State or foreign country)
14. Exact Occupation PAINTING CONTRACTOR
15. Industry or Business HOUSE PAINTING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE IDA FOLLIC
17. Color or Race WHITE
18. Age at time of THIS birth 22 y
19. Birthplace DINGLE (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the d
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who
related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

AFFIDAVIT to be completed when the attendant does not s in Item 25.

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appe in Item 4, above, that I am now 50 years of age, that I have known this person for ..... years, and t Dr. Geo. F. (First name) Ashley (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state t the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded un Chapter 139, 1937 Session Laws.

OCT 6 1972
NOV 26 1971

Signat
340 E. Center Pocatello, Idaho P. O. Addr

Subscribed and sworn to before me this 12th day of May, 1942

(SEAL) Carlyle North Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ived for filing on MAY 14 1942 by ..... Re

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-231004-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. ..... File No. 18916

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lorene Spears

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Spears	FULL MAIDEN NAME	Henrietta Dank
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Jan 19 14 H H King
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

AUG 2 1 1969

693-231-004-893

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. _____ File No. 18917

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD VENNA OLIVIA WILCOX

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female ~~Male~~		yes	Dec. (Month) ~~28~~ (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	U. L. Wilcox	FULL MAIDEN NAME	Lillian Hildt
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Garden City, Ut.	BIRTHPLACE	Garden City, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Montpelier

Filed Jan 10 1914 H H King
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 18917

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Wilcox (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Dec. 28, 1913 (DATE OF EVENT)
in Montpelier, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Paren s (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Venna Olivia Wilcox

Subscribed and sworn to before me this 5th
day of August 19 42
Signed Lillie Wilcox
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Notary Public, residing at Boise Idaho
My commission expires July 22, 1945
(SEAL)
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 5th
day of August 19 42
Signed E. S. Wilcox
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Notary Public, residing at Boise Idaho
My commission expires July 22, 1945
(SEAL)
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

AUG 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18917

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Vesta Wilcox (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Male	Female
birthdate	Dec. 28-13	Dec. 31-1913

Subscribed and sworn to before me this 14th day of December, 1942

P. S. Priddy
Notary Public, residing at Twin Falls Idaho

My commission expires Nov 23-1946
(Seal)

Signed x Lillie Wilcox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 24 1943

MAY 4 1973

MAR 25 1943

249-222-004-396

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18918

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sep 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Smith	FULL MAIDEN NAME	Lucy Crossley
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Clifton Ida	BIRTHPLACE	Liberty
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Cooley MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Jan 1914 H H King

Registrar

Registrar

S-Y CO. 20175

697-210-004-381

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Shannon

No. ..... St.

Hospital .....

Registration District No. ..... File No. 18919

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD HELEN WIXOM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 10 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis E. Wixom	FULL MAIDEN NAME	Florence Chapman
RESIDENCE	Shannon	RESIDENCE	Shannon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Shannon	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Jan 19 14 H H King Registrar

Registrar

S-Y CO. 20175

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 18919

County of Los Angeles } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on December 10 1913 (DATE OF EVENT) in Sharon Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 10 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Helen Wixom

Subscribed and sworn to before me this 11th day of [illegible], 19[illegible]

Notary Public, residing at Pomona California

My commission expires ~~My Commission Expires Nov. 16, 1942~~

(SEAL)

Signed Florence Chapman Wixom

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1802-253rd St Harbor City Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of [illegible], 19[illegible]

Notary Public, residing at California

My commission expires

(SEAL)

~~My Commission Expires Nov. 16, 1942~~

Signed Lewis Wixom

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1802-253rd St Harbor City Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 20 1942

234-104-004-799

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-13

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 18921

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD JOHN MAX STUCKI

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 4 1913

	FATHER	MOTHER
FULL NAME	Joseph S. Stucki	Mary Puree
RESIDENCE	Paris	Paris
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Paris	Randolph Utah
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Ashley D Cooley M.D.
(Physician or midwife)

Address Paris

Filed June 19 1914 H H Rees Registrar

8-Y CO. 20175

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 18921 ~~L'("L~~

County of Bear Lake } Date Filed May 27, 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for John Max Stucki (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 4, 1913 (DATE OF EVENT)

in Paris, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 4, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	John Max Stucki

Subscribed and sworn to before me this 27th. day of May, 19 42

[signature]

Notary Public, residing at Paris, Ida

My commission expires Oct. 1, 1942

(SEAL)

Signed Mary P. Stucki

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Paris, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th. day of May, 19 42

[signature]

Notary Public, residing at Paris, Idaho.

My commission expires Oct. 1, 1942

(SEAL)

Signed X Lewis H. Shepherd

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Paris, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY [illegible] By

(REGISTRAR'S SIGNATURE)

NOV 20 1962

JUN 12 1942

552-164004-168

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18922

County of Bear Lake

City of Paris

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Dec 4 (Month) (Day) 191.. (Year)

FATHER		MOTHER	
FULL NAME	Jay W. Rebeker	FULL MAIDEN NAME	Jennie Johnson
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Lakeshore Utah	BIRTHPLACE	Paris Utah
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley D. Osborn M.D.

(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 19 13 [illegible] Registrar

S-Y CO. 20175

JAN 10 1968

Amended May 11, 1964

(Be sure the information is complete and accurate)

State File No. 18924

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paris
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Rolland
b. (Middle): Luther
c. (Last): Jaussi

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): December 21, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Jaussi

8. COLOR OR RACE: W

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

11a. USUAL OCCUPATION: Dairyman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Estella
b. (Middle):
c. (Last): Shepherd

13. COLOR OR RACE: W

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Paris

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. D. Cooley, M.D.

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Paris

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.:

20. REGISTRAR'S SIGNATURE: H. H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 5 1964
Bureau of Vital Statistics

State of Idaho
County of Bear Lake } ss.

Certificate No. 18924

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jaussi (male child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1913 (Date of Event)

in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Mother + Father Family Record (Bible Record, Insurance Policy, Etc.) prepared on date of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rolland Luther Jaussi

Subscribed and sworn to before me this 4 day of May, 1964

L Hugh Shepherd

Notary Public, residing at Paris Idaho

My commission expires Oct 10 - 1966

(Seal)

Signed Estella Victoria Shepherd Jaussi

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 186 Paris Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of May, 19

L Hugh Shepherd

Notary Public, residing at Paris Idaho

My commission expires Oct 10th 1966

(Seal)

Signed John Jaussi

(Signature of Any Credible Person)

Paris Idaho

(Street Address, City, State)

FORM DH 60-155 CL 5-1-64. nm

Rush

Documents not furnished that show full name as Rolland Luther Jaussi.

MAY 5 1964

Name entered as Rolland L. Jaussi as shown by the following documents:

Certificate of Blessing, L.D.S. Church Fish Haven Ward, Bear Lake Stake, Blessed March 1, 1914 born Dec 21, 1913 at Paris, Idaho. Name is given as Rolland L. Jaussi. viewed by V.S.

Statement regarding School record issued by Leon V. Howell Principal of Emerson School, Paris, Idaho May 4, 1964. Name is given as Rolland L. Jaussi born Dec 21, 1913. He attended Emerson school from 1920 to 1928. viewed by VS

Documents furnished May 11, 1964 giving the full name as Rolland Luther Jaussi:

Marriage Certificate dated Jan 3, 1938, State of Utah, County of Salt Lake, gives name as Rolland Luther Jaussi. viewed by V.S.

L.D.S.Church Certificate of Graduation issued May 24, 1931 signed by Joseph F. Merrill Commissioner, gives name as Rolland Luther Jaussi. viewed by V.S.

413-101-004-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18925

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Parley C. Dalrymple

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Newell Dalrymple	FULL MAIDEN NAME	Dora A. Collins
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wardham, Ida.	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

[signature] (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 19 13

[signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1952

593-28-1004-275

PLACE OF BIRTH

Form V. S. No. 11—16m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1 [illegible]

County of Bear Lake

City of Paris

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Vaudena Vickers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 28 1913

FATHER	MOTHER
FULL NAME: Wallace J Vickers	FULL MAIDEN NAME: Eva Pearl Sperry
RESIDENCE: Paris	RESIDENCE: Paris
COLOR: W. AGE AT LAST BIRTHDAY: 24 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Nephi Utah	BIRTHPLACE: Nephi, Utah
OCCUPATION: High School Instructor	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dahley & Cooley M.D.
(Physician or midwife)

Address Paris, Idaho

Filed Oct. 19 13 [illegible] Registrar

S-Y CO. 20175

693-125-004-813

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18927

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD FLOYD YATES WILKER

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept. 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Wilker	FULL MAIDEN NAME	Florence Yates
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley + Cooley M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris, Idaho.

Filed Oct. 1913

H H King
Registrar

Registrar

S-Y CO. 20178

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Clackamas } ss.

Certificate No. 18927

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Sept 25 1913 (Date of Event)
in Paris, Bear Lake Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 25 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Floyd Yates Wilker

Subscribed and sworn to before me this 23d day of September, 1942

Notary Public, residing at Oregon City, Ore.
My commission expires Jan 29, 1945
(Seal)

Signed X Florence Yates McMahill
(Signature of parent or attendant at birth must be a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 2 Box 520 Beaverton Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Clackamas } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23d day of Sept, 1942

Notary Public, residing at Oregon City, Ore.
My commission expires Jan 29, 1945
(Seal)

Signed X Pearle Wilker Morrison
(Signature of Any Credible Person Other Than Previous Year)
1725 N.E. 47th Ave. Portland, Oregon.
(Street Address, City, State)

OCT 1 2 1942

366-107-004-366

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. _____ File No. 18928

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 7 1913

FATHER

FULL NAME: Arthur L. Gooley

RESIDENCE: Paris

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Salt Lake City, Utah

OCCUPATION: Doctor

MOTHER

FULL MAIDEN NAME: Louise M. Gooley

RESIDENCE: Paris

COLOR: W AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Paris

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley T. Gooley M.D.

(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 19 13

..... Registrar

..... Registrar

S-Y CO. 20175

712-224-004-642

PLACE OF BIRTH

Form V. S. No. 21-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. ..... File No. 18929

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
G		yes	Dec 24 1913

FATHER		MOTHER	
FULL NAME	Emma Passey	FULL MAIDEN NAME	Rita Oakey
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19 .....

Address Idaho

Filed Jan 19 14

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-18923

811-123:044-249.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge Registration District No. File No. 18931

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Donald Ernest Hauschi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	12 23 1913

FATHER		MOTHER	
FULL NAME	Frank E Hauschi	FULL MAIDEN NAME	Clara E Burns
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Mich	BIRTHPLACE	Ida
OCCUPATION	Owner Ndse store	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 19 13 O E Fisher
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Bannock } ss.

Certificate No. 18931
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald Ernst Haasch (Name on Original Certificate) who born (Was Born or Died) on Dec 23-1913 (Date of Event)
in Cambridge Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Nov.	Dec. 23-1913

Subscribed and sworn to before me this 15th day of ~~March~~ March, 1945

B Stacy
Notary Public, residing at Pocatello
My commission expires Feb 15, 1947
(Seal)

Signed V E Haasch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
945 E. Lander Pocatello Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March, 1945

B Stacy
Notary Public, residing at Pocatello
My commission expires Feb 15, 1947
(Seal)

Signed Clara Elsie Haasch
(Signature of Any Credible Person Other Than Previous Year)
945 E Lander Pocatello, Idaho.
(Street Address, City, State)

APR 1945

866-112 044-355

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18832

Primary Registration District No. 2114 Registered No. .....

FULL NAME OF CHILD ALFRED CARROLL HOWLAND

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1st	Yes	May 12th, 1913

FATHER		MOTHER	
FULL NAME	Roy Howland	FULL MAIDEN NAME	Edna Margaret LeVander
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE		BIRTHPLACE	Freedom, Idaho
OCCUPATION	Sheepman	OCCUPATION	House wife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Ida

Filed May 28 1913 C E Schmutz
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 18932

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) birth for Alfred Carroll Howland (Name on Original Certificate) who was born (Was Born or Died) on May 12, 1913 (Date of Event) in Cambridge, Washington County Idaho (Place of Event) are erroneous or were omitted, and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Alfred Carroll Howland
Date	May 11th	May 12, 1913
Mother's name	not given	Edna Margaret LeVander
Mother's age and birthplace	not given	Freedom, Idaho. Age 18

Subscribed and sworn to before me this 24 day of Oct, 1942

Grace Trisk
Notary Public, residing at Bremerton

My commission expires 10-16-43
(Seal)

Signed Edna M. Knipstra
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 4, Box 1314 Bremerton Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 8 1950

OCT 2 1 1947

NOV 6 1950

359-228-044-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 18933

Primary Registration District No. 117

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4th	Yes	May 28 1913

FATHER		MOTHER	
FULL NAME	William Emrich	FULL MAIDEN NAME	Eva Wendes
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmunk M.D.

(Physician or midwife)

Address Cambridge

Filed May 28 1913 C E Schmunk Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

419-126-044-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 F File No. 18934

Primary Registration District No. 2164 Registered No. ____

FULL NAME OF CHILD Dale Otho Marquess

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Dec. 26 1913

FATHER

FULL NAME Otho Marquess

RESIDENCE Cambridge Ida

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Mo

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Vera Martin

RESIDENCE Cambridge Ida

COLOR ____ AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE California

OCCUPATION Home Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

(Signature) C C Schwartz M.D.

(Physician or midwife)

Address Cambridge Ida

Filed Jan 1 1914 C C Schwartz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

SEP 24 1942

Certificate No. 18934

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for none given (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1913 (Date of Event)
in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Dale Otho Marquess
date of birth	Dec. 24, 1913	Dec. 26, 1913

Subscribed and sworn to before me this 22nd
day of September, 1942
Margaret Vogel
Notary Public, residing at Cambridge, Idaho
My commission expires May 16, 1943
(Seal)

Signed Otto T. Marquess
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cambridge, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of September, 1942
Margaret Vogel
Notary Public, residing at Cambridge, Idaho
My commission expires May 16, 1943
(Seal)

Signed Boyd Welker
(Signature of Any Credible Person Other Than Previous Year)

Cambridge, Idaho
(Street Address, City, State)

SEP 25 1942

493-210-044-693

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-13

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 18935

Primary Registration District No. 2764 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		8	Yes	Dec 10 1913

FATHER		MOTHER	
FULL NAME	Eden Reber	FULL MAIDEN NAME	Dora Wilson
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	New Mexico
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M. on the date above stated.

(Signature) C E Schmutz M D

(Physician or midwife)

Address Cambridge Idaho

Filed Jan 1 1914 C E Schmutz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D 67-716

029-319

[redacted] BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18938

County of Latah

City of Near Kendrick

Registration District No. 63 File No.

No. ____, ____ St.

Primary Registration District No. 2143 Registered No. 10

Hospital

FULL NAME OF CHILD Marjorie Davidson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	12 26 1913

FATHER		MOTHER	
FULL NAME	George Davidson	FULL MAIDEN NAME	Vera Carlton
RESIDENCE	near Kendrick Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kendrick Ida

Filed 12-26 1913 J E Hoyt

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of birth stated

[redacted]

769-209-029.141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—this is a permanent record

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 18939

Primary Registration District No. 2143 Registered No. 9

FULL NAME OF CHILD Alice Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	12 9 1913

FATHER		MOTHER	
FULL NAME	Ellsworth W Porter	FULL MAIDEN NAME	Hazel Adams
RESIDENCE	Juliaetta Ida	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Wis.
OCCUPATION	Banker	OCCUPATION	Housewife

[Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 12 10 1913 J. E. Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
Bureau of Vital Statistics

MAY 1 4 1971

NOV 1 9 1975

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STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted]

City of Culdesac

Registration District No. 92

File No. 18940

No. ..... St.

Primary Registration District No. 2170

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edith Grant

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	Single (To be answered only in event of plural births)	Two	yes	Dec (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ray Grant	FULL MAIDEN NAME	Tilda Mattson
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gifford Idaho

Filed 1-3 1914

E. E. Watts
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1965

689.025.035-391

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Myrtle

No. ..... St.

Hospital .....

Registration District No. 92 File No. 18941

Primary Registration District No. 2170 Registered No. .....

FULL NAME OF CHILD Not Named.

Sex of Child Sex not Distinguishable | Twin Triplet or other? Single and Number in order of birth One (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec (Month) 25th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Vester Whitenger	FULL MAIDEN NAME	Pansy Craig.
RESIDENCE	Myrtle. Ida	RESIDENCE	Myrtle. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Idaho	BIRTHPLACE	Washington
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth None.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11, P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gofford, Idaho

Filed 1-3- 1914 E. E. Watts

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-211-[redacted]39

Form V. S. No. 11-C—20m-2-15-12

PLACE OF [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18943

County of Ada

City of Boise

No. 2nd S. of Town St.

Registration District No. 8 File No. 49

Primary Registration District No. 2004 Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	Twin	1	Yes.	Dec 11 1913

FATHER		MOTHER	
FULL NAME	Burl E. Rawles	FULL MAIDEN NAME	Ettie Clure
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Rawles M.D.

(Physician or midwife)

Address Boise

Given names added from a supplemental report

.....19.....

.....
Registrar

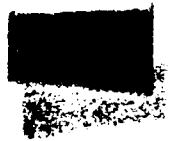
Filed 12-27 19 13 M. S. Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



316-111-001-339 name added 12/21/87 tlc

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18944

County of Ada

City of Boise

No. 2 mi South of Town

Hospital

Registration District No. 8 File No. 50

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Blan Lawler

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	Twin	2	yes	Dec (Month) 11 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Paul E. Lawler	FULL MAIDEN NAME	Ettie Cline
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Naugle M. D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Boise

Filed 12-27 1913 M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-18-87

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } ss.

Certificate No. 18944
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed male (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec. 11, 1913 (Date of Event)

in Boise (Ada) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Full Name of Child	unnamed	Blan Lawler

Subscribed and sworn to before me this 21 day of December, 1987.

Notary Public, Teresa L. Cleverly
Residing at Boise, Idaho
My commission expires April 3, 1991
(Seal)

X Mary J. Trutta
Signature of Applicant

X 360 Bonanza Boise, Idaho 83704
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

-School record from 1928 sigend by Jack Craven dated Dec. 18, 187. gives name as Blan Lawler. viewed by tlc DEC 21 1987

Own daughter's birth certificate on file in Idaho #52-15050 born Dec. 25, 1952 gives father's name as Blan Richard Lawler. viewed by tlc

155·219·001-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

~~City of~~ Ft Hill Road

No. 5 mi N.W. of Boise St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18946

Registration District No. 8 File No. 52

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Alma Marie Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec. 19th 1913

FATHER		MOTHER	
FULL NAME	Jacob Jensen	FULL MAIDEN NAME	Alma Jensen
RESIDENCE	Fort Hill Road	RESIDENCE	Fort Hill Road
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Idaho	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or midwife)

Address Boise - Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 12-26-1913 M S Parker
Registrar

S-Y CO. 26174

447-208-001-298

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18947

County of Ada.

City of 2½ Mi. West of Owyhee

Registration District No. 8

File No. 53

No. ..... St.

Primary Registration District No. 2004

Registered No. .....

Hospital .....

FULL NAME OF CHILD Betty Janeva DuPuy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	yes	Dec (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Harry E. Du Puy.	FULL MAIDEN NAME	Edith Bryan
RESIDENCE	2½ Mi West of Owyhee	RESIDENCE	2½ Mi West of Owyhee
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Boise, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 8, 1913 at 2 o'clock P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Braxton M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 509 Empire Bldg. Boise Idaho.

Filed 12-30 1913 M S Parker

Registrar

Registrar

S-Y GD. 20124

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18947

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed DuPuy (Name on Original Certificate) who was born (Was Born or Died) on Dec 8, 1913 (Date of Event)
in Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed DuPuy	Betty Janeva DuPuy

Subscribed and sworn to before me this 16 day of December, 1963

Hazel A. Engelbert

Notary Public, residing at Eagle, Idaho

My commission expires June 28, 1967

(Seal)

Signed Edith L Melick

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1010 Phillips Ave Petaluma Calif 94952

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Family Bible Record, obviously old, gives name as Betty Janeva Dupuy , viewed by V.S.

FEB 26 1965

Family Record, Obviously old gives name of child as Betty Janeva Dupuy born Dec. 8, 1913.
Viewed by V. S.

FEB 6 1973
MAR 0 5 1993

695-227-001-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of —

No. ½ Mi No 5 Mile School

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18948

Registration District No. 8 File No. 54

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD Vada Jeanette Wines

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Dec 27th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. V. Wines	FULL MAIDEN NAME	Eda E Turner
RESIDENCE	Near 5 Mile School	RESIDENCE	Near 5 Mi. School
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D. (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

19

Filed 12-31 1913 M S Parker Registrar

Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1963
DEC 1 8 1975

154.210.001.816

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18949

County of Ada

City of Boise

No. Lamberton St.

Registration District No. 8 File No. 55

Primary Registration District No. 2004 Registered No.

Hospital

FULL NAME OF CHILD Gertrude Barbara Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wiley J. Anderson	FULL MAIDEN NAME	Joy Harworth
RESIDENCE	Lamberton Add.	RESIDENCE	Lamberton Add
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-31 1913 M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18949

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
mothers name	Joy	Gertrude Barbara
name	none given	Anderson

Subscribed and sworn to before me this 24th day of January, 19 43.

Notary Public, residing at Boise —

My commission expires 1/29/47
(SEAL)

Signed × Ivy Anderson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 25 194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18850

County of Ada

City of Boise, Ida

No. Perkins Station

Registration District No. 8

File No. 56

Primary Registration District No. 2004

Registered No.

Hospital

FULL NAME OF CHILD Thomas Terry Davenport

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar Davenport	FULL MAIDEN NAME	Florence Snyder
RESIDENCE	Perkins Station	RESIDENCE	Perkins Station
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	So Dakota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 12-31 1913

M S Parker

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1942

File No.

Registration Dist.

PLACE OF BIRTH

County of

City of

SECOND

218-211-028-

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18951

County of Kootenai

City of Springston

No. ..... St.

Hospital .....

Registration District No. 126 File No. .....

Primary Registration District No. 2204 Registered No. 7

FULL NAME OF CHILD Mary Antonia Sahatoro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	Nov 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tony Sahatoro	FULL MAIDEN NAME	Mary Calabretto
RESIDENCE	Springston Idaho	RESIDENCE	Springston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	48 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 11 1913 at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed Dec 19 1913 R. S. Jensen
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

699-218-028-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 18952

Primary Registration District No. 2207 Registered No. 6

FULL NAME OF CHILD Lois Pauline Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes.	Aug 18 1913

FATHER		MOTHER	
FULL NAME	James Wright	FULL MAIDEN NAME	Kate Quangrini
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Amer.	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Amer.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 18. 1913, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jas Swan

Neighbor
(Physician or midwife)

Given names added from a supplemental report

Jan 3 th 1914

Registrar

Address .....

Filed Dec 19 1913 R.S. Jensen
Registrar

S-Y CO. 20174

622-219-028-669

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18953

County of Kootenai

City of Harrison

Registration District No. 126 File No.

No. St.

Primary Registration District No. 2204 Registered No. 5

Hospital

FULL NAME OF CHILD Irene Francis Osborn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Nov 19 1913

FATHER		MOTHER	
FULL NAME	Elmer Osborn	FULL MAIDEN NAME	Edith Francis Forsland
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov. 19, 1913, at 2:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Thompson M.D.

Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

.....19.....

Filed Dec 19 1913 R. S. Jenson
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249 [redacted]

18954

County of Kootenai CERTIFIC[redacted]

City of Harrison Registration District No. 126 [redacted]e No.

No. St. Primary Registration District No. 22[redacted] [redacted]gistered No. 4

Hospital

FULL NAME OF CHILD Dorothy DOROTHY LOUISE SMITH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	Yes	Nov 27 1913

FATHER	MOTHER
FULL NAME Branton C Smith	FULL MAIDEN NAME Rachel Alice Wright
RESIDENCE Harrison Idaho	RESIDENCE Harrison Idaho
COLOR White AGE AT LAST BIRTHDAY (Years)	COLOR White AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Cabool, Missouri	BIRTHPLACE Huston, Missouri
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 27 1913 at 9 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tunney M.D.

Physician (Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 19 1913 R.S. Jensen Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 13954
County of Benton } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorothy Louise Smith (Name on Original Certificate) who was Born (Was Born or Died) on Nov. 27, 1913 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Dorthy	Dorothy Louise Smith
Mother's name	not given	Rachel Alice Wright
Mothe 's birthplace	not given	Huston Missouri
Father's birthplace	not given	Cabool Missouri

Subscribed and sworn to before me this 15
day of June, 1942
D. [illegible]
Notary Public, residing at Monroe Oregon
My commission expires Jan 30, 1944
(Seal)

Signed Barton C Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R #1 Junction City Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 25 1942

JUN 30 1971

JUN 29 1942

SEP 3 1942

969-106008-391

PLACE OF BIRTH

County of Kootenai

City of Springston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 124 File No. 18955

Primary Registration District No. 2204 Registered No. 8

FULL NAME OF CHILD Jack Martin Zornes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	Dec 6th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Sherm Jones	Grace Crabtree
RESIDENCE	Springston Idaho	Springston Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Iowa	Neb.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on Dec 6 1913, at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Fleming
Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report.

..... 19.....

Filed Dec 19 1913 R. S. Jensen
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
VITAL STATISTICS

PLACE OF BIRTH

285-115-028-285

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

HO
TATISTICS
RTH

County of Kootenai

City of Carlin Bay

Registration District No. 126

File No. 18956

No. ..... St.

Primary Registration District No. 2204

Registered No. 2

Hospital .....

FULL NAME OF CHILD CLAIR ROBERT SHELDON

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	3	Yes	Dec 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil J Sheldon	FULL MAIDEN NAME	Pearl G. Sheldon
RESIDENCE	Carlin Bay Idaho	RESIDENCE	Carlin Bay Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	S.D.	BIRTHPLACE	S.D.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 15 1913 at 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J N Fenney

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed Dec 19 1913 R S Jensen
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1942

[redacted]

295-126-042-682

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital [redacted]

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18957

Registration District No. 38 File No. .....

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD [redacted] Brem Maurice Duane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
Boy				Yes	12 16 13

FATHER		MOTHER	
FULL NAME	Chas F Brem	FULL MAIDEN NAME	Mabel Wyke
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ore	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Dec 19 13 A A Newberry
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

415-223-042-2132

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38 File No. 18958

No. ..... St.

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
G		Yes	12 (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Dixon H Davis	FULL MAIDEN NAME	Nora McBride
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ill
OCCUPATION	Mcht	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 1913 A A Newberry
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 20 1972

219-101-042-318

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38 File No. 18959

Primary Registration District No. 2086. Registered No. .....

FULL NAME OF CHILD. Stanley Earl Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
B.				Yes	Dec 1 1913

FATHER		MOTHER	
FULL NAME	Earl A Bailey	FULL MAIDEN NAME	Martha Fay Co
RESIDENCE	Amer. Falls.	RESIDENCE	Amer Falls
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ida Ho
OCCUPATION	Mch.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 12/2 1913 A A Newberry Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1959

MAR 1 1943

MAR 18 1971

859-131-008-859

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of _____

No. _____, _____ *St.*

Hospital _____

Registration District No. _____ **File No.** 18960

Primary Registration District No. _____ **Registered No.** _____

FULL NAME OF CHILD Dorsey C. Herrick

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	yes	12 31 1913

FATHER		MOTHER	
FULL NAME	Coit E. Herrick	FULL MAIDEN NAME	Viola Herrick
RESIDENCE	Alpha	RESIDENCE	Alpha
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Calif
OCCUPATION	farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Troggle

(Physician or Midwife)

Given names added from a supplemental report

Address Vanwyck Ida

..... 19.....

Filed ..... 19.....

..... *Registrar* ..... *Registrar*

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 14 11 59 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Valley

Certificate No. 18960

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Herrick (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1913 (Date of Event) in Alpha, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Dorsey Coit Herrick

Subscribed and sworn to before me this 12th day of March, 19 75

Notary Public, residing at Cascade, Idaho

My commission expires November 10 1975

(Seal)

Signed X Jeff Campbell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/4/75 nm

Statement concerning his correct date of birth to be Dec. 31, 1913, dated October 26, 1931. from Family record. signed by. Dorsey C. Herrick. viewed by V. S.

MAR 2 6 1975

School transcript from Alpha, Idaho gives name as Dorsey Herrick.last year liste in 1931. viewr by V. S.

29-122-020-454

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
of Vital Statistics
CATE OF BIRTH

18961

County of Elmore

City of Glenn's Ferry

Registration District No. 35 File No.

No. , St.

Primary Registration District No. 2021 Registered No.

Hospital

FULL NAME OF CHILD Warren Brainard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	4	yes	Dec 22nd 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Brainard	Dora Dimmit
RESIDENCE	Glenn's Ferry	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	America	America
OCCUPATION	Fireman O.S.L.R.R.	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Dec. 22nd 1913 at 5:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec. 24th 1913 J. W. Davis

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

569-217-020-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry

Registration District No. 35

File No. 18962

No. ....., ... St.

Primary Registration District No. 2021

Registered No. .....

Hospital .....

FULL NAME OF CHILD Francis Marion Norton

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single	2	yes	Dec. 17th, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Robert R Norton	FULL MAIDEN NAME	Hazel McCartney
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	R. R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 17th 1913 (Born alive or stillborn) at 2:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doers M. D.

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Glenn's Ferry Idaho

Filed Dec 18th 1913 J. W. Doers

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

142-215-020-763

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 18963

No. ....., ... St.

Primary Registration District No. 2621 Registered No. .....

Hospital .....

FULL NAME OF CHILD Helen Coaina Amstutz

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single	1	yes	Dec. 15th, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John W. Amstutz	Muriel Potter
RESIDENCE	Glenn's Ferry	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	25
BIRTHPLACE	America	America
OCCUPATION	Brakeman O.S.L. R.R.	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 15th 1913 at 9.45 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doris M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Glenn's Ferry Idaho

Filed Dec. 16th 1913 J. W. Doris

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 0 1942

263-217-020-769

PLACE OF BIRTH
Amended 11-13-75

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Elmore

City of Glenns Ferry Registration District No. 35 File No. 18964

No. ....., ... St.

Primary Registration District No. 2021 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gwendolyn Frances Bott

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single	2	yes	Nov. 17th, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles E. Bott	FULL MAIDEN NAME	Margie Porter
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Banker & Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov. 17th 1913 at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Bott Father

King Hill Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec. 11th 1913 J. W. Doris
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

OCT 8 1975

10 8 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 17 8 44 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 18964

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Gwendolin Francis Bott (Name on Original Certificate) who was born (Was Born or Died) on Nov. 17, 1913 (Date of Event)

in Glenns Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gwendolin Francis Bott	Gwendolyn Frances Bott

Subscribed and sworn to before me this 8 day of Oct. 19 75

Gue" Nora Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Virgil R Osborne

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Virgil R Osborne

(Street Address, City, State)

527 East Sunset
Hermiston Or 97838

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

NOV 1 3 1975

Own child's birth certificate on file with Bureau of Vital Statisties, Boise, Idaho, gives name of mother as Gwendolyn Frances Bott. Child born March 30, 1938. Certificate # 266078.
Viewed by V.S.

Certificate of insurance issued by The American Guaranty Life Ins. Co. gives name as Gwendolyn Frances Bott Osborne. # 241035. Issued June 10, 1970.
Viewed by V.S.

942-122-014-693

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

18965

County of Canyon

City of Golden Gate precinct

Registration District No. _____ File No. _____

No. — St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Earl Melvin Russell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	Dec. (Month) 22 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. E. Russell	FULL MAIDEN NAME	Cora E. Williams
RESIDENCE	Parma R.1.	RESIDENCE	Parma, R1.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27. (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Canada.
OCCUPATION	farmer	OCCUPATION	farmer's wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Filed 17/31 1913 R J Cuen

Registrar

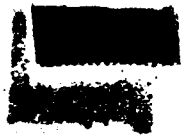
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-130-014-534

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-17

CERTIFICATE OF BIRTH

Registration District No. 51 File No. 18966

Primary Registration District No. 2130 Registered No. 1

FULL NAME OF CHILD Harold Sargent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	Dec. 30 1913

FATHER		MOTHER	
FULL NAME	C. H. Sargent	FULL MAIDEN NAME	Clara Eldridge
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer & merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Emmett, Ida. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jan 8th 1914 Crispin Wright Registrar

S-Y CO. 20174

766-225 c 14 [redacted]

PLACE OF BIRTH 712

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18867

County of Canyon

City of Near Trinidad

Registration District No. 5-1 File No. 1

No. X St.

Primary Registration District No. 2139 Registered No. 3

Hospital X

FULL NAME OF CHILD Anna Marie Powell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X	X	Yes	Dec 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Steck Powell	FULL MAIDEN NAME	~~Myra~~ Myra Masser
RESIDENCE	Canyon Co. Ida	RESIDENCE	Canyon Co Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 25 1913 at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacob Pringing

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address.....

Filed June 10th 1914 Crispin Wright

Registrar

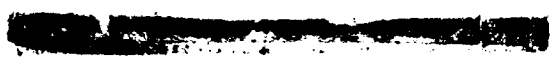
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



863-114-014-238

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18968

County of Canyon

City of Near Trenton

Registration District No. 51

File No. 1

No. X St.

Primary Registration District No. 2130 Martin

Registered No. 2

Hospital X

FULL NAME OF CHILD Donald Holt

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X		X	Yes	Dec 14 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin B Holt	FULL MAIDEN NAME	Lillian Schellock
RESIDENCE	Canyon County Ida	RESIDENCE	Canyon County Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was about 10 P.M. at M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacob Prinzing

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Jan 10 1914 Crispin Wright

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

231-214-007-916

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
BU[redacted]TAL STATISTICS

CERTIFICATE OF BIRTH

18969

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2025 Registered No. 116

FULL NAME OF CHILD ~~No name~~ Iris Edith Stanford

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	Dec (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert B. Stanford	FULL MAIDEN NAME	Eadeth V. Rawson
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 — a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raaf

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Idaho.

Filed Dec 20 1913 Robert H. Wright, Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 14 1959

763-28:007-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

No. ..... St.

Hospital .....

Registration District No. 21 File No. 18970

Primary Registration District No. 2022 Registered No. 117

FULL NAME OF CHILD no name Oscar Edward

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Dec. (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred W. Pothier	FULL MAIDEN NAME	Ella Farnum
RESIDENCE	Ketchum Idaho	RESIDENCE	Ketchum Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ketchum Idaho	COLOR	White
OCCUPATION	rancher	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Colorado
		OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Pack

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 1 19 13 Robert H. Wright Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

281-2221007-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18971

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 118

FULL NAME OF CHILD Margaret Louise

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. W. Shaffer	FULL MAIDEN NAME	Bessie Kingsbury
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 50 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Klemmann M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Ida

Filed Jan 1 1913 Robert H. Wright Registrar

Registrar

S-Y CO. 20174

NOV 27 1970

OCT 16 1975

386-122-007-386

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

18972

Registration District No. 21 File No. .....

Primary Registration District No. 2022 Registered No. 119

FULL NAME OF CHILD Robert Emmett Thomas

Sex of Child Male	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Dec (Month) 22 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Groves Thomas	FULL MAIDEN NAME	Bessie Thomas
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	Wht	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Amador Cal	BIRTHPLACE	Houghton Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M. D.

(Physician or Midwife)

Address Hailey Ida

Filed Dec 25 1913 Robert H. Wright

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

431-2191 034-795

PLACE OF BIRTH

County of Minnidoka

City of Rupert

No. ..... St.

Hospital .....

[redacted] DAHO
BUR[redacted] STATISTICS

Form V. S. No. 11-C—20m-2-

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 18973

Primary Registration District No. .....

Registered No. 42

FULL NAME OF CHILD Olive Ethel McAllister

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 19 1913

FATHER		MOTHER	
FULL NAME	J. H. McAllister	FULL MAIDEN NAME	Alice Green
RESIDENCE	Georgia	RESIDENCE	Georgia
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Ill	BIRTHPLACE	S. Dak.
OCCUPATION	Well Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenney

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/20 19 13 P. H. Scott Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 10 1951

128-124-234-419

PLACE OF BIRTH

STATE OF [redacted] No. 11-C—20m-8-15-12

BUREAU OF VITA[redacted]

CERTIFICATE [redacted]

County of Minidoka

City of Rupert

Registration District No. 19 File No. 18974

No. ..... St.

Primary Registration District No. ..... Registered No. 44

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ HENRY WOODROW ash

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Arles D Ash	FULL MAIDEN NAME	Nellie Mar
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	S. Da.
OCCUPATION	Hardware Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rupert

Filed 12/25 1913 C H Scott Registrar

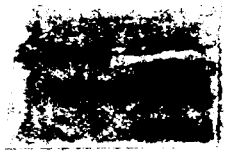
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

JUN 13 1941

State of Idaho } ss.
County of Minidoka }

Certificate No. 18974

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Charles H. Ash (Name on original certificate) who was born (Was born or died) on Dec. 24, 1913 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name to be changed	Charles H. Ash	Henry Woodrow Ash

Subscribed and sworn to before me this 9 day of June, 1941

Notary Public, residing at Rupert Idaho

My commission expires Feb. 9 1942

[SEAL]

Signed A. D. Ash
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Rupert Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Minidoka }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of June, 1941

Notary Public, residing at Rupert Idaho

My commission expires Feb 9 — 1942

[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

MAY 3 1967

JUL 1 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 18975

Primary Registration District No. ..... Registered No. 43

FULL NAME OF CHILD Enos N Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Enos Martin	FULL MAIDEN NAME	Ella Ray
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Ills
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rupert

Filed 12/22 1913 C H Scott Registrar

..... Registrar

S-Y CO. 20174

MAR 5 1976

296-201-034-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
[illegible]

Form V. [illegible] No. 11-C—20m-2-15-12

County of Minidoka

City of Rupert

Registration District No. 19

File No. 18976

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ada Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 1 (Day) 1913 (Year)

	FATHER		MOTHER
FULL NAME	Robbert Brown	FULL MAIDEN NAME	Bertha Metzer
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Germany
OCCUPATION	Popcorn Vendor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rupert Ida

Filed 12/2 1913 C H Scott Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

995-127-[illegible]-388

PLACE OF BIRTH

STATE [redacted]
BUREAU OF [redacted]STICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Idaho

City of Ferdinand

No. ..... St.

Hospital Home

Registration District No. 105

Primary Registration District No. 2183

File No. 18977

Registered No. .....

FULL NAME OF CHILD Leo Rieman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J.Benard Rieman	FULL MAIDEN NAME	Mary Thyering
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Teupotulas Ill.	BIRTHPLACE	Keuterville, Ida.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Ida.

Filed Dec 6 1913 H B Blake

Registrar

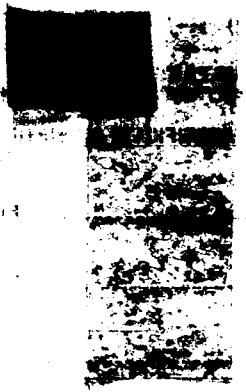
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 1 6 1967

DEC 11 1958

359-218 025-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 18979

Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD Esther Agnes Terhaar

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Joseph Terhaar	FULL MAIDEN NAME	Rose Klapprich
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	N. Dakota
OCCUPATION	Peddler	OCCUPATION	Housewife

Number of child of this mother, including present birth [redacted] Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 25 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Cottonwood, Idaho

Filed Dec 24 1913 H B Blake
Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

235.125.007-295

PLACE OF BIRTH

STATE OF ID[redacted]

Bureau of Vital S[redacted]

CERTIFICATE OF [redacted]

S. No. 11-C—15m-6-20-11

18980

County of Blaine

City of Bernice

Registration District No. 59 File No. 1

No. ....., ... St.

Primary Registration District No. 2139 Registered No. .....

Hospital .....

FULL NAME OF CHILD Randall Edward Stephenson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Other (To be answered only in event of plural births)	1	yes	12 (Month) 25 (Day) 19[illegible] (Year)

FATHER	MOTHER
FULL NAME: Charles Milo Stephenson	FULL MAIDEN NAME: Lou Emma King
RESIDENCE: Bernice, Idaho	RESIDENCE: Bernice, Idaho
COLOR: White AGE AT LAST BIRTHDAY 27 (Years)	COLOR: White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE: Linden, Indiana	BIRTHPLACE: Vernon Co. Missouri
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. D. King

Mid wife (Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Bernice, Idaho

Filed 1-2- 1914 E W Fox Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793.203.007-868

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1981

County of Blaine

City of Darlington Registration District No. 59 File No.

No. St. Primary Registration District No. 2139 Registered No.

Hospital

FULL NAME OF CHILD Helen

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Twin (To be answered only in event of plural births)	3	yes	Dec 3 1913

FATHER		MOTHER	
FULL NAME	Wm. H Pilgrim	FULL MAIDEN NAME	Edna Holm
RESIDENCE	Darlington	RESIDENCE	Darlington
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) Dr R E Mason

(Physician or midwife)

Address Machay Ida

Filed 12-6 1913 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1975

451-1211007-212

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

No. ....., ... St.

Hospital .....

Registration District No. 59 File No. 18882

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD — Meachum

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Other (To be answered only in event of plural births)	5	yes	12 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles H. Meachum	FULL MAIDEN NAME	Anna Babbitt
RESIDENCE	~~Moore~~ Arco Idaho	RESIDENCE	Arco - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oak City Utah	BIRTHPLACE	Elba Idaho
OCCUPATION	Stock grower	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ew Fox M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Arco Idaho

Filed 12/23 1913 Ew Fox M.D. Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793172-007-664

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

18983

County of Blane

City of Arco

No. ....., ... St.

Hospital .....

Registration District No. 59 File No. .....

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Alvin Gilbert

Sex of Child Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Dec. 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Sammett	FULL MAIDEN NAME	Bertha Woodbridge
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Neb.
OCCUPATION	Blacksmith	OCCUPATION	housewife

†Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 4-20 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12-25 1913 EW Fox
Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17526

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 13-341111

256-202-020-256

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTI[redacted]

CERTIFICATE OF BIRTH

F[redacted]C—20m-2-15-12

18984

County of Elmore

City of Mountain Home

Registration District No. 34

File No.

No. — St.

Primary Registration District No. 2020

Registered No. 79

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Dec. 2nd 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Mack Sewell	FULL MAIDEN NAME	Rose Sewell
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	Indian	COLOR	Indian
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

Physician (Physician or ~~midwife~~)

Address Mountain Home

Filed 12/3 1913 B.W. Mather Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-123·02X-641

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. [redacted]-12

18985

Registration District No. 22 File No. .....

Primary Registration District No. 2018 Registered No. .....

FULL NAME OF CHILD ..... Smith

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	6	Yes	12 23 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Robert Smith	FULL MAIDEN NAME: Bernadette O'Dunn
RESIDENCE: Wendell	RESIDENCE: Wendell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mo
OCCUPATION: Veterinary Surgeon	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

Phy. sician (Physician or midwife)

Address Wendell

Given names added from a supplemental report

..... 19.....

Filed Dec 28 1913 H. E. Lamb

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP OF 1913 - 344880

866-231-024-242

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [illegible] STATISTICS
[illegible] BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Goodwin

City of Wendell

Registration District No. 22

File No. 18986

No. — St.

Primary Registration District No. 2018

Registered No.

Hospital —

FULL NAME OF CHILD Helen Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	12 (Month) 31 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Howard	FULL MAIDEN NAME	Marie Busch
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	Wendell
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	North C	BIRTHPLACE	End
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12-20 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Lamb

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wendell, Idaho

Filed Dec 31 1913 H E Lamb
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941

FEB 6 1975

433-209-024-79

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell Registration District No. 22 File No. 18987

No. St.

Primary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD ELDA CAROLYN Utterback

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	6	Yes	12 9 1913

FATHER		MOTHER	
FULL NAME	Clyde Utterback	FULL MAIDEN NAME	Edna Pitts
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Ditch rider	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Address Wendell

Given names added from a supplemental report

....., 19.....

Filed Dec 31 1913 H E Lamb

.....
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of Los Angeles

Certificate No. 18987

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elna Utterback (Name on Original Certificate) who born (Was Born or Died) on Dec. 9. 1913 (Date of Event)
in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 9, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elna	Elda Carolyn Utterback

Subscribed and sworn to before me this 2nd
day of April, 1943
Walter C. Bruton
Notary Public, residing at Whittier, California
My commission expires January 20th, 1945
(Seal)

Signed Mrs Helen Pulliam
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
122 Walnut Court N. Whittier Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of April, 1943
L. K. Bailey
Notary Public, residing at Whittier Cal.
My commission expires 2/26/47
(Seal)

Signed Clyde E. Utterback
(Signature of Any Credible Person Other Than Previous Year)
Box 241 Sunnyside Calif.
(Street Address, City, State)

APR 10 1943

212-110-016-236

PLACE OF BIRTH

STATE OF IDAH[redacted]
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BI[redacted]

County of Cassia

City of Elba

No. ..... St.

Hospital .....

Registration District No. 120 File No. 7 [redacted]8988

Primary Registration District No. 2199 Registered No. 63

FULL NAME OF CHILD Henry Wilcombe Babbitt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	Oct. 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorenzo Babbitt	FULL MAIDEN NAME	Hannah Stooks
RESIDENCE	Clear Creek	RESIDENCE	~~or~~ Nap, Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. N. Leavitt (signed) midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Elba Idaho

Filed 1-3 1914

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 2 2 1975

851-226-029-762

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... *St.*

Hospital Inland Empire

Registration District No. 61 **File No.** 18989

Primary Registration District No. 1011 **Registered No.** 291

FULL NAME OF CHILD Hazle Myrtle Headrick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Headrick	FULL MAIDEN NAME	Mattie Goss
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Moscow, Ida	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Idaho

Filed Dec 30 1913 D. F. Rae

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

439-108-029-331

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Latah

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 18990

Primary Registration District No. 1011 Registered No. 285

FULL NAME OF CHILD George Albert McIntosh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.	2	Yes	Nov. (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wilford A. McIntosh	FULL MAIDEN NAME	Pearl McClarke
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ontario	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Dec 15 1913 D. F. Rae
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 [redacted]

JAN 25 1954

281-118029-762

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18991

County of Latah

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 61 **File No.** _____

Primary Registration District No. 1011 **Registered No.** 286

FULL NAME OF CHILD Clarence Harold Sharp

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M.	5 (To be answered only in event of plural births)	Yes	Nov. (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John W. Sharp	FULL MAIDEN NAME	Aquilla Gossett
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Mail Carrier	OCCUPATION	House Keeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. A. Adair (Physician or midwife)

Address Moscow

Filed Dec 15 1913 D F Rae Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-217-029-995

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of East Moscow

No. _____ St.

Hospital _____

Registration District No. 61 File No. 18992

Primary Registration District No. 1011 Registered No. 287

FULL NAME OF CHILD Pearl Carle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec. 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Carle	FULL MAIDEN NAME	Lena Rieper
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L Gritman
C.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Dec 20 1913 D F Rax
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1967

859-106-029-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 18993

Primary Registration District No. 1011 Registered No. 283

FULL NAME OF CHILD Richard Samuel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Harry Herrington	FULL MAIDEN NAME	
RESIDENCE	Moscow	RESIDENCE	Andrea Burnell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 15 1913 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-103-039-[illegible]

PL[illegible]

Form V. S. No. 11-C—[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 18994

Primary Registration District No. 1011 Registered No. 284

FULL NAME OF CHILD Albert Merrill Hart

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	E. W. Hart	FULL MAIDEN NAME	Annie Belle Cooper
RESIDENCE	Moscow	RESIDENCE	—
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 15 1913 D F Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 21 1974

DECEASED

445-101-029-291

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Laloh

City of Moscow

No. ..... St.

Hospital Carithers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18995

Registration District No. 61 File No. .....

Primary Registration District No. 1611 Registered No. 288

FULL NAME OF CHILD ~~Bt~~ Glenn Alexander Munro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Apr 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alex Munro	FULL MAIDEN NAME	Elsie A Bratton
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	Wt	COLOR	Wt
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Scotland	BIRTHPLACE	Illinois
OCCUPATION	Miners	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 P M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Carithers

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 12 1913 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

918-206-029-291

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61 File No. 18996

No. ....., ... St.

Primary Registration District No. 1811 Registered No. 289

Hospital .....

FULL NAME OF CHILD Loreta Clara Raymond

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	Dec. 6, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde T. Raymond	FULL MAIDEN NAME	Otillie Brandt
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	N. Dak
OCCUPATION	Engineer (Stationary)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wirk

M. D.

(Physician or Midwife)

Address Moscow Idaho

Filed Dec 9 1913 D F Rae

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 3 1956

785-211-029-547

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 18997

Primary Registration District No. 1011 Registered No. 282

FULL NAME OF CHILD Alice Josephine Phelps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) Dec (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. P. Phelps	FULL MAIDEN NAME	Alice Edgly
RESIDENCE	Moscow - Idaho	RESIDENCE	Moscow - Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 4 (Born alive or stillborn) at 3-30-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 15 1913 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-129-029-45.3

Form V. S. No. 11-C—[illegible]-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 18998

Primary Registration District No. 1011 Registered No. 292

FULL NAME OF CHILD LEROY ELWOOD BROOKS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	L. E. Brooks	FULL MAIDEN NAME	Sarah Metzgar
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Kan
OCCUPATION	Deputy Auditor	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3. a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 31 1913 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 18998

County of San Bernardino } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Dec. 29, 1913 (DATE OF EVENT)

in Moscow Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 5, 1916 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	LeRoy Elwood Brooks

Subscribed and sworn to before me this 26th day of May, 1943

E. B. Gridley

Notary Public, residing at San Bernardino

My commission expires November 26, 1946 (SEAL)

Signed 709 E. Base Line San Bernardino Calif

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mrs Sarah C (L. E.) Brooks Mother

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of SanBernardino }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 1943

Katherine Houghton

Notary Public, residing at SanBernardino

My commission expires June 29 - 1946 (SEAL)

Signed J B Shepardson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3449 Valencia Drive, SanBernardi Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 28 1964

MAY 28 1943

389-128-029-754

Form V. S. No. 11-[illegible]-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 18999

Primary Registration District No. 1011 Registered No. 293

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Christensen	FULL MAIDEN NAME	Carrie Gemmeke
RESIDENCE	Moscow	RESIDENCE	—
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4. a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Dec 31 1913 D F Rae
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Bonner

[redacted]LIVER THIS CERTIFICATE TO YOUR LOCAL REGISTRAR.
[redacted]STATE BOARD OF HEALTH.

693-22-2009-769

19000

PLACE OF BIRTH

[redacted] STATE BOARD OF HEALTH

Record No. Dec 61-2141

County of Mutman

City or Town of Garfield

File No.

Registered No. 290

BUREAU OF VITAL STATISTICS

IDAHO CERTIFICATE OF BIRTH

Registration Dist. No. (No. , St.; Ward)

FULL NAME OF CHILD Unnamed { If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		1	Yes	Dec 22 1913

FATHER	MOTHER
Full Name: Lemmie L. Weller	Full Maiden Name: Audrey Gordon
Residence: Garfield Wash R.F.D. # 1 Idaho	Residence: Garfield Wash R.F.D. # 1 (in Idaho)
Color: White — Age at last Birthday: 25 (Years)	Color: White — Age at last Birthday: 25 (Years)
Birthplace (State or Country): Illinois	Birthplace (State or Country): Missouri
Occupation: School Teacher	Occupation: Housewife

Number of child of this mother 1 — Number of children, this mother, now living 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was { *born alive* / ~~*stillborn*~~ } † *and that it occurred on* Dec 22, 1913, at 1:30 A.M.

(Signature) P. E. Wiesel M.D.

(Physician ~~or Midwife~~)

Address Garfield

Filed Dec 26, 1913 [signature] Registrar.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

Registrar.

† Indicate which by drawing line through superfluous word

READING INK—THIS IS A PERMANENT RECORD.

When one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of [redacted] Registration District No. [redacted] File No. 19001

No. ..... St.

Primary Registration District No. 2196 Registered No. 52

Hospital .....

FULL NAME OF CHILD Vor Dannick

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				12 – 10 – 1913

FATHER	MOTHER
FULL NAME H. A. Johnson	FULL MAIDEN NAME Ellen Ferguson
RESIDENCE Burley Ida	RESIDENCE Burley Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. J. Story

(Physician or midwife)

Address Burley Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 12 1913 D. E. J. Story Registrar

..... Registrar

S-Y CO. 20174

136-222-037-413

Form U. S. No. 11-C—[illegible]-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of De Lamar

No. _____ St.

Hospital _____

Registration District No. 46 File No. 19003

Primary Registration District No. 2123 Registered No. _____

FULL NAME OF CHILD Tomasa Acordagoitia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec. 22, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Manuel Acordagoitia	FULL MAIDEN NAME	Eulalia Mallea ~~Lillian Acordagoitia~~
RESIDENCE	De Lamar	RESIDENCE	De Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep-herder	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. P. Farrell

(Physician or [illegible])

Given names added from a supplemental report

_____ 19__

Address D Lamar

Filed Jan 22 1914 T P Farrell

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 3 1942

JUN 5 1967

395·116·035-238

PLACE OF BIRTH

County of Nez Perce

City of Near Reubens

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 19007

Primary Registration District No. 2179 Registered No. 1

FULL NAME OF CHILD Richard George Linville

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	10 16 1913

FATHER		MOTHER	
FULL NAME	D. M. Linville	FULL MAIDEN NAME	Goldie Schuyler
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 1-29 1914

E. E. Watts
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1943

854-128-075-419

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Key Perce

City of Near Reubens — Registration District No. 92 — File No. 19008

No. ____ St. — Primary Registration District No. 2170 — Registered No. 2

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	9 28 1913

FATHER		MOTHER	
FULL NAME	George Hewett	FULL MAIDEN NAME	Lena Marquam
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 5:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaignard

Physician

(Physician or midwife)

Address Reubens Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 1-29 1914 E. E. Watts Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-34846!

DUP OF 1913-34846!

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1422 12 04

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of [redacted]

City of Gooding ... tion District No. 18 14 File No. 19020

No. ....., ... St.

Primary Registration District No. 2014 Registered No. .....

Hospital Home

FULL NAME OF CHILD Hazel Bernice Adkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1st.	Yes	Dec 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Adkins	Lillian Rork
RESIDENCE	Gooding	Gooding
COLOR	W	W
AGE AT LAST BIRTHDAY	19 (Years)	16 (Years)
BIRTHPLACE	Nebraska	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. T. Cary M.D.

(Physician or Midwife)

Address Gooding Idaho

Given name added from a supplemental report

....., 19.....

H. T. Goodin Registrar

Filed Dec 6 1913

H. T. Cary M.D. Registrar

S-Y CO., 16669

STATE
DEC 11 1942

239-12 ~~17~~ 024-192

PLACE OF BIRTH

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. .....

File No. 19024

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Joseph Sliman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David Sliman	FULL MAIDEN NAME	Phomea Arkoosh
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gooding Idaho.

F. T. Cary M.D. Registrar

Filed Feb 4 1914 F. T. Cary M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 19024

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joe Slyman (Name on Original Certificate) who Born (Was Born or Died) on Dec 27 - 1913 (Date of Event)
in Gooding (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Nov 10 - 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName of father and son Dave Slyman + Joe Slyman	Slyman	Sliman

Subscribed and sworn to before me this 4th
day of April 1942
Erb Whiskey
Notary Public, residing at Gooding Ida
My commission expires July 28 1943
(Seal)

Signed J. H. Cornwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of GOODING } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of April, 1942
Clerk Dist Court
[illegible] residing at Gooding, Idaho
My [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 15 1942

298-227-024-682

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Form V. S. No. [illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 19025

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Bryant Nancie Ruth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oscar B Bryant	FULL MAIDEN NAME	Lizzie B. Oyster
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

..... 19.....

F. T. Cary M.D. Registrar

Filed Feb 4 1914 F. T. Cary M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OF IDAHO
ITAL STATISTICS

FEB 1951

FEB 7 1951

355124.02X-513

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. 1014 File No. 19026

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Alfred Levy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Louis Levy	FULL MAIDEN NAME	Rose Nathan
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Clothing Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M.D. (Physician or midwife)

Given names added from a supplemental report

Address Gooding, Idaho

..... 19.....

F. T. Cary M.D. Registrar

Filed Feb 4 1914 F. T. Cary M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1942

962-219-024-392

PLACE OF BIRTH

Amended Feb. 14, 1955

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 19027

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD MYRLE ROBERTSON
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 19 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: John C. Robertson	FULL MAIDEN NAME: Mabel Tibbs
RESIDENCE: Gooding, Idaho	RESIDENCE: Gooding, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Mississippi	BIRTHPLACE: Ohio
OCCUPATION: Farming	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) J. H. Cromwell M.D.

..... (Physician or midwife)

Address Gooding, Idaho

Filed Feb. 4 1914 F. T. Cary M.D. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-114-024-593

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

Registration District No. .....

File No. 19028

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Earl L. Hume

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 14 1913

FATHER		MOTHER	
FULL NAME	C. D. Hume	FULL MAIDEN NAME	Lulu Nichols
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

T. T. Cary M.D.
Registrar

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Idaho

Filed Feb 4 1914

T. T. Cary M.D.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-213-024-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 19029

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Grace Elnor Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Dec 13 1913

FATHER	MOTHER
FULL NAME Wm L Thompson	FULL MAIDEN NAME Lydia L Sanders
RESIDENCE Bliss Idaho	RESIDENCE Bliss Ida.
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE California	BIRTHPLACE Oregon
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Dr. T. T. Carey Registrar

S-Y CO. 20174

(Signature) J. A. Cromwell M.D.

(Physician or midwife)

Address Gooding Idaho

Filed Feb 2 19 14 Dr. T. T. Carey Registrar

APR 15 1942

719-1151035

PLACE OF BIRTH [redacted] E OF IDAHO
VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

County of Nez [redacted] CERTIFICATE OF BIRTH

City of Lenore R.F.D.

Registration District No. 93 File No. 19033

No. ..... St.

Primary Registration District No. 2171 Registered No. .....

Hospital .....

FULL NAME OF CHILD DONALD LEE PARKS

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
M	2 (To be answered only in event of plural births)	Yes	12-15-1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Earl B. Parks	FULL MAIDEN NAME	Betty Hammock
RESIDENCE	Lenore R.F.D.	RESIDENCE	Lenore R.F.D.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Mo
OCCUPATION	Groceryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Rock

Filed 12-16 1913 J. M. Lyle Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of ~~Birth or Death~~

State of Idaho } ss.
County of Nez Perce }

Certificate No. 19033
Date Filed OCT 13 1941

The undersigned does solemnly swear that certain facts on the certificate of Births (Birth or death)
for ~~—~~ Parks (Name on original certificate) who was born (Was born or died) on December 15th, 1913 (Date of event)
in Peck, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on December 15th, 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Donald Lee Parks

Subscribed and sworn to before me this 23
day of September, 1941

Notary Public, residing at Lewiston, Ida.
My commission expires June 17 - 1943
[SEAL]

Signed Earl Parks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

409-6th Ave Lewiston, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Nez Perce }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23
day of September, 1941

Thelma Hayward
Notary Public, residing at Lewiston Ida
My commission expires June 17 - 1943
[SEAL]

Signed [signature]
(Signature of any credible person other than the previous affiant)

706-9th Ave Lewiston, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

OCT 16 1941

243.127.029.244

PLACE OF BIRTH

County of Latah

City of Potlatch

No. Country St.

Hospital

STATE OF IDAHO
AU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 19035

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Rosco Earl Bull

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	1	yes	Dec 27 1913

FATHER

FULL NAME J Henry Bull

RESIDENCE Potlatch

COLOR W AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Myrtle Emmett

RESIDENCE Potlatch

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Boyd M. D.
(Physician or midwife)

Address Palouse Wn.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Jan. 3rd 1914 D. Jno. Thompson Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 4 1952

275-113-029-893

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Palouse Wn

No. Country St.

Hospital

Registration District No. 65.

File No. 19036

Primary Registration District No. 2145.

Registered No.

FULL NAME OF CHILD ~~Richard~~ ROBERT Hill Spencer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	x		x	yes.	Oct (Month) 13 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B C Spencer	FULL MAIDEN NAME	Bessie Hill.
RESIDENCE	Palouse Wn.	RESIDENCE	Palouse Wn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39.	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd

M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Palouse Wn.

Registrar

Filed Jan. 3rd 1914. Dr. J.W. Thompson

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415·116·028-969

Form V. S. No. 11-C—20m-2-15-12

[redacted] F IDAHO
BU[redacted]AL STATISTICS
[redacted]TE OF BIRTH

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126

Primary Registration District No. 2204

File No. 19046

Registered No. 1

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	X	3	Yes	Dec 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm W. Davis	FULL MAIDEN NAME	Eva Jones
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	His	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 16, 1913 at 5a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kinney

Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 19 1913 R. S. Jensen
Registrar

S-Y CO. 20174

OCT 24 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3.19-205-036-267

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 74 File No. 19047

Primary Registration District No. 2069 Registered No. 281

FULL NAME OF CHILD Mabel Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 5 1913

	FATHER	MOTHER
FULL NAME	Joseph Larsen	Mary Bolin
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Utah	U. S.
OCCUPATION	Contractor	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed 11/15 1913 D. Clay Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

356-107-036-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 19048

Primary Registration District No. 2069 Registered No. 78

FULL NAME OF CHILD Otis Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 7 1913

	FATHER	MOTHER
FULL NAME	Nephi W Lewis	FULL MAIDEN NAME Sarah Thomas
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Mail Carrier	OCCUPATION House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed 12/15 1913 D Kay

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165 202 036-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 19049

No. ....., ... St.

Primary Registration District No. 2069

Registered No. 288

Hospital .....

FULL NAME OF CHILD Mary Lillian

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	1	5	yes	11 (Month) 2 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin R. Jones	FULL MAIDEN NAME	Maggie Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad Idaho
OCCUPATION	Barber	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Malad Ida

Filed 12/15 1913 D C Ray

..... Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 7 1968

219-129-936-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 19050

Primary Registration District No. 2071 Registered No. 284

FULL NAME OF CHILD LYMAN JAMES Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Mail				Yes	August 29 1913

FATHER

FULL NAME James Barnett

RESIDENCE Stone

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE North Ogden Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Clara Bunderson

RESIDENCE Stone

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Grouseville Utah

OCCUPATION Home Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.20 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) Mary Bunderson

Mid wife (Physician or midwife)

Address Stone Idaho

Filed 1/20 19 13 D C Ray Registrar

9-Y CO. 24688

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache

Certificate No. 19050
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)

for Lyman James Barnett (Name on original certificate) who was born (Was born or died) on August 29, 1913 (Date of event)

in in Stone Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Home record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Lorenzo Barnett	Lyman James Barnett

Subscribed and sworn to before me this 10 day of Dec., 19 41

O. S. Burkett

Notary Public, residing at Logan, Utah

My commission expires Mar. 13, 1945

[SEAL]

Signed Gomer Barnett Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Providence, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of Dec. 1941, 19

O. S. Burkett

Notary Public, residing at Residing at Logan, Utah

My commission expires My Commission Expires March 13, 1945

[SEAL]

Signed x Sarah Bunderson
(Signature of any credible person other than the previous affiant.)

Providence Utah.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

993-131'022-731

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Howe

Registration District No. 59 File No. 19056

No. ....., ... St.

Primary Registration District No. 2139 Registered No. .....

Hospital .....

FULL NAME OF CHILD Charley Edward Richards

Sex of Child	Twin, Triplet, or other?	Legitimate?	Date of birth
Boy	Other and Number in order of birth (To be answered only in event of plural births)	yes	Dec. 31, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H Richards	FULL MAIDEN NAME	Ellen France Plott
RESIDENCE	Howe	RESIDENCE	Howe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Challis Custer Co	BIRTHPLACE	Wainsville Haywood Co
OCCUPATION	Blacksmith Idaho	OCCUPATION	~~Howe~~ North Carolina

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. I. C. Packard

(~~Physician or~~ Midwife)

Given names added from a supplemental report

....., 19.....

Address Sweet Sage Idaho

Filed 1-31 1914 E. W. Fox

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 18 1959

038.107.029.155

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 19066

Primary Registration District No. 1011 Registered No. 3

FULL NAME OF CHILD Dwight E. Scheyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	Yes	Dec. 7 1913

FATHER		MOTHER	
FULL NAME	Herman Scheyer	FULL MAIDEN NAME	Rosa Jensen
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Carpenter	OCCUPATION	Household Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 20 1914 D. F. Rae
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 11 1959

635127.029-819

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 19067

Primary Registration District No. 1011 Registered No. 5

FULL NAME OF CHILD Chas Rolland Fletcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	Dec 27 1913

FATHER		MOTHER	
FULL NAME	Clyde R. Fletcher	FULL MAIDEN NAME	Hellen Hartman
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Mis	BIRTHPLACE	N.Y.
OCCUPATION	Printer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. A. Adair (Physician or ~~midwife~~)

Address Moscow Idaho

Filed Jan 20 1914 D F Rae Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 19 1942

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

and Number in order of birth ...ly in event of plural births)	Legitimate?	Date of Birth ..... 191... (Month) (Day) (Year)

FULL MAIDEN NAME	MOTHER
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	
OCCUPATION	

Number of children of this mother now living, including present birth .....

G PHYSICIAN OR MIDWIFE*

..... at ..... M.
(Born alive or stillborn)

.....
(Physician or midwife)

.....
Registrar

PLACE OF BIRTH

County of .....

.....

.....St.

ECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

259.204.029.244

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 19073

Primary Registration District No. 104 Registered No. 13

FULL NAME OF CHILD Ethel May

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Jan. 4, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. M. Keith	FULL MAIDEN NAME	Pauline Suddreth
RESIDENCE	Moscow	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ark	BIRTHPLACE	wash.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow

Filed Jan 22 19.....

S. F. Rae

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 24 1972

954-816-029-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19074

Registration District No. 61 File No. .....

Primary Registration District No. 1011 Registered No. 4

FULL NAME OF CHILD Fredrick Irven Redding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	5	Yes	Dec 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Irvin A. Redding	FULL MAIDEN NAME	Myrtle L. Graves
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Kans	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D. (Physician or midwife)

Address Moscow

Filed Jan 20 1914 D F Rae Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No..... File No.....

Primary Registration District No..... Registered No.....

and Number in order of birth (ly in event of plural births)	Legitimate?	Date of Birth.....191.... (Month) (Day) (Year)

	FULL MAIDEN NAME — MOTHER
	RESIDENCE
	COLOR — AGE AT LAST BIRTHDAY..... (Years)
ears)	BIRTHPLACE
	OCCUPATION

OCT 2 5 1944

Number of children of this mother now living, including present birth.....

G PHYSICIAN OR MIDWIFE*

..... at.....M.
(Born alive or stillborn)

.....

.....
(Physician or midwife)

.....

.....
Registrar

PLACE OF BIRTH

County of .....

.....

.....St.

ECORD

3-127-042-463

Form V. S. No. 11-C—20m-3-15-12

[redacted]RTH

[redacted] Falls.

City of [redacted]l

No. [redacted] St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19080

Registration District No. 39 **File No.**

Primary Registration District No. 2087 **Registered No.**

FULL NAME OF CHILD Charles Tully Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Claud Williams	FULL MAIDEN NAME	Jessie Molsee
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minot, N. Dak.	BIRTHPLACE	Portsmouth Ohio
OCCUPATION	Farming	OCCUPATION	Domestic Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lee Helen Boynton
Nurse
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed 1-3 1914 J. H. Murphy
Registrar

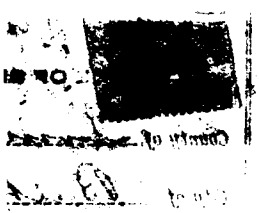
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 6 1964

463-229-042-964

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 38

File No. 19094

Primary Registration District No. 2086

Registered No. .....

FULL NAME OF CHILD Grace Elizabeth McLees

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes.	Dec 24 1913

FATHER		MOTHER	
FULL NAME	Garland McLees	FULL MAIDEN NAME	Edgent the S Rodgers
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Elkhart Ind.	BIRTHPLACE	Columbus Ind
OCCUPATION	Carpenter	OCCUPATION	House Keeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs B. W. Telford

midwife (Physician or midwife)

Address Filer Idaho

Given names added from a supplemental report

Jan 10 1914

C A Newberry Registrar

Filed Dec 30 1913

C A Newberry Registrar

8-Y 60. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

343-2271028-395

PLACE OF BIRTH

Form V. S. No. 11-C-Jan-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 126 File No. 19101

No. ..... St.

Primary Registration District No. 2207 Registered No. 2

Hospital .....

FULL NAME OF CHILD Giovenga Luchini

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Dec 27 1913

	FATHER	MOTHER
FULL NAME	Jack Giacomo Luchini	Carolina Covidini
FULL MAIDEN NAME		Carolina Covidini
RESIDENCE	Harrison Idaho	Harrison Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Italy	Italy
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 27 1913, at 8:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fenney

Physician
(Physician or midwife)

Address Harrison Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 3 1914 R. S. Jensen
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

331-127-036-495

Form V. S. No. 11-C-15m-1-1-

[illegible] OF BIRTH

[illegible] IDAHO
BUREAU OF [illegible] STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 26

File No. 19103

Primary Registration District No. 2071

Registered No. 285

FULL NAME OF CHILD ~~Van~~ Vaughn Clayton 11-27-13

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mail		Yes	Nov. ~~24~~ 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horace Clayton	FULL MAIDEN NAME	France Miner
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kanab Utah	BIRTHPLACE	Johner. Neb.
OCCUPATION	farmer	OCCUPATION	Hause wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.22 P.M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Stone Idaho

Filed 17/20 1913 D C Ray

Registrar

Registrar

S-Y CO. 24655

P. m.

ERVED FOR
NG INK—THIS
SEPARATE RETURN

No money

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG - 6 1940

STATE OF Utah,)
) SS.
COUNTY OF Weber,)

AFFIDAVITS FOR CORRECTION OF A RECORD

19103

Frances E. Clayton, of 669 30th Street, Ogden, Utah,

Being first duly sworn, deposes and says that she is the mother
(if related, specify degree,

of Van Clayton
if friend or otherwise, so state)

who was born in the city of Stone, County of Oneida
(was born, died)

on the 28th day of November, 1913, as stated in a certificate of birth
birth or

filed by Mary Bunderson, Midwife
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Malad, County of Oneida

Idaho, on the 20th day of December 1913.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Date of Birth: November 28, 1913

Name of Child: Van Clayton

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Date of Birth: November 27, 1913

Name or Child: Vaughn M. Clayton

(SEAL)

Affiant Frances E Clayton

Address 669-30th St Ogden Ut.

Subscribed and sworn to before me this 5th day of August, 1940.

My commission expires
July 17, 1943.

Olin A. Kennedy
Notary Public
Ogden, Utah.

STATE OF Utah,)
) SS.
COUNTY OF Weber,)

SUPPORTING AFFIDAVIT

DEC 8 1971

Horace E. Clayton, of 669 30th Street, Ogden, Utah.

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged as the father of Vaughn M. Clayton, and that the said facts as stated are true.

Affiant Horace E Clayton

Address 669-30th St. Ogden, Utah

Subscribed and sworn to before me this 5th day of August, 1940,

(Seal)

Olin A. Kennedy
Notary Public in and for the State of Utah, residing at Ogden, Utah.

643-107-036-965

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Onida

City of Stone

No. _____ St.

Hospital _____

Registration District No. 26 File No. 19104

Primary Registration District No. 2071 Registered No. 786

FULL NAME OF CHILD Carlus Fuller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mail		Yes	Dec. 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther Carlos Fuller	FULL MAIDEN NAME	France Jane Roe
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Salt Lake City Ut	BIRTHPLACE	Snowville Utah
OCCUPATION	Teacher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:09 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Stone Idaho

Filed 12/20 1913 D C Ray
Registrar

Registrar

S-Y CO. 24693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-207-036-863

amended 12/1/80

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Woodruff

No. ..... St.

Hospital .....

Registration District No. 26 File No. 19105

Primary Registration District No. 2069 Registered No. 287

FULL NAME OF CHILD Ione Ruby Lundberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	2	yes	Dec (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Benjamin Lundberg	FULL MAIDEN NAME	Ruby Howes
RESIDENCE	Woodruff Ida	RESIDENCE	Woodruff Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Woodruff Ida
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Idaho

Filed 12/20 19 13 D C Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 2 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 19105

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Pearl Lundenberg (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1913 (Date of Event) in Woodruff, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Pearl Lundenburg	IONE Iona Ruby Lundberg
father's name	Lundenberg	Lundberg (BENJAMIN)
mother's maiden name	Ruby Hall	Ruby Howell

Subscribed and sworn to before me this 30th day of July, 19 82

Notary Public, residing at Logan, Utah

My commission expires 18 March 1982

(Seal)

Signed Ida N Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

143 N. Center Logan, Ut 84321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 19 80

Notary Public, residing at Logan, Utah

My commission expires 18 March 1982

(Seal)

Signed Grace H Baugh
(Signature of Any Credible Person)

493 South 100 West Logan, Ut 84321
(Street Address, City, State)

FORM DH 60-155

CL 7/6/76 1cc pd.

Certif of Birth from the LDS Church gives nameas Ione Ruby Lundberg son Dec 7, 1913 at Woodruff, Idaho. Father's name as Benjamin Lundberg and mother's name as Ruby Howell. entered on record Feb 1, 1914. viewed by V DEC 2 1980

Certif of Baptism from the LDS Church gives name as Ione Lundberg daughter of Benj. Lundberg and Ruby Howell.born Dec 7, 1913 at Woodruff, Ifaho Bptized Dec 7, 1921. viewed by V. S.

Marriage licens from Utah, County of Cache gives names as Russell William Hess and Ione Ruby Lundberg. dated June 15, 1933. viewed byV. S.

955-220-036-296

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Oneida

City of Cherry Creek

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 19106

Primary Registration District No. 2069 Registered No. 288

FULL NAME OF CHILD _____

Sex of Child Female	Twin, Triplet, or other? 1 and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of birth 12 (Month) – 20 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Phil Rice	FULL MAIDEN NAME	Nellie Brautzey
RESIDENCE	Cherry Creek	RESIDENCE	Cherry Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Cherry Creek Ida	BIRTHPLACE	Mauti Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

Physician (Physician or Midwife)

Address Malad Idaho

Filed 12/28 1913 D C Ray Registrar

Given names added from a supplemental report

_____, 19__

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

764-221-036-386

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 19107

Primary Registration District No. 2069 Registered No. 289

FULL NAME OF CHILD Anna Goddard

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	1	11	Yes	12 (Month) 21 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mart Goddard	FULL MAIDEN NAME	Ruth Thomas.
RESIDENCE	Malad.	RESIDENCE	Malad
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. Physician

Malad Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 12/28 1913 D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
APR 26 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 19107

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Goddard (female child) who was born on Dec. 21, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible record Church record prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Anna Goddard

Subscribed and sworn to before me this 22 day of
April, 1965.

Notary Public, residing at Logan, Utah
My commission expires April 1, 1966
(Seal) 4-1-66

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Brigham City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Box Elder }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of
April, 1965.

Notary Public, residing at Logan, Utah
My commission expires April 1, 1966
(Seal) 4-1-66

Signed Orrin F. Nish (Signature of Any Credible Person)

Tremonton, Utah
(Street Address, City, State)

FORM DH 60-155 CL 3-29-65. nm

L.D.S. Church Cert. of Baptism and Confirmation, Feb. 5, 1922 gives full name as Anna Goddard, daughter of Martin Goddard and Ruth Thomas, born Dec. 21, 1913 at Malad, Idaho - viewed by V.S.

MAY 19 1969

orr. Family Register, Bible Record, appears old and unaltered gives full name as Anna Goddard, born Dec. 21, 1913 at Malad, Idaho to Martin Goddard and Ruth Ann Thomas, married at Malad, Idaho on July 7, 1930 to Newell A. Nish - viewed by V.S.

551-22 1036-165

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26

File No. 19108

No. ____, ____ St.

Primary Registration District No. 2069

Registered No. 290

Hospital ____

FULL NAME OF CHILD Meba

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	1		2	yes	12 (Month), 22 (Day), 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Evans.	FULL MAIDEN NAME	Rachel Jones.
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Malad, [illegible]	BIRTHPLACE	Malad, Ida
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

physician Malad Ida.
(Physician or Midwife)

Given names added from a supplemental report

Address ____

____, 19__

Filed 12/28 1913 D C Ray

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BIN[illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A P[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be [illegible] of each, in order of birth stated

K

STATE OF IDAHO
Bureau of Vital Statis
CERTIFICATE OF D

BIRTH SEP 4 19

OR BINDING
HIS IS A PERMANENT RECORD

DECEASED

331-123-036-165

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 19109

Primary Registration District No. 2069 Registered No. 291

FULL NAME OF CHILD William H Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		One	yes	Dec (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Hiram Clark	FULL MAIDEN NAME	Olive Jones
RESIDENCE	Malad	RESIDENCE	Malad Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Malad Idaho	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Malad Ida
		OCCUPATION	General House Work

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 23" 1913 at 12-55 P M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) .....

Mary Eo Bolingbroke (Physician or midwife)

Address Midwife. Malad Ida

Filed 1-7-28 1913 D C Ray Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1942

MAR 12 1976

165-124-036-457

PLACE OF BIRTH

STATE OF I[redacted]

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital S[redacted]

CERTIFICATE OF [redacted]

County of Oneida

City of Malad

Registration District No. 26

File No. 19110

No. ....., ... St.

Primary Registration District No. 2069

Registered No. 292

Hospital .....

FULL NAME OF CHILD Wesley Rey Jones

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1		1	Yes	12 4 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm R. Jones.	FULL MAIDEN NAME	Agnes De Geyer.
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	West Portage Utah	BIRTHPLACE	Amsterdam, Holland.
OCCUPATION	R.F.D.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerr

Physician Malad Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12/28 1913 D C Ray

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Feb. 11, 1941 . E.W.

319-227-036-795

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Pleasantview

Registration District No. 26

File No. 19111

No. ..... St.

Primary Registration District No. 2069

Registered No. 293

Hospital .....

FULL NAME OF CHILD Elin Lenora Larson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			2	yes	Dec 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H. Larson	FULL MAIDEN NAME	Thelma Grell
RESIDENCE	Pleasantview	RESIDENCE	Pleasantview
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Idaho

Filed 12/28 1913 D. Clay

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 5 1967

Amended 10-28-59

PLACE OF BIRTH

815-129-036-154

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 19112

Primary Registration District No. 2069 Registered No. 294

FULL NAME OF CHILD Ervin Delbert Hansen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 29, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Nephi Hansen	FULL MAIDEN NAME: Malinda Anderson
RESIDENCE: Malad	RESIDENCE: Malad
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Sheepherder	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Address Malad

Filed 12/29/1913 D.C. Ray
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Newspaper clipping of the announcement of this child's parents marriage, appears old and unaltered- gives names as Nephi Hansen and Linda Anderson - viewed by V.S. Another Child's birth cert. on file, #111258 gives father's name as Nephi Hansen - viewed by V.S. and Ogden, Utah Public School Report Card, for year of 1924-1925 gives name of child as Ervin Hansen - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of [illegible] }

Certificate No. 19112

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ervin Delbert Hanson (Name on Originaf Certificate) who born (Was Born or Died) on Dec. 29, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ervin Delbert Hanson	Ervin Delbert Hansen
Full Name of Father	Nephi Hanson	Nephi Hansen

Subscribed and sworn to before me this 25 day of September, 1957

[illegible]
Notary Public, residing at Ogden, Utah
My commission expires 15 Sept 1962
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Ogden Ave Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of [illegible] }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of September, 1957

[illegible]
Notary Public, residing at Ogden, Utah
My commission expires Sept 1962
(Seal)

Signed .....
(Signature of Any Credible Person)

[illegible] Madison Ave Ogden Utah
(Street Address, City, State)

FORM DPH 55.155 CL 8-27-59. nm

415-229-036-415

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Oneida

City of Malad

No. ....., ... St.

Hospital .....

STATE OF IDAHO

[illegible] Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 19113

Primary Registration District No. 2069 Registered No. 295

FULL NAME OF CHILD Mable Louise Daniels

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	1	5	Yes	12 – 2[illegible] (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dora Daniels Jr.	FULL MAIDEN NAME	Amelia Dor[illegible]
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:70 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ferris

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Malad Idaho

Filed 12/31 1913 D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE

Bureau of Vital

CERTIFICATE OF

Filed

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 19113

County of Bannock

RECEIVED

AUG 3 - 1971

Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Female Daniels (Name on Original Certificate) who was born (Was Born or Died) on Dec 29, 1913 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Cert. Baptism (Bible Record, Insurance Policy, Etc.) prepared on 8-29-71 & 2-4-23 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Daniels	Mable Louise Daniels

Subscribed and sworn to before me this 30th day of July, 19 71.

Mabel M. Fennell

Notary Public, residing at Pocatello

My commission expires 4-17-71

(Seal)

Signed Mable Louise Thomas

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 19 71.

Mabel M. Fennell

Notary Public, residing at Pocatello

My commission expires 4-17-74

(Seal)

Signed Marilyn J. Colson

(Signature of Any Credible Person)

Box 54 Blackfoot Idaho

(Street Address, City, State)

FORM DH 60-155

6-7-27-71

AUG 4 1971

Copy of marriage certificate, State of California, married Aug 29, 1932
Rx Khalil R. Thomas and Mable L. Daniels. viewed by V.S.

Certificate of Baptism issued Feb 4, 1923, L. D.S. Church gives name as
Mable Louise Daniels born Dec 29, 1913, viewed by V.S.

5-46-203 036697

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 9114

Primary Registration District No. 2069 Registered No. 296

FULL NAME OF CHILD Hazel Edwards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Edwards	Elizabeth Wright
RESIDENCE	Malad City	Idaho
COLOR	white	wh
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed Dec 10 1913 D C Ray

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-113-

036-397

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF I[illegible] Form [illegible] No. D-C

BUREAU OF VITA[illegible]TICS

CERTIFICATE O[illegible]

Registration District No. 26 File No. 19115

Primary Registration District No. 2069 Registered No. 297

FULL NAME OF CHILD LESTER CECIL BURBANK

Sex of Child: Male

Twin, Triplet or other? ..... and Number in order of birth .....

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: 12 (Month) 4 (Day) 13th (Year) 1913

FATHER	MOTHER
FULL NAME: Lester L. Burbank	FULL MAIDEN NAME: Percis Tippetts
RESIDENCE: Malad City	RESIDENCE: Same
COLOR: Wh	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah Bennington, Idaho	BIRTHPLACE: Idaho Perry, Utah
OCCUPATION: rancher	OCCUPATION: housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 4:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/4 1913

D C Ray Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JUN 8 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 19115
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** LESTER CECIL BURBANK

5. Date of Birth of Child (Month, day, year) Dec. 13, 1913

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lester L. Burbank
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Bennington, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Percis Jeanette Tippitts
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Perry, Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. Midwife Address Pocatello Date 6-2-1942

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Dr. D. C. Ray (First name) (Last name), who attended this birth ~~is now deceased~~ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Percis Jeanette Burbank Signature
R#1, St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of May, 1942

(SEAL) Herbert O. Skates Notary Public, residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-121-036-452

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 19116

Primary Registration District No. 2069 Registered No. 298

FULL NAME OF CHILD Morris THOMAS, JR. ~~Flat~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	12 (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Morris Thomas	FULL MAIDEN NAME	Nellie Deschamps
RESIDENCE	Malad City	RESIDENCE	same
COLOR	wh AGE AT LAST BIRTHDAY 25 (Years)	COLOR	wh AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City

Filed 1228 1913 D C Ray

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 19116

County of Oneida } NOV 31 [illegible] Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Morris Thomas Jr (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN ~~OR DIED~~) on Dec 21, 1914 (DATE OF EVENT) in Malad, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 21, 1914 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Morris	Morris Thomas, Jr.
Date	Dec 20th	Dec. 21, 1913

Subscribed and sworn to before me this 18th day of November 1942

J. W. Clark

Notary Public, residing at Malad, Ida

My commission expires 6/11/44

(SEAL)

Signed Nellie Thomas Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

R F D 1 Malad Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Oneida }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of November, 1942

J. W. Clark

Notary Public, residing at Malad, Ida

My commission expires 6/11/44

(SEAL)

Signed Morris Thomas Sr.

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Malad Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

NOV 23 1942

Attended 3/16/74

PLACE OF BIRTH

365-219-036-297

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 19117

Primary Registration District No. 2069 Registered No. 299

FULL NAME OF CHILD Asenath Covert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) 12 (Day) 19 (Year) 1913
female			

FATHER		MOTHER	
FULL NAME	Timothy Covert	FULL MAIDEN NAME	Julia Bigler
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City

Filed 12-31 1913 D C Ray

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V S. No. II-C—20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered 2/16/74

CERTIFICATE OF BIRTH 1961

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada

RECEIVED
JAN 25 1971
Bureau of Vital Statistics

Certificate No. 19117
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Aseneth Covert (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1913 (Date of Event) in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Aseneth Covert	Asenath Covert
Child's Date of Birth	Dec. 24, 1913	December 19, 1913

Subscribed and sworn to before me this 16th day of October, 1970

W J Byrd
Notary Public, residing at Malad Idaho
My commission expires 3-17-73
(Seal)

Signed Lawrence Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature]
(Street Address, City, State) 64 So Main St Malad Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of Oct, 1970

W J Byrd
Notary Public, residing at Malad Idaho
My commission expires 3-17-73
(Seal)

Signed Estella C Clark
(Signature of Any Credible Person)

69 So Main Malad City Idaho
(Street Address, City, State)
83252

FORM DH 60-155 CL 4-11-66. nm

Western States Life Insurance company Pdicy gives name as Asenath Covert. Date of birth as Dec. 19, 1913, at Malad, Idaho. Dated Aug. 3, 1930 Signed by J. M. Kerus M. D. Viewed bvy ■ V. S.

FEB 24 1971

Church Record from LDS Church gives child's name as Asenath, Covert, Born Dec. 19, 1913 at Malad, Idaho. Parent;s names as Timothy Covert and Julia Elizabeth Bigler Covert. Viewed by V. S.

815-230-036-157

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 19118

Primary Registration District No. 2067 Registered No. 300

FULL NAME OF CHILD Barbara Hansen

Sex of Child Female | Twin Triplet or other? | and | Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 12 (Month) 30 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	William Hansen	FULL MAIDEN NAME	Lillian Jepsen
RESIDENCE	Malad City	RESIDENCE	Oneida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk general store	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 12 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City,

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1231 1918 D C Ray Registrar

S-Y CO. 24655

JUN 9 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 112-010-863 [redacted]

[redacted] BIRTH

[redacted] V. S. No. 11-C—20m-2-15-12

Cou[redacted]ville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 19119

Primary Registration District No. 2150 Registered No. 36

FULL NAME OF CHILD Wilbur Thomas Lipe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	One		3	Yes	Jan (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew Lipe Lipe	FULL MAIDEN NAME	Fanny Holmes
RESIDENCE	Idaho Falls Ed.	RESIDENCE	Idaho Falls Ed.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ed.

Filed 2/15 1914 [signature] Registrar

Registrar

R-Y CO. 20174

12/18/40 L.B.

693-205-010-352

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 19120

Registered No. 33

FULL NAME OF CHILD Adaline Emily Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	yes	Dec 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm A Wilson	FULL MAIDEN NAME	Adaline Lester
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Dec 5 at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller MD

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed 2/5 1914 [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 0 1965

386-120-010-442

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 19121

No. ..... St.

Primary Registration District No. 2150 Registered No. 30

Hospital .....

FULL NAME OF CHILD Lyon Hugh Alan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry A. Lyon	FULL MAIDEN NAME	Eleanor Russell
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	labor	OCCUPATION	Housewife

Number of child of this mother, including present birth First. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed 2/2 1914 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-118-010-556

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 19122

Primary Registration District No. 2150 Registered No. 27

FULL NAME OF CHILD Bucklin Hollis Newcomer

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alex. Bucklin	FULL MAIDEN NAME	Cora Newcomer
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed 2/2 1914 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-222-010-717

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

V. S. No. 11—10m-3-15-23

County of Bonneville

City of Shelton

No. ..... St.

Hospital .....

Registration District No. 73 File No. 19123

Primary Registration District No. 2150 Registered No. 1

FULL NAME OF CHILD Brown, Gladys Maud

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	—		—	Yes.	Dec 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. W. Brown.	FULL MAIDEN NAME	Olive M. Page
RESIDENCE	Shelton	RESIDENCE	Shelton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby. Idaho.

Filed Jan 7 1914 [signature] Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DEC 21 1956

[redacted]

County of Boneville

City of Lincoln

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 19124

Primary Registration District No. 2150 Registered No. 2

FULL NAME OF CHILD Alice Edgley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Dec 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Edgley	FULL MAIDEN NAME	Jay J Stanger
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	London England	BIRTHPLACE	Slateeville Utah
OCCUPATION	Boiler Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 26 (Born alive or stillborn) at 1:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry

Obstetrician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co, Idaho

Filed Jan 7 1914 [signature] Registrar

..... Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

AUG 10 1943

JUL 28 1969

212-101-[illegible]-793

PLACE [illegible]

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Poplar

Registration District No. 73

File No. 19126

No. ..... St.

Primary Registration District No. 2147

Registered No. 8

Hospital .....

FULL NAME OF CHILD Harvey Albert Bassett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Dec 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Parley Bassett	FULL MAIDEN NAME	Martha Pitman
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida.

Filed Jan 17 1914 C. Kimmond

Registrar

Registrar

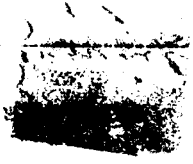
S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1944



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 19126

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harry Albert Bassett (Name on Original Certificate) who born (Was Born or Died) on December 1, 1913 (Date of Event)
in Poplar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Harry Albert Bassett	Harvey Albert Bassett

Subscribed and sworn to before me this 11th
day of March, 1944

Notary Public, residing at Rupert, Idaho

My commission expires October 7, 1946
(Seal)

Signed Parley M. Bassett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of March, 1944

Notary Public, residing at Rupert, Idaho

My commission expires October 7, 1946
(Seal)

Signed Wayne Tanner
(Signature of Any Credible Person Other Than Previous Year)

Rupert, Idaho
(Street Address, City, State)

MAR 21 1944

MAR 23 1944

MAR 24 1964

266-231-010-793

PLACE OF BIRTH

Form V. S. No. 11—10m-3-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

Registration District No. 73

File No. 19127

No. ..... St.

Primary Registration District No. 2100

Registered No. 9

Hospital

FULL NAME OF CHILD Thelma Bowles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Dec 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Bowles	FULL MAIDEN NAME	Elizabeth Bitman
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G C Parton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Regby Ida

Filed June 17 1914 [illegible] Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 3 1976

685-128-010-132

Form V. S. No. 11—10m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 19128

County of Bonneville

City of Poplar

No. ..... St.

Registration District No. 73

Primary Registration District No. 210

Registered No. 10

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	2	yes	Nov 28 1913

	FATHER	MOTHER
FULL NAME	John Wheeler	FULL MAIDEN NAME Mary Atkinson
RESIDENCE	Poplar	RESIDENCE Poplar
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	44	43
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 7 1914

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

685-172-010-462

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Poplar

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2157

File No. 19129

Registered No. .....

FULL NAME OF CHILD Rex Arnold Wheeler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Mar. 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jess Wheeler	FULL MAIDEN NAME	Eva Moss.
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Ida

Filed ~~Jan 17 1914~~ [illegible]

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1975

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 19130
Local Reg. No.
Reg. Dist. No. 73

Amended 1/8/74

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Poplar
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Poplar
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Davis
b. (Middle): Kenneth
c. (Last): Olney

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Dec. 29, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Alvin
b. (Middle):
c. (Last): Olney

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Annie
b. (Middle):
c. (Last): Wheeler

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ray. H. Fisher

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 17, 1914

22. REGISTRAR'S SIGNATURE: W. Kinnaird

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 7:30AM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 19130

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Laris Kenneth Olney (Name on Original Certificate) who was born (Was Born or Died) on December 29, 1913 (Date of Event)

in in Poplar (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Laris Kenneth Olney	Davis Kenneth Olney

Subscribed and sworn to before me this 28th day of February, 1973

Notary Public, residing at Jackson

My commission expires Aug. 10 1973

(Seal)

Signed Davis Kenneth Olney

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wyo } ss.
County of Teton }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of February, 1973

Notary Public, residing at Jackson

My commission expires Aug 10 1973

(Seal)

Signed [signature]

(Signature of Any Credible Person)

Box 531 Jackson, Wyoming

(Street Address, City, State)

FORM DN 60-155

CL 1-11-73

Family Group Record from old records of Poplar Ward, by Stake Clerk Irving Beazer of Rigby, Idaho gives name as David Kenneth Olney born Dec. 29, 1913 at Poplar; Idaho .Viewed by V. S.

Marriage record dated May ~~18~~ 1958. Wife's name given as Frey, Francis. Viewed by V. S.

391-123-010-993

PLACE OF BIRTH

Amended 2-10-76

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2110

File No. 19131

Registered No. 13

FULL NAME OF CHILD LESTER TRACY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	Yes	Nov 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford Tracy	FULL MAIDEN NAME	Angelina Ritchie
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida.

Filed Jan 17/44 [illegible] Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1976

FEB 10 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 12 14 PM '76
VITAL STATISTICS

State of Idaho
County of Bingham } ss.

Certificate No. 19131

Date Filed February 11, 1976

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lester R. Tracy (Name on Original Certificate) who was born (Was Born or Died) on Nov. 23, 1913 (Date of Event)
in Milo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism Certificate (Bible Record, Insurance Policy, Etc.) prepared on August 6th 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of child	Lester R. Tracy	Lester Tracy
Sex of child	female	male

Subscribed and sworn to before me this 11th day of February, 1976.

Notary Public, residing at Blackfoot, Idaho

My commission expires November 22, 1978

(Seal)

Signed Lloyd R. Merrell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 35 Marsland, Ida 83254
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Tele call 2-10-76 RUSH FC

Marriage License and Certificate gives name as Lester Tracy, groom married to Kizziah Belnap, Bride, on October 2, 1935 in Bannock County, Idaho. Viewed by V.S.

FEB 12 1976

Certificate of Baptism and Confirmation issued August 6, 1922 by the L.D.S. Church states that Lester Tracy Son of Wilford Tracy and Angeline Ritchie was born November 23, 1913 at Milo, Idaho and Baptized August 5, 1922. Viewed by V.S.

685·212·010-314

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Poplar

Registration District No. 73 File No. 19132

No. ..... St.

Primary Registration District No. 2107 Registered No. 14

Hospital .....

FULL NAME OF CHILD Wanda Jean

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	Dec 12 1913

FATHER		MOTHER	
FULL NAME	Fred Wheeler	FULL MAIDEN NAME	Jean Cameron
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or Midwife)

Address Poplar Ida.

Filed Jan 10 1914 E. E. Hammond Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695.717

PLACE OF BI[redacted]

County of Tren[redacted]

City of Teton City

Registration District No. 100 File No. [redacted]

No. ..... St.

Primary Registration District No. 2178 Registered No. 4

Hospital

FULL NAME OF CHILD Malin Telford Wilding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			Nov 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daird R. Wilding	FULL MAIDEN NAME	Venna Leavitt
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	AGE AT LAST BIRTHDAY 24 (Years)	COLOR	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Salt Lake City Ut	BIRTHPLACE	Lewiston Ida
OCCUPATION	Trasgner	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Teton City Idaho

Filed 2-5 1914 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/9/41 L. B. 3 copies

842-201-033-2

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Moody

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 19158

Primary Registration District No. 2178 **Registered No.** 6

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Dec. 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Huskinson	FULL MAIDEN NAME	Mary Bush
RESIDENCE	Moody	RESIDENCE	Moody
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-7 1914 G. G. Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1968

962-201-033-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Amended 9/6/78

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 19159

Primary Registration District No. 2178 Registered No. 7

FULL NAME OF CHILD KLEA ROSS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Dec (Day) 1 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Edward Ross	FULL MAIDEN NAME	Retta Hunt
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-7 1918 G. G. Espe

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 6 7 58 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 19159

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Ross (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 1, 1913 (Date of Event)

in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Klea Ross

Subscribed and sworn to before me this 6th day of September, 1976

Margaret D. Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Klea R Dixon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 7/11/75

High School Diploma issued by Salt Lake High School 2/6/33 gives name of Graduate as Klea Ross. viewed by V.S.

Marriage Certificate issued by State of Utah 19 Nov. 1934 gives name of bride as Klea Ross. viewed by V.S.

SEP 6 1978

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 238-103-033-315

County of Madison

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 19160

Primary Registration District No. 2178 Registered No. 8

FULL NAME OF CHILD Glenn Schwendiman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Dec 3 1913

FATHER		MOTHER	
FULL NAME	John D Schwendiman (Schwendiman)	FULL MAIDEN NAME	Emma Lang
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:05 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-7 1914 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MAR 29 1943

249-206 073-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 19161

Primary Registration District No. 2178 Registered No. 9

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female					Dec 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Sarrey	FULL MAIDEN NAME	Florence Smith
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2-7 1914 G. G. Espe Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z LAST NAME

DUP OF 1913 D 51-1069

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
t in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

135-208 033-895

Amended 11-4-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 19162
Local Reg. No. 10
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Madison
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Madison
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Vinnie
b. (Middle):
c. (Last): Stevens

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st X 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): December 8, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle):
c. (Last): Stevens

8. AGE (At time of this birth): 33 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle):
c. (Last): Hinckley

13. AGE (At time of this birth): 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 2-7-1914
22. REGISTRAR'S SIGNATURE: G.G. Espe
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bellevue } ss.

Certificate No. 19162

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stephens (female child) 1st twin (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1913 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vinnie Stevens
Child's Date of Birth	Dec. 7, 1913	December 8, 1913
Full Name of Father	Chas Stephens	Charles Stevens

Subscribed and sworn to before me this 9 day of December, 19 64

Notary Public, residing at Bellevue Idaho

My commission expires 3-3-65

(Seal)

Signed Sarah E. Lambert a Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Territon Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 10-13-64. one copy pd. rec. #3659.
one copy pd. rec. #17362.

Total of 2 copies pd.

L.D.S. Church Certificate of Baptism and Confirmation, Sept. 3, 1922 gives full name as Vinnie Stevens, daughter of Chas. I Stevens and Pearl L. Hinckley, born Dec. 8,1913 at Hibbard - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #48-934 gives full name of deceased as Charles Issac Stevens - viewed by V.S.

Marriage License and Certificate, State of Montana, County of Beaverhead, #3291, married Aug. 29, 1932 at Dillon, Montana gives full name of groom as Donald Park Lemons and full name of bride as Vinnie Stevens, age 18, born in Rexburg, Idaho - viewed by V.S

L.D.S. Church Certificate of Birth, entered on record Dec. 28, 1913 gives full name as Vinny Stevens, born Dec. 8, 1913 at Hibbard, Idaho to Charles Stevens and Pearl Hinckley - viewed by V.S.

235-1071033-895

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Madison

City of Hibbard

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 19163

Primary Registration District No. 2178 Registered No. 11

FULL NAME OF CHILD _____

Sex of Child: M	Twin ~~Triplet or other?~~ and Number in order of birth: 2 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 12 (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas Stephens	FULL MAIDEN NAME	Pearl Hinckley
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mt	BIRTHPLACE	Mt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 2-7 1914 G. G. Espe
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-209-022-719 [redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont Co

City of Teton City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 19164

Primary Registration District No. 2178 Registered No. 12

FULL NAME OF CHILD Stella Willey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl			Dec. (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Pearl Henry Willey	FULL MAIDEN NAME	Emma Paine
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	AGE AT LAST BIRTHDAY 35 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Mendon Utah	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Teton City Idaho

Filed 2-5 1914 G. G. Espe Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 2 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

836-211.033-000

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital .....

[redacted] E OF IDAHO
VITAL STATISTICS
ICATE OF BIRTH

Form V. S. No. 11-C—20m-9-15-13

Registration District No. 150

Primary Registration District No. 2178

File No. 19165

Registered No. 13

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? | Date of Birth Dec (Month) 11 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Stoddard	
RESIDENCE	Sugar City	Sugar City
COLOR / AGE AT LAST BIRTHDAY	W. 33 (Years)	White 27 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Sugar Boiler	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Thorpe
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Registrar

Filed 2-7 1914

G. G. Espe
Registrar

S-Y CO. 20174

318-113-022-693

BIRTH

[redacted]ATE OF IDAHO

[redacted] of Vital Statistics

[redacted]CATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

[redacted]mont

City of Kilgore Registration District No. [illegible] File No. 19166

No. ..... St.

Primary Registration District No. 2178 Registered No. 144

Hospital .....

FULL NAME OF CHILD Peter Wayne Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Dec 13, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Taylor	FULL MAIDEN NAME	Amelia Ann Williamson
RESIDENCE	Kilgore	RESIDENCE	Kilgore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 ..... Number of children, of this mother, now living, including present birth 3 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 " 40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ella F. Smitton

(Physician or Midwife)

Given name added from a supplemental report

..... 19 ..... Address .....

Filed 2 - 7 1914 [illegible] Registrar

Registrar

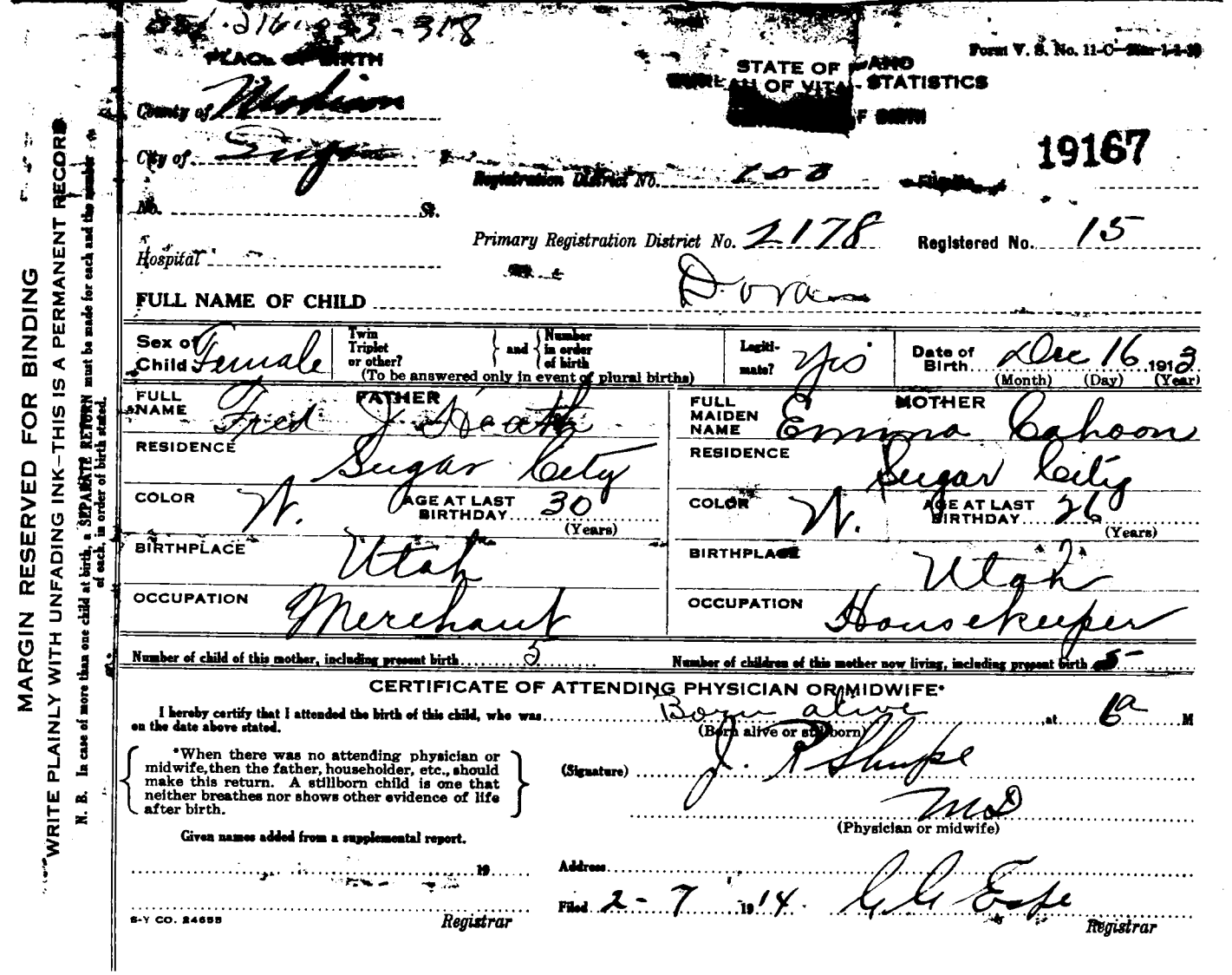
S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT

N. B. Because of more than one child at a birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated

DUP OF 1913 - 70969



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 216 [illegible] 318

PLACE OF BIRTH

County of Madison

City of Sugar

No. ..... St.

Hospital

Form V. S. No. 11-C—Star-1-1-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
[redacted] OF BIRTH

19167

Registration District No. 108 Filed

Primary Registration District No. 2178 Registered No. 15

FULL NAME OF CHILD Dora

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred J. Heath	FULL MAIDEN NAME	Emma Cahoon
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2-7 1914 G. G. Espe
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RECORD

312-118-33864

PLACE OF BIRTH

County of Madison

City of Canyon Creek

No. _____ St.

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19168

Registration District No. 100 File No. _____

Primary Registration District No. 2178 Registered No. 16

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Dec 18 1913

FATHER

FULL NAME: Henry Jasem

RESIDENCE: Canyon Creek

COLOR: _____ AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Geneva Hanner

RESIDENCE: Canyon Creek

COLOR: W. AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 2nd

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 p. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Shupe M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 2-7 1914 G. G. Cope Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WHITE PLANTING WITH UNFADING PERMANENT RECORD

Form [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Registration District No. File No.

No. Sl

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other	Number in order of birth	Multiplet	Date of Birth
				191

(Write above the name of the child's birth)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother including present birth Number of children of this mother now living including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was on the date above stated.

(Signature)

(Given names added from a supplemental report)

Address

19 Filed 19

Registrar Registrar

263-223-022-165

PLACE OF BIRTH

STATE BUREAU OF [redacted]ISTICS

Form V. S. No. 11-C—20m-3-15-13

CERTIFICATE OF BIRTH

County of Fremont Co

City of Teton City

Registration District No. 102 File No. 19169

No. ..... St.

Primary Registration District No. 2178 Registered No. 17

Hospital .....

FULL NAME OF CHILD Gennsia Bolin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				Dec 23 1913

FATHER	MOTHER
FULL NAME George F Bolin	FULL MAIDEN NAME Martha Jones
RESIDENCE Teton City	RESIDENCE Teton City
COLOR	COLOR
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Spartenburg Co	BIRTHPLACE Teton City Idaho
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

midwife
(Physician or midwife)

Address Teton City Fremont Co Idaho

Filed 2-5 1914 G G Cooper
Registrar

DECEASED
Idaho 10-7-2010 10-8464

R-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 9 1970

DECLASSIFIED

319-224.033-319

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL ST[redacted]

V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Madison

City of Sugar

No. _____ St.

Hospital _____

Registration District No. 100

Primary Registration District No. 2178

File No. 19170

Registered No. 18

FULL NAME OF CHILD Edith Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Dec 24, 1913

FATHER		MOTHER	
FULL NAME	Murray Larsen	FULL MAIDEN NAME	Dena Larsen
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Thorpe M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report. _____ 19____

_____ Registrar

Filed 2-7 19 14

G. G. Eaton Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Madison

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS IN 18 8 97 AM '77

State of ..... } ss.
County of .....

Certificate No. 19170

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Larsen (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 24, 1913 (Date of Event) in Sugar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edith Larsen

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of December, 19 76

Signed [signature]
(Signature of Any Credible Person)

Notary Public, residing at 1318 N. Brand Blvd. Glendale, CA 91202

My commission expires November 4, 1977

(Seal)

[signature]
(Street Address, City, State)

OFFICIAL SEAL
RUTH L. STEPHENS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires November 4, 1977

FORM DH 60-155

CL 2/2/76

Rec'd $1.00 M.O.

Application for Examination as Hairdresser and Cosmetician gives name as Edith Larsen Baller. dated Oct 24, 1957. born Dec 24, 1913. signedby Millie Seigel, Notary Public. viewed by V. S.

FEB 16 1977

Final Judgement of Divorce gives nameas Edith Larsen Cowie and the husband's name as Eugene Dawson ~~Cowie~~ Cowie. dated May 14, 1946. D# 277, 843. viewed by V. S.

962-131-022-543

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTI[redacted]

11-C—25m-1-1-19

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 100

File No. 19171

Primary Registration District No. 2178

Registered No. 19

FULL NAME OF CHILD Clyde Robins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 - 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark Robins	FULL MAIDEN NAME	Olive Edlefsen
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:35 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Ida

Filed 2-7 1914 G. G. Eagle
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Millard }

Certificate No. 19171

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Loyd Robbins (Name on original certificate) who Born (Was born or died) on Dec 31, 1913 (Date of event)
in Driggs, Idaho, Madison Co. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record prepared on Dec. 31, 1913 (Give date), are:
(Bible record, insurance policy, etc.)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Robbins	Robins
Name	Loyd	Clede Robins

Subscribed and sworn to before me this 3rd
day of December, 1941
Grant R. Thompson
Notary Public, residing at Leipsic Ut.
My commission expires Jan. 17, 1942
[SEAL]

Signed X Clark Robins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Leipsic Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Millard }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of December, 1941
Grant R. Thompson
Notary Public, residing at Leipsic Utah
My commission expires Jan. 17, 1942
[SEAL]

Signed Noel Robins
(Signature of any credible person other than the previous affiant.)
Leipsic Utah
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

249.225.001-765

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

No. 2 mi N. of Meridian St.

Hospital

Registration District No. 10 ch File No. 19209

Primary Registration District No. 2002 Registered No. 15

FULL NAME OF CHILD Lucella Mary Burnett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Dec 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude E. Burnett	Sarah Goettleny
RESIDENCE	Crowley Oregon	Crowley Oregon
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	33
BIRTHPLACE	France	S. Dak.
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) J. S. Vaught M.D.
(Physician or midwife)

Address Boise

Filed 1-14 19 13 L. B. Harris
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 8 1971

453-112-021-141

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ....., ... St.

Hospital .....

Registration District No. ~~18~~ 27 File No. 19218

Primary Registration District No. 2119 Registered No. 6

FULL NAME OF CHILD Iral Fay Mecham

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	7	yes	April 12 1913

FATHER		MOTHER	
FULL NAME	Leo Mecham	FULL MAIDEN NAME	Milinda May Adams
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Spanish Fork Utah	BIRTHPLACE	Fairview Idaho
OCCUPATION	Stockman	OCCUPATION	house keeper

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive born (Born alive or stillborn) at 2 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston Idaho

Filed Apr 21 1913 G. O. Emery
1/14+1914 - Dr Allen R Cutts
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

OCT 20 1941

Certificate No. 19218

State of Idaho } ss.
County of Franklin }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Iral Fay Mecham (Birth or death)
for Iral Fay Mecham (Name on original certificate) who Apr 12, 1913 (Was born or died) on Apr 12, 1913 (Date of event)
in Preston Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on April 12th 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname of father and son	Meacham	Mecham
Father's full name is		Leo Mecham
Sons full name is		Iral Fay Mecham

Subscribed and sworn to before me this 18th
day of Oct, 1941

Signed Leo Mecham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arthur W Hart
Notary Public, residing at Preston Idaho

Preston Route 1 Idaho
(Street Address, City, State)

My commission expires May 5, 1944
[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of October, 1941

Signed Arthur W Hart
(Signature of any credible person other than the previous affiant.)

W M Coughlin
Notary Public, residing at Preston Ida

(Street Address, City, State)

My commission expires Oct 29 1944
[SEAL]

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-214-021

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH [illegible] TISTICS

[illegible] TH

County of Frank

City of Preston

Registration District No. 27

File No. 19221

No. ..... St.

Primary Registration District No. 2119

Registered No. 7

Hospital home

FULL NAME OF CHILD Merle watson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Oct 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred R watson	FULL MAIDEN NAME	Ernestine Bingham
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Day laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 1/14 1914 D A R Cutler Registrar

Registrar

S-Y CO. 20174

JUN 11 1962

416-212-021-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital home of sister

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 19222

Primary Registration District No. 2119 Registered No. 8

FULL NAME OF CHILD Lillian Jannett Dawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	5	yes	June (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert J Dawson	FULL MAIDEN NAME	Mary Jane Bell
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Weston Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 1/14 1914 Dr. Allen R Cutler
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

793-230-021-261

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Fairview

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 19223

~~Primary~~ Registration District No. 2119 Registered No. 9

FULL NAME OF CHILD Jennie Gilbert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Nov (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James H Gilbert	FULL MAIDEN NAME	Jennie Swanston
RESIDENCE	Fairview 30	RESIDENCE	Fairview
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wyo	BIRTHPLACE	Whitney Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 1/14 1914 J. Allen R. Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 26 1967

$19.127.021 $15

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 19224

Primary Registration District No. 2119 Registered No. 1

FULL NAME OF CHILD Franklin Harding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	10	Yes	Nov 27 1913

FATHER		MOTHER	
FULL NAME	Fred Harding	FULL MAIDEN NAME	Lucy Elnor Handy
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	England	BIRTHPLACE	Franklin Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Nancy Beckstead
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 1/10/14 1914 D. Allen R. Curtis
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1971

713-222-021.281

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 19227

Primary Registration District No. 219 Registered No. 5

FULL NAME OF CHILD Elva Lucy Packer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 22 1913

FATHER

FULL NAME: William Packer

RESIDENCE: Preston

COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: California

OCCUPATION: Teamster

MOTHER

FULL MAIDEN NAME: Arminta E Sharp

RESIDENCE: Preston

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Idaho

OCCUPATION: House wife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Address Preston Idaho

Filed 1/14 1914 Dr A R Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

817-124-021-281

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. 19228

Primary Registration District No. 2119 Registered No. 2

FULL NAME OF CHILD Loyal Hagland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Sept 24 1913

FATHER		MOTHER	
FULL NAME	Elof Hagland	FULL MAIDEN NAME	Emma Sharp
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Utah
OCCUPATION	day laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 3 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy Beckstead

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Ida

Filed 1/14 1914 Dr A R Peel Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

86 K. 183.04X. 213

Original copy burned H.E.S.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. — St.

Hospital —

Registration District No. 87

File No. 19248

Primary Registration District No. 2154

Registered No. One

FULL NAME OF CHILD Claude Ferguson Youst

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William S. Youst	FULL MAIDEN NAME	Ella Bates
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mills Co Iowa	BIRTHPLACE	Daws Co Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Houston E Snyder

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Midvale Idaho

Filed Dec 24 1914

Houston E Snyder
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-123-029-635

Form V. S. No. 11-C—10m-8-7-11

STAT[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lake

City of Geneva

No. ....., ... St.

Hospital .....

Registration District No. 62 File No. 19273

Primary Registration District No. 2142 Registered No. 2

FULL NAME OF CHILD John Leo Jacobs

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Jan 23 1913

FATHER		MOTHER	
FULL NAME	John Jacobs	FULL MAIDEN NAME	Anna Fleischman
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ohio	BIRTHPLACE	Wash
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Tromp

Geneva Ohio (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 2-5 1914 W. N. Ehlen Registrar

Registrar

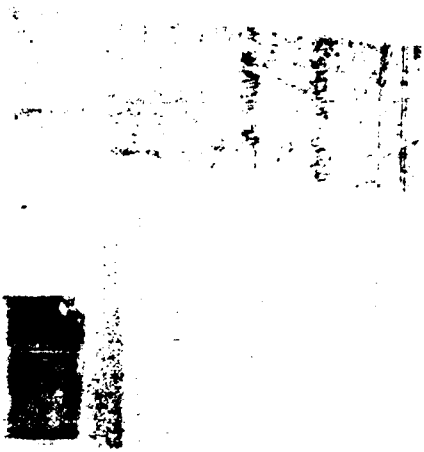
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELAYED



285-224-02-4-381

PLACE OF BIRTH

County of Latah

City of Borill

No. #, #St.

Hospital, #

STATE OF [redacted]

Bureau of Vita

CERTIFICATE

C—Mem-6-20-11

Registration District No. 66 File No. 275

Primary Registration District No. 2146 Registered No. 2

FULL NAME OF CHILD Rose Lillian Bye

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	12 / 24 / 1913

FATHER		MOTHER	
FULL NAME	Agustine Bye	FULL MAIDEN NAME	Julia Ella Chambers
RESIDENCE	Borill	RESIDENCE	Borill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Washington
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F.C. Gibson

Physician

(Physician or ~~Midwife~~)

Address Borill, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/27/ 1913

F.C. Gibson

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child, a separate RETURN must be made for each and the number and date stated

AUG 20 1942

235.215

PLACE OF

Form V. S. No. 11-C-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Laran

City of Avon

Registration District No. 2147

File No. 19278

No. ..... St.

Primary Registration District No. 67

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Edith Brown~~ EDYTHE AGOLDA Stevenson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes.	Dec. 15, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank W. Stevenson	FULL MAIDEN NAME	Isabelle Brown
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Canada.	BIRTHPLACE	Canada
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. C. M. Sisson

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Avon Ida.

Filed 1/26 1914 R. C. Faust
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 19278
County of King } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for EDYTHE AGOLDA STEVENSON (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 15, 1913 (DATE OF EVENT) in near Avon, Letah County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by actual recollection (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Edith Brown Stevenson	Edythe Agolda Stevenson

Subscribed and sworn to before me this 6th day of February, 19 42

Leslie H. Wells
Notary Public, residing at Seattle
My commission expires Dec 22 - 1943
(SEAL)

Signed Mabel L Reed (nee) Stevenson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
106 - 10th North, Seattle, Wn.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 19 42

Leslie H. Wells
Notary Public, residing at Seattle
My commission expires Dec 22, 1943
(SEAL)

Signed J. E. D. Nicholson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
946 - 16th N. Seattle Wn.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB By
(REGISTRAR'S SIGNATURE)

LIBRARY 1942

813-128 · 025-813

Form V. S. No. 11-C—15m-6-20

ACE OF BIRTH

Idaho

City of Cottonwood

No. ..... St.

Hospital .....

FULL NAME OF CHILD Arnold Halter

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 105 File No. 19287

Primary Registration District No. 2183 Registered No. .....

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	2	Yes	Dec 28 28, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gottfried Haller	FULL MAIDEN NAME	Mary Rad (Hatten)
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ... Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Phys (Physician or Midwife)

Address Cottonwood Ida

Given names added from a supplemental report

—, 19....

—

Filed Jany 6 1914 H B Blake Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 20 1961

219-225-025-612

PLACE OF BIRTH Amended July 24, 1951

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho
City of Cottonwood
No. ..... St.
Hospital .....

Registration District No. 105 File No. 19290
Primary Registration District No. 2183 Registered No. .....

FULL NAME OF CHILD THELMA ADELINE BARTH
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE		YES	DEC. 25 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Albert J. Barth	FULL MAIDEN NAME	Katherine Wasem
RESIDENCE	Cottonwood, Ida.	RESIDENCE	Cottonwood, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mt. Angel, Ore.	BIRTHPLACE	Eagle Groove, Iowa
OCCUPATION	Jeweler	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley B. F. Orr, MD
(Physician or midwife)

Address Cottonwood, Idaho

Filed Jan 14 1914 H.B.Blake
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Idaho

Certificate No. 19290

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Selma Adeline Barth (Name on Original Certificate) who was born (Was Born or Died) on Dec. 25th, 1913 (Date of Event)
in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 1st, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
CHILD'S NAME	SELMA ADELINE BARTH	THELMA ADELINE BARTH

Subscribed and sworn to before me this 12th day of July, 1951

Notary Public, residing at Cottonwood, Idaho
My commission expires 4-1-54
(Seal)

Signed Wesley F. Orr M.D.
(Signature of parent or attendant if correcting a birth record; of attendant/funeral director, informant if correcting a death record; or other credible person.)

Cottonwood, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of July, 1951

Notary Public, residing at Cottonwood, Idaho
My commission expires 4-1-54
(Seal)

Signed Dorothy M. Yarbrough R.N.
(Signature of Any Credible Person)

Cottonwood, Idaho
(Street Address, City, State)

395-118-025-523

PLACE OF BIRTH

Form V. S. No. 11-C ~~Rev. 6-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... *St.*

Hospital Home

Registration District No. 105 **File No.** 19291

Primary Registration District No. 2183 **Registered No.** .....

FULL NAME OF CHILD Elmer Harold Crea

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Dec. 18 1913

FATHER	MOTHER
FULL NAME James B. Crea	**FULL MAIDEN NAME** Orra Estill
RESIDENCE Cottonwood Id a	**RESIDENCE** Cottonwood, Ida.
COLOR white **AGE AT LAST BIRTHDAY** 31 (Years)	**COLOR** white **AGE AT LAST BIRTHDAY** 22 (Years)
BIRTHPLACE Grangville Ida.	**BIRTHPLACE** Bieber Col.
OCCUPATION Farmer	**OCCUPATION** House wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... *Registrar*

(Signature) Wesley B. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed January 14 1914 H W Blake *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369.222.026.411

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Roberts

Registration District No. 98 File No. 19309

No. ..... St.

Primary Registration District No. 2176 Registered No. 151

Hospital .....

FULL NAME OF CHILD Rose Edna Corskadon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Dec. 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. H. Corskadon	FULL MAIDEN NAME	Emma R. Maas
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 16 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones D.O.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Roberts - Idaho.

Filed Feb 10 1914 Ray H. Fisher
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1944

313.213.044-297

Form V. Rev. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 F

File No. 19314

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD BONNIE MARIE CALDWELL

Sex of Child Female	Twin Triplet or other? and Number in order of birth 3rd (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert Caldwell	FULL MAIDEN NAME	Julia Sipe
RESIDENCE	Goodrich Idaho	RESIDENCE	Goodrich
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

MW (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed Feb 4 1914 C E Schmitz Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 19314

County of dams } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for no name (Name on Original Certificate) who born (Was Born or Died) on November 13, 1913 (Date of Event)

in Goodrich, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Bonnie Marie Caldwell

Subscribed and sworn to before me this 19th day of Mar, 19 42

M H Robinson

Notary Public, residing at Caldwell Ida.

My commission expires Feb 1943

(Seal)

Signed Julia Caldwell mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 5 1969

269-128 / 04-259

PLACE OF BIRTH

Form V. S. No. 11-O-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... *St.*

Hospital .....

Registration District No. 3 **File No.** 19336

Primary Registration District No. 2007 **Registered No.** .....

FULL NAME OF CHILD Paul Edmond Borden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
m.	—		—	yes	12 (Month) 28 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Borden	FULL MAIDEN NAME	Mildred Berrier
RESIDENCE	Parma, Ida.	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Vermont	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Parma, Ida.

Filed Jan 30 1914 Fat Schmidt

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 2 1942

169-223-006-619

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19355

County of Bingham

City of Moreland

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 2463

Hospital Delea Quin

No. 3.

FULL NAME OF CHILD Unnamed Jordan

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	1	yes	Dec. 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford Jordan	FULL MAIDEN NAME	Flossie Farnsworth
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Childs Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch

Blackfoot Idaho (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Jan. 12 1914 M. E. Patrick Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 3 1976

789.111.006-685

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19366

County of Bingham

City of Thomas

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 4

Hospital

FULL NAME OF CHILD Unnamed Phillips. James Arnold No. 4.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	yes	August 11 1913

FATHER		MOTHER	
FULL NAME	J B Phillips	FULL MAIDEN NAME	E A Wheeler
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	American Fork, Utah	BIRTHPLACE	Meridian Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Hatch
Midwife
(Physician or midwife)

Given names added from a supplemental report

19

Address Blackfoot Idaho

Registrar

Filed Jan 12 1914 W. E. Patrie
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Coos

Certificate No. 19356

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Phillips (Name on Original Certificate) who was born (Was Born or Died) on August 11, 1913 (Date of Event) in Thomas (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ~~XXXXXXXXXXXXXXXX~~ Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on ~~Feb. 10, 1955~~ 7-26-21 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Child's Birth cert. Viewed by V. S.	Oregon #37-483
Child's Name	Unnamed	James Arnold Phillips

Subscribed and sworn to before me this 21st day of February, 1957

Francis McLeod
Notary Public, residing at Coos Bay, Oregon
My commission expires July 7, 1957
(Seal)

Signed James Arnold Phillips
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Langlois, Curry County, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Coos

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of February, 1957

Francis McLeod
Notary Public, residing at Coos Bay, Oregon
My commission expires July July 7-1957
(Seal)

Signed Shirley Spitzer
(Signature of Any Credible Person)

Langlois, Curry County, Oregon
(Street Address, City, State)

FORM DPH 55.155

MAR

Amended 12-11-59

PLACE OF BIRTH

86-210-006-799

County of Bingham

City of Moreland

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 19357

Primary Registration District No. 2194 Registered No. 5

FULL NAME OF CHILD Virginia Belle Young
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 10, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: W. W. Young	FULL MAIDEN NAME: S. E. F. Grimmett
RESIDENCE: Moreland	RESIDENCE: Moreland
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Park City, Utah	BIRTHPLACE: Lander, Wyoming
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Mary A. Hatch

Midwife
(Physician or midwife)

Address Blackfoot, Idaho

Filed Jan. 12, [redacted] 1914 W.E. Patrie
Registrar.

Cert. of Blessing, Oct. 5, 1913 by James S. Parker, (L.D.S.) viewed by V.S. gives correct Child's name. L.D.S. Cert. of Membership, baptized Aug. 6, 1921 gives full name as Virginia Belle Young (fund) daughter of William Young and Francelle Grimmett - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of (Decided not to correct parents names at this
County of } ss. time - 12-10-59 V.S.)

Certificate No. 19357

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Young (Name on Original Certificate) who born (Was Born or Died) on July 10, 1913 (Date of Event)
in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Young	Virginia Belle Young
Full Name of Father	W. W. Young	William Wallace Young
Full Maiden Name of Mother	S. E. F. Grimmett	Sarah Emma Francelle Grimmett

Subscribed and sworn to before me this 1 day of
[illegible], 19[illegible]
[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible]
County of [illegible] } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1 day of
[illegible], 19[illegible]
[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
[illegible]
(Street Address, City, State)

FORM DPH 55.155 NMCL 6-18-58 nm

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

867-117-006-522

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121

Primary Registration District No. 2194

File No. 19358

Registered No. 281

No. 6.

FULL NAME OF CHILD Ray Nephi Hopkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Oct (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David Hopkins	FULL MAIDEN NAME	Zina Erkelsen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	
OCCUPATION	Delivery man	OCCUPATION	

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Clark

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Jan 13 1914 W. E. Patrie

Registrar

S-Y CO. 20174

515-126-006-691

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Belfoot

No. North Stout St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 19360

Primary Registration District No. 1007 Registered No. 8

FULL NAME OF CHILD Unnamed Vandernood, Ralph Ausney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 26 1913

FATHER		MOTHER	
FULL NAME	Henry Vandernood	FULL MAIDEN NAME	Elsie Franklin
RESIDENCE	Belfoot	RESIDENCE	Belfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 05 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Feb 3 1914 M. E. Patrie

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1951

433-028-006-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoor

No. R F 2 St.

Hospital

Registration District No. 121

Primary Registration District No. ~~2153~~ 2194

File No. 19366

Registered No. 14

FULL NAME OF CHILD Virginia G. McCarty

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	1	1	Yes	June 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James W McCarty	FULL MAIDEN NAME	Leroy Thomson
RESIDENCE	Belfoor R F 2	RESIDENCE	Belfoor R F 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Registrar

Address

Filed Feb 3 1914 W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-C—30m-8-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ock

319-13[redacted]

City of [redacted]

No. [redacted] St.

Hospital

Registration District No. 83 File No. 19412

Primary Registration District No. 2160 Registered No.

FULL NAME OF CHILD Larson Gustaf Lorenzo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec 30 1913

FATHER		MOTHER	
FULL NAME	Gustaf Larson	FULL MAIDEN NAME	Hannah Andreasen
RESIDENCE	Grace, Idaho	RESIDENCE	Grace, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Idaho
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard M.D.

Physician (Physician or midwife)

Address Grace, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 22 1914 J. H. Hubbard Registrar

8-Y CO. 20174

JUL 21 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Lincoln }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Gustaf Lorenzo Larson (Name on original certificate) who was born (Was born or died) on Dec. 30, 1913 (Date of event)
in at Grace, Idaho (Place of event) were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Full name is	Gustaf Lorenzo Larson	

Subscribed and sworn to before me this 19th day of July, 1941

Notary Public, residing at Shoshone, Idaho

My commission expires 3/14/42

[SEAL]

Signed Gustaf Lorenzo Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Dietrich, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Lincoln }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of July, 1941

Notary Public, residing at Shoshone, Idaho

My commission expires 3/14/42

[SEAL]

Signed Hannah Larson
(Signature of any credible person other than the previous affiant)
mother of Gustaf Lorenzo Larson

Dietrich, Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

MAR 28 1944

141-215:003-299

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ..... St.

Registration District No. 83

File No. 19413

Primary Registration District No. 2160

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel Ann Adams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	–		–	Yes	Dec. 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ivan Adams	FULL MAIDEN NAME	Lucy Kirby
RESIDENCE	Turner - Idaho	RESIDENCE	Turner - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grace - Idaho

Filed Jan 22 1914 J. H. Hubbard M.D.
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FEB 8 1960

PLACE OF BIRTH

Certificate named from duplicate ~~filed~~ sent in by doctor 7/8/41

765-226-003-689

PLACE OF BIRTH amended 4-22-77

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ..... St.

Registration District No. 83 File No. 19414

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Allene Ford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec 26 1913

FATHER		MOTHER	
FULL NAME	Letho Ford	FULL MAIDEN NAME	Elva White
RESIDENCE	Thatcher	RESIDENCE	Thatcher Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah. Thatcher Ida	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hubbard M. D.

Physician (Physician or midwife)

Address Grace, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 12 1914 J. H. Hubbard Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-14-77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 19414

Date Filed .....

3 32 AM '77

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Pond (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1913 (Date of Event)

in Grace (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Allene Pond
mother's name	jennie White	Elva White

Subscribed and sworn to before me this 8th day of March, 1977

Carl F. Robinson

Notary Public, residing at Salt Lake City, Utah

My commission expires 11-1-77

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3028 So. 1640 East S.L.C. Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 1977

Carl F. Robinson

Notary Public, residing at Salt Lake City, Utah

My commission expires 11-1-77

(Seal)

Signed [signature]

(Signature of Any Credible Person)

3028 So 1640 East S.L.C. Utah

(Street Address, City, State)

FORM DH 60-155 Correction corresp. (P) 2-14-77 1 copy paid

Allene Pond is the name given on the Certificate of Birth issued by the L.D.S.Church. This certificate also lists her mother's maiden name as Elva White and her father as Letho T. Pond Recorded March 1, 1914.

APR 21 1976

Viewed by V.S.

Insurance Record gives name as Allene Pond Hogan born Feb. 16, 1915 in Idaho. Insurance record dated March 28, 1968,by the Bankers Life and Casualty Company.
Viewed by V.S.

133-221-003-133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ..... St.

Hospital .....

Registration District No. 83 File No. 19415

Primary Registration District No. 2160 Registered No. .....

FULL NAME OF CHILD ~~Nancy~~ Donna Albsop

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	No	Dec 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Does not know.	FULL MAIDEN NAME	Louisa Albsop.
RESIDENCE		RESIDENCE	Grace - Idaho.
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho.
OCCUPATION		OCCUPATION	None

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard MD
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grace Idaho

Filed Jan 22 1914 J H Hubbard MD
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1975

OCT 20 1975

572-22/1003-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19416

County of Bannock

City of Grace,

No. ..... St.

Registration District No. 83 File No. .....

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Baby Egbert.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	-	-	Yes.	Dec 21 - 1913.

FATHER		MOTHER	
FULL NAME	C. Ernest Egbert.	FULL MAIDEN NAME	Jennie Smith.
RESIDENCE	Grace, Idaho	RESIDENCE	Grace, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	~~Ho~~ Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

Physician (Physician or midwife)

Address Grace - Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 19/1914 J. H. Hubbard M.D. Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1973

386-207-003-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

No. ..... St.

Registration District No. 83 File No. 19417

Primary Registration District No. 2160 Registered No. .....

Hospital .....

FULL NAME OF CHILD Yvonne Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Dec 7 — 1913

FATHER	MOTHER
FULL NAME Oliver H. Thompson	FULL MAIDEN NAME Lena Hansen
RESIDENCE Grace - Idaho.	RESIDENCE Grace, Idaho.
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Utah.
OCCUPATION Carpenter.	OCCUPATION Housekeeper

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard M.D.

Physician (Physician or midwife)

Address Grace, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Jan 22 19 14 J. H. Hubbard Registrar

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. Std. 11-C (rev. 3-15-12)

STATE OF OHIO
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 1 56 PM '75

State of ..... } ss.
County of ..... }

Certificate No. 19417

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Baby Thompson (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1913 (Date of Event)

in Grace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Yvonne Thompson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of ORANGE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of MAY, 1975

Notary Public, residing at .....

My commission expires JULY 22, 1977

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

OFFICIAL SEAL
BARBARA A. CHITTENDEN
Notary Public-California
ORANGE COUNTY
My Commission Expires July 22, 1977

FORM DH 60-155 CL 4/21/75 lb c. pd. rec.# 115

Family Bible record ~~xiii~~ gives name as Yvonne Thompson born Dec. 7, 1913. married to Bill Birkins. viewed by V. S.

JUL 29 1975

Family tree for Crandall Family gives names as Tess LaCrece Crandall, ~~xxx~~ Father's: Jimmy Crandall mother's Lucy Crandall. Brandfather's nameas Richard Crandall and Grandmother's name as Winnie Crandall. Grandfather's name as William J. Firkins and grandmother's name as Yvonne Firkins. viewed by V. S.

853.19.03

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Muni[redacted]

City of Hazelton

Registration District No. 5 File No. 19421

No. ..... St.

Primary Registration District No. 2015 Registered No. 69

Hospital .....

FULL NAME OF CHILD Herbert Lee Helms

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Dec 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isaac E Helms	Myrtle Groves
RESIDENCE	Hazelton Ida	Hazelton Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Ft Colo	Okla
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz MD

(Physician or ~~said wife~~)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 22 1914

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1975

395-112-032-4

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lincoln [redacted]

City of Shoshone

Registration District No. 5

File No. 19423

No. ....., ... St.

Primary Registration District No. 2016

Registered No. 63

Hospital .....

FULL NAME OF CHILD Baby Lingelbach

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M.	X	2nd	yes	Oct (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto O. Lingelbach	FULL MAIDEN NAME	Gertrude A. Morey
RESIDENCE	Averill	RESIDENCE	Averill
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wash. Co. Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Rauchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Zeller M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19....

Address Shoshone, Ida

Filed 10/14 1913 Dr R Zeller

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-105-034-493

PLACE OF BIRTH

[redacted]

STA[redacted]O
BUREAU [redacted]ATISTICS
CER[redacted]RTH

Form V. S. No. 11-C—20m-8-15-12

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

Registration District No. 5

File No. 19424

Primary Registration District No. 2016

Registered No. 74

FULL NAME OF CHILD ~~Robert Cleveland Barnes~~ Cecil

Sex of Child: Boy	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Oct (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robert Cleveland Barnes	FULL MAIDEN NAME	Sophia Miller
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ills	BIRTHPLACE	New Mex
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz MD

(Physician or midwife)

Address Hazelton Ida

Filed Oct 10 1913 C. F. Zeller

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

8-Y CO. 20174

PLACE OF BIRTH

695223-03K-165

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

Registration District No. 5

Primary Registration District No. .....

File No. 19425

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct 23 1913

FATHER		MOTHER	
FULL NAME	Henry O Freeman	FULL MAIDEN NAME	Ella Bond
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ills	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Lemz MD

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 28 1913 C. A. Zeller

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. 11-C—20m-2-15-12

BIRTH OCT 21 1968

719.104.03X993

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

Registration District No. 5 File No. 19426

No. ..... St.

Primary Registration District No. 2016 Registered No. 75

Hospital .....

FULL NAME OF CHILD Gene Parks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Oct 4 1913

FATHER		MOTHER	
FULL NAME	S. Gene Parks	FULL MAIDEN NAME	Ethel Margarette Rich
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Oreg.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lemmon MD

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed Oct. 9 1913 C. F. Zeller

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1975

FEB 1 5 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

331-125 1032-29

County of Lincoln

City of Shoshone

...ration District No. 3 File No. 19427

No. ,

...y Registration District No. 2016 Registered No. 73

Hospital Home

FULL NAME OF CHILD HOME... Clark

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate	Date of birth
M	[illegible]	1st	yes	Oct (Month) 25 (Day), 1913 (Year)

(To be a... event of plural births)

FATHER		MOTHER	
FULL NAME	Farrell N. Clark	FULL MAIDEN NAME	Ethel Grier
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M. D.

(Physician or Midwife)

Given name added from a supplemental report

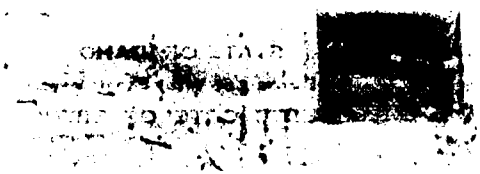
..., 19...

Registrar

Address

Filed 10/31 1913 C. F. Zeller Registrar

S-Y CO., 16669



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lincoln }

Certificate No. 19427

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Clark	Homer Farrell Clark

Subscribed and sworn to before me this 20 day of January, 19 42

Kate S. Jones

Notary Public, residing at Shoshone, Idaho

My commission expires Nov. 24-1942

(SEAL)

Signed Homer Farrell Clark

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Shoshone, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of January, 19 42

Kate S. Jones

Notary Public, residing at Shoshone, Idaho

My commission expires Nov. 24-1942

(SEAL)

Signed Kate S. Alexander

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Shoshone, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

Amended 5-27-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 19428
Local Reg. No. 62
Reg. Dist. No. 5

1. PLACE OF BIRTH
a. COUNTY: Lincoln
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Shoshone
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Shoshone
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Jessie
b. (Middle):
c. (Last): Eguren

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 3, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Eguren

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Spain

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emeteria
b. (Middle):
c. (Last): Achabol

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Spain

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. F. Zeller, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: July 15, 1913

22. REGISTRAR'S SIGNATURE: C.F. Zeller

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH 5-26-65

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 19428

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Equrin (Name on Original Certificate) who was born (Was Born or Died) on July 3, 1913 (Date of Event) in Shoshone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Baby Equirin	Jessie Eguren
father's name	Juan Equirin	John Eguren
mother's name	Emeteria Echabau	Emeteria Achabol

Subscribed and sworn to before me this 27 day of MAY, 19 65

Notary Public, residing at Notary Public in and for the State of Idaho, residing in Boise

My commission expires ..... (Seal)

Signed .....
(Signature of parent or attendant if completing a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires ..... (Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Baptismal certificate of daughter gives name of mother as Jessie Eguren. Child baptized Nov. 2, 1947 born in Idaho Aug. 25, 1947. Rev. John J. Casluf, Pastor.
Viewed by V. S.

Another child's birth certificate gives name of mother as Jessie Eguren. Child born Nov. 17, 1933. State file # 217952.
Viewed by V. S.

Certificate of Baptism of Jessie Eguren gives father's name as John Eguren. Baptized Aug. 7, 1913 by Rev. N. F. Wirtzberger.
Viewed by V. S.

Death Certificate on file # 59646 - Nov. 17, 1927 gives name of father as John Eguren.
Viewed by V. S.

Certificate of Baptism for Jessie Eguren gives name of mother as Emeteria Achabol. Baptized July 3, 1913. N. F. Wirtzberger.
Viewed by V. S.

753-201-032-753

PLACE OF [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ....., ... St.

Hospital .....

Registration District No. 5 File No. 19429

Primary Registration District No. 2016 Registered No. 77

FULL NAME OF CHILD Leola Elizabeth Peck

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 10th, 1913

FATHER		MOTHER	
FULL NAME	Samuel Peck	FULL MAIDEN NAME	Ida Pearl Peck
RESIDENCE	Shoshone Idaho	RESIDENCE	Shoshone
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Blaine Co Ida	BIRTHPLACE	Shoshone
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. G. Baugh — MD

(Physician or Midwife)

Address Shoshone, Ida

Given names added from a supplemental report

....., 19.....

Filed July 15 1913 C. F. Zeller

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

4/2.10Y.032-795

PLACE OF BIRTH Amended 11-9-56

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 3

File No. 19430

No. ____, ____ St.

Primary Registration District No. 2012

Registered No. 72

Hospital ____

FULL NAME OF CHILD No Name FRANK RUPERT MASON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 4 1913

FATHER		MOTHER	
FULL NAME	Edward Meson	FULL MAIDEN NAME	Mollie Pinkston
RESIDENCE	Shoshone Ida	RESIDENCE	Shoshone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Texas Co Mo	BIRTHPLACE	Texas Co. Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H G Baugh

Physician (Physician or Midwife)

Address Shoshone Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 6 1913 C. F. Kelly Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH [illegible]

RECEIVED
NOV 9 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 19430

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Aug. 4, 1913 (Date of Event)
in Shoshone (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Oregon Mutual Life Insurance prepared on July 9, 1936, are:
School record '56 (Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Frank Rupert Mason

Subscribed and sworn to before me this 2 day of November, 1956

Jane M. Petersen
Notary Public, residing at Wendell, Idaho
My commission expires My commission expires October 10, 1960
(Seal)

Signed Mrs Edmund Mason
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of November, 1956

Jane M. Petersen
Notary Public, residing at Wendell, Idaho
My commission expires October 10, 1960
(Seal)

Signed Phyllis Dunn
(Signature of Any Credible Person)

Wendell Idaho
(Street Address, City, State)

FORM DPH 55-155

NOV 1

818.114.03X266

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

[redacted] ATE OF IDAHO
[redacted] OF VITAL STATISTICS

Form V. S. No. 11-C—30m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 19431

Primary Registration District No. 2016 Registered No. 70

FULL NAME OF CHILD James Chester Haynes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			/	Aug 14 1913

FATHER		MOTHER	
FULL NAME	Thomas B Haynes	FULL MAIDEN NAME	Margarette R Bowen
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lem MD

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

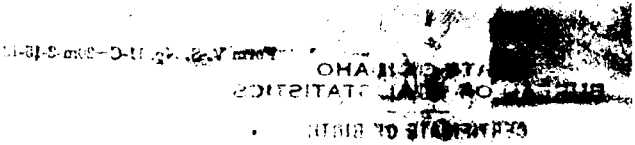
Filed Aug 30 1913 C. F. Zillen Registrar

8-Y CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 1 3 1976

TO 447 C
(Individual)

TI

STAPLE HERE

STATE OF CALIFORNIA
COUNTY OF Kern } ss.

On May 28, 1976 before me, the undersigned, a Notary Public in and for said State, personally appeared James C. Haynes, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same.

WITNESS my hand and official seal.

Signature Laura M. Woltz

Laura M. Woltz
Name (Typed or Printed)

LAURA M. WOLTZ
NOTARY PUBLIC - CALIFORNIA
BOND FILED IN
KERN COUNTY
MY COMMISSION EXPIRES JULY 2ND, 1978

(This area for official notarial seal)

Recd June 1, 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 19431

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Haynes (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug 14, 1913 (Date of Event)
in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	James Chester Haynes

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed James C. Haynes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3101 Edwards Ave
(Street Address, City, State)

Bakersfield Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 5/19/76 2cc pd

Certif of Ordination to the Holy Priesthood gives name as James Chester Haynes born Aug 14, 1913. Baptized ~~Jun~~ May 7, 1922. ordained June 7, 1931. viewed by V. S.

JUL 7 1976

Honorable Discharge from the Army gives nameas James C. Haynes. born Aug 14, 1913 at Hazelton, Idaho. dated Aug 26, 1945. viewed by V. S.

759-11 1034133

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 — File No. 19432

Primary Registration District No. 2016 — Registered No. 71

FULL NAME OF CHILD HYRUM PERKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Aug. 11, 1913

FATHER		MOTHER	
FULL NAME	David Martin Perkins	FULL MAIDEN NAME	Laura Emeline Allen
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. G. Lenz M.D.

(Physician or midwife)

Address Hazelton, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 15 1913 C. F. Zeller Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of Grand } ss.

Certificate No. 19432

Date Filed

The undersigned does solemnly swear that [redacted] was born (Birth or Death)

for Hyrum Perkins (Name on Original Certificate) was born on Aug. 11, 1913 (Date of Event)

in Hazelton, Idaho (Place of Event) are ~~erroneous or~~ were omitted; and that, to the best of his knowledge, the

true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) pr[redacted] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hyrum Perkins

Subscribed and sworn to before me this 13th day of July, 19 42

~~Emma~~ M Dalton
~~County Clerk~~ Notary Public, residing at Moab Utah

My commission expires
(Seal)

Signed Laura Emeline Allen Perkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Grand } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of July, 19 42

Emma M Dalton
~~County Clerk~~ Notary Public, residing at Moab Utah

My commission expires
(Seal)

Signed David M Perkins
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 16 1942

818-13-234693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Eden

Registration District No. 5 File No. 19433

No. ..... St.

Primary Registration District No. 2016 Registered No. 10

Hospital .....

FULL NAME OF CHILD Elbert Leslie Haye

Sex of Child Boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Elbert V Haye	FULL MAIDEN NAME	Mamie R Williams
RESIDENCE	Eden	RESIDENCE	Eden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lenz MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hazelton Idaho

Filed Aug 17 1913 [illegible] Zeller Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 30 1942

MAR 23 1956

789-dic-03X719

PLACE OF BIRTH

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 — File No. 19434

Primary Registration District No. 2015 — Registered No. 79

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Sept 10 1913

FATHER		MOTHER	
FULL NAME	George W Phillips	FULL MAIDEN NAME	Myrtle Parrott
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Lemmon MD

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 1 1914

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

DELAYED DUP OF 1913-296389

313-107-03K619

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 19435

Primary Registration District No. 2015 Registered No. 80

FULL NAME OF CHILD George Ellington Talley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	July 3 1913

FATHER	MOTHER
FULL NAME Willis R Talley	FULL MAIDEN NAME Emma B Wardell
RESIDENCE Hazelton Ida	RESIDENCE Hazelton Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Mo	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno D Lewis

Physician

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 9 1914

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 30 1975

MAR 24 1942

219-104-03K-799

PLACE OF BIRTH

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

Form V. S. No. 11-O-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 19436

Primary Registration District No. 2015 Registered No. 81

FULL NAME OF CHILD Lawrence Byron Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	April 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Byron D Barnes	Mamie Price
RESIDENCE	Eden Ida	Eden Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	27 (Years)
BIRTHPLACE	Ills	Colo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.05 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lemm Physician

(Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 1 1913

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 10-[illegible]-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Please have this signed by two persons in possession of the facts to be corrected in the presence of a Notary Public.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 19436

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for "Unnamed" (Name on Original Certificate) who was born (Was Born or Died) on Sept. 4, 1913 (Date of Event)
in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army Discharge (Bible Record, Insurance Policy, Etc.) prepared on Jan. 11, 1946 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	"Unnamed"	Lawrence Byron Barnes

Subscribed and sworn to before me this 27th day of January, 1946.

[illegible]
Notary Public, residing at Buhl Idaho
My commission expires 2-6-58
(Seal)

Signed Mamie Barnes Hunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

BUHL IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of January, 1946.

[illegible]
Notary Public, residing at Boise Idaho
My commission expires 5-26-58
(Seal)

Signed Lenora B. Barnes
(Signature of Any Credible Person)

4016 KOOTENAI BOISE, IDAHO
(Street Address, City, State)

DPH 52.155

JAN 28 1955

155·113·034·617

PLACE OF BIRTH

County of Minidoka

City of Eden

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 19437

Primary Registration District No. 216 Registered No. 78

FULL NAME OF CHILD Glen Henry Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Nov 13 1913

FATHER		MOTHER	
FULL NAME	Lawrence Jensen	FULL MAIDEN NAME	Nora Walker
RESIDENCE	Eden Ida	RESIDENCE	Eden Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno D Lemmon MD (Physician or midwife)

Address Hazelton Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 1 1914

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1970

JAN 7 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JAN 18 11 51 AM '76

State of ..... } ss.
County of ..... }

Certificate No. 19437

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Jensen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Sept 13, 1913 (Date of Event) in Eden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Glen Henry Jensen

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 1976

Notary Public, residing at Richfield

My commission expires 6-30-79

(Seal)

Signed Gladys N. Jensen
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 1/7/76 PUSH

Membership record from the LDS Church gives name as ~~G~~ Glen Henry ~~J~~ Jensen born Sept. 13, 1913 at Eden, Idaho. Father's name as Lawrence Sern Jensen and mother's name as Nora Merreta Walker, Baptized June 4, 1922 at viewed by V. S.

MAY 30 1976

Honorable Discharge from the US Army gives name as Glen H. Jensen. dated Oct 15 1945. viewed by V S.

893-226-032-491

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

No. ..... St.

Hospital Home

Registration District No. 5

File No. 19439

Primary Registration District No. 2016

Registered No. 64

FULL NAME OF CHILD HENRIETTA HILL

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
F.	other		2nd	yes	Sept. 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry C. Hill	FULL MAIDEN NAME	Laurie Draggoo
RESIDENCE	Shoshone, Ida	RESIDENCE	Shoshone, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	4[illegible] (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Province Quebec, Canada	BIRTHPLACE	Michigan
OCCUPATION	Rancheman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Zeller M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept. 27 1913 C. F. Zeller Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Lincoln, }

Certificate No. 19439

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (not named in original certificate) (Name on Original Certificate) who was born (Was Born or Died) on September 26, 1931 (Date of Event)
in Shoshone, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by this affiant, who is ~~prepared on~~ the mother of said child (Bible Record, Insurance Policy, Etc.) (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Henrietta Hill

Subscribed and sworn to before me this 3rd. day of March, 19 42.

Peart B. Haddock

Notary Public, residing at Shoshone, Idaho.

My commission expires March 26, 1945.
(Seal)

Signed Laurie Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shoshone, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Lincoln, }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. I am the father of said child.

Subscribed and sworn to before me this 3rd. day of February, 19 42.

Peart B. Haddock.

Notary Public, residing at Shoshone, Idaho.

My commission expires
(Seal)

Signed Henry C Hill
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 21 1962

OCT 6 1960

Amended March 26, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 19473
Local Reg. No. 35
Reg. Dist. No. 41

1. PLACE OF BIRTH
a. COUNTY: Lemhi
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gibbonsville
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Lemhi
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gibbonsville
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edel b. (Middle): Elizabeth c. (Last): Glennan

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): December 31, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Paddy b. (Middle): c. (Last): Glennan

8. AGE (At time of this birth): 21 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Montana
10. USUAL OCCUPATION: Miner
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Blanch b. (Middle): c. (Last): Buster

13. AGE (At time of this birth): 18 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Mo.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child.)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after ... wks. pregnancy?
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. S. Wright, M.D.
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Salmon, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Jan 19, 1914
22. REGISTRAR'S SIGNATURE: Helen L. Smith
23. DATE ON WHICH GIVEN NAME ADDED BY Registrar:

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

METHOD OF DELIVERY

BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address reply to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAR 21 1969 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 19473

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Edel Elizabeth Glennan (Name on Original Certificate) who was born (Was Born or Died) on Dec 31, 1914 (Date of Event)

in Gibbonsville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Dec 31, 1914	December 31, 1913

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Blanche M. Brownfield (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio } ss.

County of Highland }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2[illegible] day of March, 19 69

Notary Public, residing at Mariettian Butler

My commission expires .....

(Seal)

Signed Leonard Vandergrift

(Signature of Any Credible Person)

6 Bradnor Pl, Cincinnati Oh 45218

(Street Address, City, State)

FORM DH 60-155

Charter Oak Life Insurance Co, Phoenix Arizona dated March 12, 1963 gives date of birth as Dec 31, 1913. viewed by V.S.

Foundation policy, Charter Oak Insurance Co, Phoenix Arizona dated March 12, 1957 gives date of birth as Dec 31, 1913. viewed by V.S.

photocopy of Payroll deduction authority, Magnus Copper Co, Tiger, Arizona gives date of birth as Dec 31, 1913, dated Jan 25, 1954. viewed by V.S.

268-227-007-268

PLACE OF BIRTH

[redacted] OF IDAHO
B[redacted]ITAL STATISTICS
[redacted]ATE OF BIRTH

[redacted] No. 11-C—20m-2-15-12

County of Blaine

City of Hill City

No. ..... St.

Registration District No. 58 File No. 19493

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorthy Ellinor Boyer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		No	Dec 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hernan Tiedie	FULL MAIDEN NAME	Edna Boyer
RESIDENCE	Camas Prairie Blaine Co	RESIDENCE	Camas Prairie Blaine Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	not obtainable	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	at home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O S Bloom M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hill City Ida

Filed 1 25 1914 D P Higgs M.D. Registrar

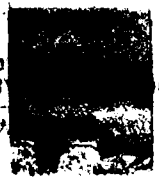
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAY 2 4 1985

MAR 5 19

693-125-00795

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19503

County of Blaine

City of Clyde

Registration District No. 21

File No.

No. ____, ____ St.

Primary Registration District No. 7024

Registered No. 8

Hospital

FULL NAME OF CHILD Earl Julius Wilde

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Dec 25, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jens Nikolai Wilde	Marie Gregersen
RESIDENCE	Clyde Ida	Clyde Ida
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Aarhus Denmark	Omaha Nebraska
OCCUPATION	Ranching	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec. 25, 1913 (Born alive or stillborn) at 4. 2. M. on the date above stated. and died Dec. 25 - 4, 6. P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily Basinger

(Physician or Midwife)

Address Clyde, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 1 19 14 Robert H. Wright

Registrar

S-Y CO., 16670

789.204.002195

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 19504

Primary Registration District No. 2026 Registered No. 7

FULL NAME OF CHILD Verna Joyce Pyrah

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Pyrah	FULL MAIDEN NAME	Rose Arletta Ainsworth
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Yorkshire England	BIRTHPLACE	Sublett Cassia Co Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Carey Idaho.

Filed Feb 1 1914 Robert H. Wright
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-164-007-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 19505

Primary Registration District No. 2026 Registered No. 6

FULL NAME OF CHILD Clarence Lashbrook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Eldredge	FULL MAIDEN NAME	Edith Sarah Cook
RESIDENCE	Carey Ida.	RESIDENCE	Carey Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Coal Ville Summit Co Utah	BIRTHPLACE	Swan Creek Rich Co. Utah
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Carey Ida.

Filed Feb 1 1914 Robert H. Wright Registrar

Registrar

S-Y CO. 20174

FEB 28 1969

219-130-007-294

PLACE OF BIRTH

County of Blaine

City of Hary

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 19506

Primary Registration District No. 2025 Registered No. 5

FULL NAME OF CHILD Norris Todd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				yes	Dec 30 1913

FATHER		MOTHER	
FULL NAME	William M. Baird	FULL MAIDEN NAME	Alice A. Simpson
RESIDENCE	Hary Idaho	RESIDENCE	Hary Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Delver City Utah	BIRTHPLACE	Delver City Utah
OCCUPATION	Farming	OCCUPATION	Home Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife
(Physician or midwife)

Address Hary Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 1 19 14 Robert H. Wright
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315.10.0353-19

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19511

PLACE OF BIRTH

[redacted] Nez Perce

City of Lewiston

No. 302 Prospect Ave

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 1

Hospital

FULL NAME OF CHILD LOUIS EARL Lavender

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	12 / 1 / 1913

FATHER		MOTHER	
FULL NAME	Elbert H. Lavender	FULL MAIDEN NAME	Emma Earl
RESIDENCE	302 Prospect Ave	RESIDENCE	302 Prospect Ave
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wash.
OCCUPATION	Delivery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12.20 P M.
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Todd

(Physician or ~~midwife~~)

Address Lewiston, Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb. 10 1914 L. J. Perkins
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 19511

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Louis E Lavender (Name on original certificate) who was born (Was born or died) on Dec 1, 1913 (Date of event)

in Lewiston Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by family record book (Bible record, insurance policy, etc.) prepared on December 1 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Lavender	Louis Earl Lavender
Louis E Lavender		

Subscribed and sworn to before me this 22 day of December, 1941

A. M. Worthington

Notary Public, residing at Bothell, Wash

My commission expires Feb. 7, 1945

[SEAL]

Signed Emma. Flem
Mrs P J Flem.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 7 D 2 Bothell Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of December, 1941

A. M. Worthington

Notary Public, residing at Bothell Wash

My commission expires Feby 7, 1945

[SEAL]

Signed J. W. Earl
(Signature of any credible person other than the previous affiant.)

R 7 D 2 Bothell Wash
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] 1-419

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County o[redacted]

19526

City of Bloom Station Registration District No. 8 File No. 42

No. ....., ... St. Primary Registration District No. 2004 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian May Howe

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Dec 14, 1913

FATHER		MOTHER	
FULL NAME	John S. Howe	FULL MAIDEN NAME	May Marshall
RESIDENCE	Portland Ore	RESIDENCE	Portland Ore
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Calif
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Holverson

M. D. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 1-31 1914 M S Parker Registrar

..... Registrar

S-Y CO., 16670

[redacted]

266-131-001-236

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Ida

No. Whitney School Dist

Registration District No. 8

File No. 19528

Primary Registration District No. 2004

Registered No.

Hospital

FULL NAME OF CHILD Lloyd Hill Swope ~~Jane J. Blanche~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert T. Swope	FULL MAIDEN NAME	Alice E. Stone
RESIDENCE	Whitney School Dist	RESIDENCE	Whitney School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Maine
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 1-1-19 14 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/15/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

A. T. Swope of Star, Idaho

Being first duly sworn, deposes and says that he is related to
(if related, specify degree, as Father if friend or otherwise, so state)

of Ione Z. Blanche Swope

who was born in the city of Boise, County of Ada
(was born, died)

on the 31st day of Dec., 19 13 as stated in a certificate of birth or death

filed by Dr. John Boeck
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada

Idaho, on the 12th day of Jan. 19 24

That the following facts set forth in said certificate are not correctly stated therein, to wit: Sex -- Female and Name -- Ione Z. Blanche Swope

That affiant upon His own knowledge states the true facts to be, his, her

and the changes necessary to make the record correct are, as follows,

Sex -- Male Name -- Lloyd Hill Swope

(SEAL)

Affiant A T Swope

Address Star Idaho

Subscribed and sworn to before me this 15 day of April 1941

Myrna L. Breese
Notary Public

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

253-227-001-353

PLACE OF BIRTH

STATE OF IDA[illegible]

Bureau of Vital Sta[illegible]

County of Ada

CERTIFICATE OF BI[illegible]

City of ..... [illegible]ion District No. 8 19530

No. ....., ... St.

Primary Registr[illegible] District No. 2004 ..... No. .....

Hospital .....

FULL NAME OF CHILD Margery Jean [illegible]

Sex of Child: Fem	~~Twin, Triplet,~~ or other? and Number in order of birth: 5 (To be answered only in event of plural births)	Legitimate? Yes	[illegible] Dec 27, 1913 (Day) (Year)

FATHER		MOTHER	
FULL NAME	John D Bell	FULL MAIDEN NAME	Marg[illegible] Kleespie
RESIDENCE	Pierce Park	RESIDENCE	Pierce Park
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Iowa
OCCUPATION	Clerk in Land office	OCCUPATION	Ho[illegible]k pr

Number of child of this mother, including present birth 5 ..... Number of children, of this mother [illegible] including present birth 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Froom M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1-19 1914 M S Parker

Registrar

Registrar

S-Y CO., 16670

JUN 5 1952

APR 7 1987

553-228-001-864

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Ida. Registration District No. 2 File No. 19532

No. 522 Franklin St.

Primary Registration District No. 1004 Registered No.

Hospital

FULL NAME OF CHILD Lucile Elizabeth Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas O. Nelson	FULL MAIDEN NAME	Gertrude Houghton
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Ass't Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9:30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 1-12 1941 M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 19532

Date Filed 1-13-41

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lucile Nelson (Name on Original Certificate) who was boen (Was Born or Died) on Dec. 23, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by knowledge of father (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lucile	Lucile Elizabeth Nelson

Subscribed and sworn to before me this 3
day of Jan 19 44

Notary Public, residing at Boise

My commission expires 11/4/47
(Seal)

Signed Charles O Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JAN 3 1949

DEC 1 1948

217-230 0001-266

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Ida

Registration District No. 2

File No. 19533

No. 107 1/2 S. 15th St.

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Ruth Alma Saxton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wallace Saxton	FULL MAIDEN NAME	Eileen O Bowers
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	New York	BIRTHPLACE	Oregan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Boise Ida

Filed 1-12 1914 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1944

263-23[illegible]-00-143

PLACE OF BIRTH

County of Ada

City of Boise, Ida

No. 1815 N 17th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 19534

Registered No.

FULL NAME OF CHILD ELNORA MAUDE BOLEN (Mood)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto R Bolan	FULL MAIDEN NAME	Jennie L Aichenbarsh
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boick

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 1-12 1914 M S Parker

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1952

STATE OF IDAHO OCT 28 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 19534

State of Washington } ss.
County of Spokane }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Elnora M. Bolen (un-named) (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 30, 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by my own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October, 25th, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Elnora Maude Bolen

Subscribed and sworn to before me this 26
day of October, 19 42

Notary Public, residing at Spokane, Wash

My commission expires

(SEAL)

Signed Otto R. Bolen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

508 So. Cedar, Spokane, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at ,

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

[illegible]T 30 1942

JAN 29 1952

528-118-601-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No Pueblo St.

Registration District No 2 File No 19528

Primary Registration District No 1004

Hospital

Registered No.

FULL NAME OF CHILD Andrew Haywood Eby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	12 18 1913

FATHER		MOTHER	
FULL NAME	Ink M Eby	FULL MAIDEN NAME	Charlotte Lindsley
RESIDENCE	Pueblo St Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Boise
OCCUPATION	Real Estate	OCCUPATION	H. Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Lincoln Allen

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise Idaho

Filed 1-13 1914 M. S. Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

381-128-001-636

Form V. S. 20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 406 N 5 St.

Hospital —

Registration District No. 2

Primary Registration District No. 1004

File No. 19540

Registered No.

FULL NAME OF CHILD Richard Lowe Chase

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	S	2	yes.	Dec 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walbur R Chase	FULL MAIDEN NAME	Alrya Fluorine Florine
RESIDENCE	406 N 5th	RESIDENCE	406 N 5th
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	California	BIRTHPLACE	Minnesota
OCCUPATION	Linotype Operator	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 28, at 9 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 248 Sonna Bldg.

Filed 1-15 1914 N S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

OCT 2 4 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAY 14 10 09 AM '75

State of ..... } ss. Certificate No. 19540

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Infant Chase (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1913 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Richard Lowe Chase

Subscribed and sworn to before me this ..... day of ..... 19 .....

Notary Public, residing at .....

My commission expires .....

(Seal)

OFFICIAL SEAL
PADDAPA TRUMPER
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Nov. 12, 1977

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10/23/74

Baptism

Blessing from Trinity Church gives name as Richard Ruel Lowe Chase. born Dec 28, 1913 at Boise, Idaho. Baptized April 15, 1922. father's name given as Wilbur Richard Chase and mother's name as Alma Berthe Chase. viewed by VS

MAY 2 9 1975

Insurance policy from Metropolitan Ins. Co. gives name as Richard L. Chase. dated Oct. 22, 1963. No. 204 028. viewed by V. S.

117-228-001-289 (See also cert # 5822)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1408, N 12 St.

Hospital

Registration District No. 2

File No. 19542

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Dorothy Mabel ~~McGee~~ Magee

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth Dec 28 1913 (Month) (Day) (Year)
FULL NAME	FATHER Arthur P. ~~McGee~~ Magee	FULL MAIDEN NAME	MOTHER Alphia Shields
RESIDENCE	1408 N 12 Boise Ida	RESIDENCE	Boise
COLOR	White AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Kan.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glass

✓ (Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed 1-15 1914 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

12/9/40 L. B.

262-224000/-862

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 320 Idaho St.

Registration District No. 2

File No. 19545

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Lois Emma Bostic

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Dec 24 1913

FATHER		MOTHER	
FULL NAME	Ford Bostic	FULL MAIDEN NAME	Bessie Hoke
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	W. Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) J. S. Daugle
(Physician or midwife)

Address Boise

Filed 1-19 1914 Mos Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1951

MAR 21 1951

251-228-004-695

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 711, Fort St.

Hospital No

Registration District No 2

Primary Registration District No 1004

File No. 19546

Registered No.

FULL NAME OF CHILD Gertrude Sears

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—		1	Yes	Dec 28 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Sears	FULL MAIDEN NAME	Anna Finney
RESIDENCE	711 Fort St	RESIDENCE	711 Fort St
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	19	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	North Dakota	BIRTHPLACE	Idaho
OCCUPATION	Waiter	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sue Forney

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address

Filed 1-19 1914 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 3 1942

MAY 19 1949

845 - [illegible]001-168

PLACE OF BIRTH

Form V. S. No. [illegible]-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1514, N 27 St.

Registration District No 2 File No 19547

Hospital

Primary Registration District No 004 Registered No.

FULL NAME OF CHILD HAROLD PETER HUNTER

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	✓	6	Yes	Dec 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clyde Hunter	Gertrude Johnson
RESIDENCE	1514 N 27	1514 N 27
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Nebraska	Iowa
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Surtoney

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 1-19-14 Mel Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 19547
Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for [illegible] (NAME ON ORIGINAL CERTIFICATE) who [illegible] (WAS BORN OR DIED) on 12 30 - 141 (DATE OF EVENT)
in [illegible] (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by [illegible] (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
[illegible]	[illegible]	Harold Peterhunter

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed S. W. Forney
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

635·227·001·993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1111 No 5th St.

Registration District No. 2

File No. 19549

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Esther Regina Flemmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Dec 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reginald T. Flemmer	FULL MAIDEN NAME	Della Richardson
RESIDENCE	1111 No 5th	RESIDENCE	1111 No 5th
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ohio
OCCUPATION	Lynotype operator	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W F Tuckey

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

19

Registrar

Filed 1-19 1914 M S Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATI

CERTIFICATE OF BIRTH

1/21/41 L. B.

1949

JUL 17 53

AUG 5 1955

695.115.00.212

PLACE OF BIRTH

County of Ada

City of Boise

No. 534 So/5th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-25

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 19556

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Isadore Soloman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isadore S. Freeman	FULL MAIDEN NAME	Lucy Baker
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ill.
OCCUPATION	Tailor	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) J Carl Hill

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Address

Filed 1-22 1914

M. B. Baker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE
IRFAU OF
AL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

Amended 11/7/73

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 19561

No. 619 - S. 14th St.

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Viola Pearl Denton

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 31st 1913

FATHER		MOTHER	
FULL NAME	William J. Denton	FULL MAIDEN NAME	Mary A. Bennett
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Iowa	BIRTHPLACE	Penn — Slatington
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Dec. 31st at 11-25 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

(Physician or Midwife)

Given names added from a supplemental report

Address Boise Ida

, 19

Filed 1-31 19 14

Registrar

Registrar

S-Y CO., 16670

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10 25 73

RECEIVED
VITAL STATISTICS
Nov 2 09 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 19561

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Viola Pearl Denten (Name on Original Certificate) who Was born (Was Born or Died) on Dec. 31, 1914 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Dec. 31, 1914	Dec. 31, 1913

Subscribed and sworn to before me this 7 day of
November, 1973
Sue Mara Lowe
Notary Public, residing at Boise, Idaho
My commission expires Sept. 12, 1977
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
5420 Edson Boise Id
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Statement by St. Alphonsus Hospital , Boise, Idaho October 29, 1973
Viola Denton White was a patient at the Hospital June 8, 1936 birthdate
December 31, 1913 , by Mary E. Dorsey, R. R. A. Medical Record Dept.
Viewed by VS

NOV 7 1973

Certified copy of School Record Oct. 25, 1973 Loyle V. Washam Supervisor of
Records, Viola Pearl Denten born December 31, 1913 , father W. J. Denten
School Year of 1921 Boise Public Schools.
Viewed by VS

993-117-003-236

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19576

County of Bannock

City of Pocatello

No. 630 N. Arthur St.

Hospital

Registration District No. 84 File No. 7

Primary Registration District No. 2161 Registered No. 314

FULL NAME OF CHILD Ross Ritter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec 17th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Commodore Perry Ritter	FULL MAIDEN NAME	Elsie Scott
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Youngstown, Indiana	BIRTHPLACE	Fairbury Nebraska
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive Dec 17/13 (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Jan 3, 1914 O B Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-219-003-513

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 250 So 1st Ave St.

Hospital

Registration District No. 84

File No. 7 19577

Primary Registration District No. 2161

Registered No. 315

FULL NAME OF CHILD Not yet named Eva Cordova

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec. 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tomas Cordova	FULL MAIDEN NAME	Manuela Valderranna
RESIDENCE	250 South First Ave Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Mexico
OCCUPATION	Keeper of Rooming House	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 3d 1914

O B Seely
Registrar

Registrar

R-Y CO. 20174

AUG 3

652-231-003-114

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 347 So Grant St.

Hospital

Registration District No. 84

File No. 19578

Primary Registration District No. 2161

Registered No. 316

FULL NAME OF CHILD PEARL ISABELL WEST

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	Dec 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur A West	FULL MAIDEN NAME	Alice E. James
RESIDENCE	347 So. Grant	RESIDENCE	347 So Grant
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Orchestra Leader	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 31-1913 at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Pocatello Idaho

Filed Jan 3d 1914

O B Seely
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BANNOCK } ss.

Certificate No. 19573

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed West (Name on Original Certificate) who was born (Was Born or Died) on December 31, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Pearl Isabell West

Subscribed and sworn to before me this 18th day of May, 1956
Grace Bistline
Notary Public, residing at Pocatello, Idaho.
My commission expires Aug. 3, 1957
(Seal)

Signed Mrs. Alice West
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
347 S. Grant Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 1956
Grace Bistline
Notary Public, residing at Pocatello, Idaho.
My commission expires Aug. 3, 1957
(Seal)

Signed Edna Hinckley
(Signature of Any Credible Person)
[illegible] Pocatello Idaho
(Street Address, City, State)

FORM DPH 55.155

291-130-039-381

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls, Registration District No. File No. 19604

No. St. Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Lloyd Burdenell Brading

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec 30 1913

FATHER		MOTHER	
FULL NAME	Herman Brading	FULL MAIDEN NAME	Shirley Chaney
RESIDENCE	American Falls,	RESIDENCE	American Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Germany	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F North

Physician (Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report

.....19.....

Registrar

Filed Jan 10 1914 R. F. North M.D. Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 9/30/69

-212-122-036-493

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 19619

Primary Registration District No. 2069 Registered No. 14

FULL NAME OF CHILD Robert Gustave Sasser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther B Sasser	FULL MAIDEN NAME	Helena M Michaelis
RESIDENCE	Holbrook	RESIDENCE	same
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	North C	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Was one in attendance
Had no time
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address J. B. Sasser - Holbrook

Filed Feb 12 1914 D C Ray
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 10 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 29 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 19619

Date Filed Feb. 12, 1914

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Robert Augustus Sasser (Name on Original Certificate) who born (Was Born or Died) on Nov. 22, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Robert Augustus Sasser	Robert Gustave Sasser
mother's name	Helena M. Michels	Helena M. Michels

Subscribed and sworn to before me this 27 day of September, 1969

Mildred Montague

Notary Public, residing at Buhl Idaho

My commission expires March 3, 1970

(Seal)

X Signed Leona A. Sasser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

400 Alpine Dr. Buhl, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of September, 1969

Mildred Montague

Notary Public, residing at 168 N. Main Buhl Idaho

My commission expires Mar. 3 - 1970

(Seal)

Signed Leon Thompson
(Signature of Any Credible Person)

531 North Shilling Buhl Idaho
(Street Address, City, State)

FORM DH 60-155

Rush

nm

called Sent. 25, 6

Certificate of Ordination to the Holy Priesthood gives name as Robert Gustave Sasser Ordained a Priest dated Feb. 3, 1946 by Albert B. Olson. Gives mother's name as Helena Michaelis. Viewed by V. S.

SEP 30 1969

Genealogy sheet gives mother's name as Helena Martha Michaelis and name as Robert Gustave. Born Nov. 21, 1913. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-22 [redacted] -796

PLACE

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19623

County of Kootenai

City of Coeur d'Alene

No. 1110 5th St.

Hospital

Registration District No. 29. File No.

Primary Registration District No. 1050. Registered No. 2.

FULL NAME OF CHILD Millard Kincaid

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	2	Yes	Dec. 26 1913

FATHER	MOTHER
FULL NAME J. Wallace Kincaid	FULL MAIDEN NAME Ella Brooks
RESIDENCE Coeur d'Alene Idaho	RESIDENCE Coeur d'Alene Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Laborer in Planing Mill	OCCUPATION Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. O. Bayn

Physician

(Physician or midwife)

Address Coeur d'Alene Idaho

Filed 2-10 19 14

Dr. MAX A. DORLAND.
Registrar

S-Y CO. 24655

[redacted]

OCT 15 1970

YX3-208'028-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19626

County of Kootenai

City of Coeur d Alene

Registration District No. 29. 1

No. — St.

Primary Registration District No. 1058 No. 5

Hospital —

FULL NAME OF CHILD Margaret Mullen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		—	yes	[illegible] 8 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Mullen	FULL MAIDEN NAME	Veray M. Harmon
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	England	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden MD

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1-30 1914 Dr. MAX A. DORLAND Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 31 1975

866-21-8-228-864

PLACE OF BIRTH

Form V. S. No. 11-6-25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19627

County of Kootenai

City of Coeur d'Alene

Registration District No. 29.

File No. 7

No. ..... St.

Primary Registration District No. 1050

Registered No. 6

Hospital .....

FULL NAME OF CHILD Andrey Lucile Howland.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One	One	yes	Sept 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph W Howland.	FULL MAIDEN NAME	Lucy B. House
RESIDENCE	Coeur d Alene Idaho	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Saw mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... one

Number of children of this mother now living, including present birth ..... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d Alene Idaho

Filed 1-20 1914

Dr. MAX A. DOHLER
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

313 [redacted]

Form V. S. No. 11-C—20m-2-15-12

[redacted]ATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19628

County of Kootenai

City of Coeur d Alene

Registration District No. 29 File No. 1

No. ..... St.

Primary Registration District No. 1050 Registered No. 7

Hospital .....

FULL NAME OF CHILD Holden Woodrow Callis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		one	yes	Sept 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grover C. Callis	FULL MAIDEN NAME	Maude Bishop
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1-30 1914 Dr. MAX A. [illegible]LAND, Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 6 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-214-028-554-

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19629

County of Kootenai

City of Coeur d Alene

Registration District No. 29 File No. 1

No. ..... St.

Primary Registration District No. 1050 Registered No. 8

Hospital

FULL NAME OF CHILD Ruth Constance Knickerbocker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	one		one	yes	Nov. 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin Alwin Knickerbocker	FULL MAIDEN NAME	Amanda Grace Endres
RESIDENCE	De Smet	RESIDENCE	De Smet
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Chicago Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1-30 1914 DR. MAX A. [illegible] Registrar

Registrar

S-Y CO. 20174

AUG 22 1961

OCT 24 1973

395.116.028-132

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19630

County of Kootenai

City of Coeur d Alene

Registration District No. 29 File No. 1

No. St.

Primary Registration District No. 1050 Registered No. 9

Hospital

FULL NAME OF CHILD Robert Archie Tierney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		one	yes	Dec 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry A Tierney	FULL MAIDEN NAME	Alice Alberts
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Band Dawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth Four Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 a M. on the date above stated.

(Signature) W H Holden

Physician (Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Address

Filed 1—30 1914

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

B-Y CO. 20174

JUL 20 1942

APR 28 1953

617-285-028-395

PLACE OF BIRTH

County of Kootenai

City of Coeur d Alene

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 29 File No. 19632

Primary Registration District No. 1050 Registered No. 1

FULL NAME OF CHILD Eileen Marguerite Wagner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		one	yes	Nov 29 1913

FATHER		MOTHER	
FULL NAME	George L Wagner	FULL MAIDEN NAME	Bessie C Tierney
RESIDENCE	Coeur d Alene	RESIDENCE	Coeur d Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wisconsin
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden M.D.

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 1 20 1914

By MAX A. DOHLMAN Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 19632

County of ..... AUG 22 11 07 AM '73 Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Wagner (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 29, 1913 (Date of Event)

in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Eileen Marguerite Wagner

Subscribed and sworn to before me this 14th day of August, 1973

[signature]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed X Mabel M Willette

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2215 S.E. Powell Blvd.

(Street Address, City, State)

Portland, Oregon

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Clackamas

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of August, 1973

Marilyn J Keller

Notary Public, residing at Oregon City

My commission expires My Commission Expires March 30, 1976

(Seal)

Signed Mildred Carlson

(Signature of Any Credible Person)

18813 S. E. River Road

(Street Address, City, State)

Milwaukie, Ore 97222

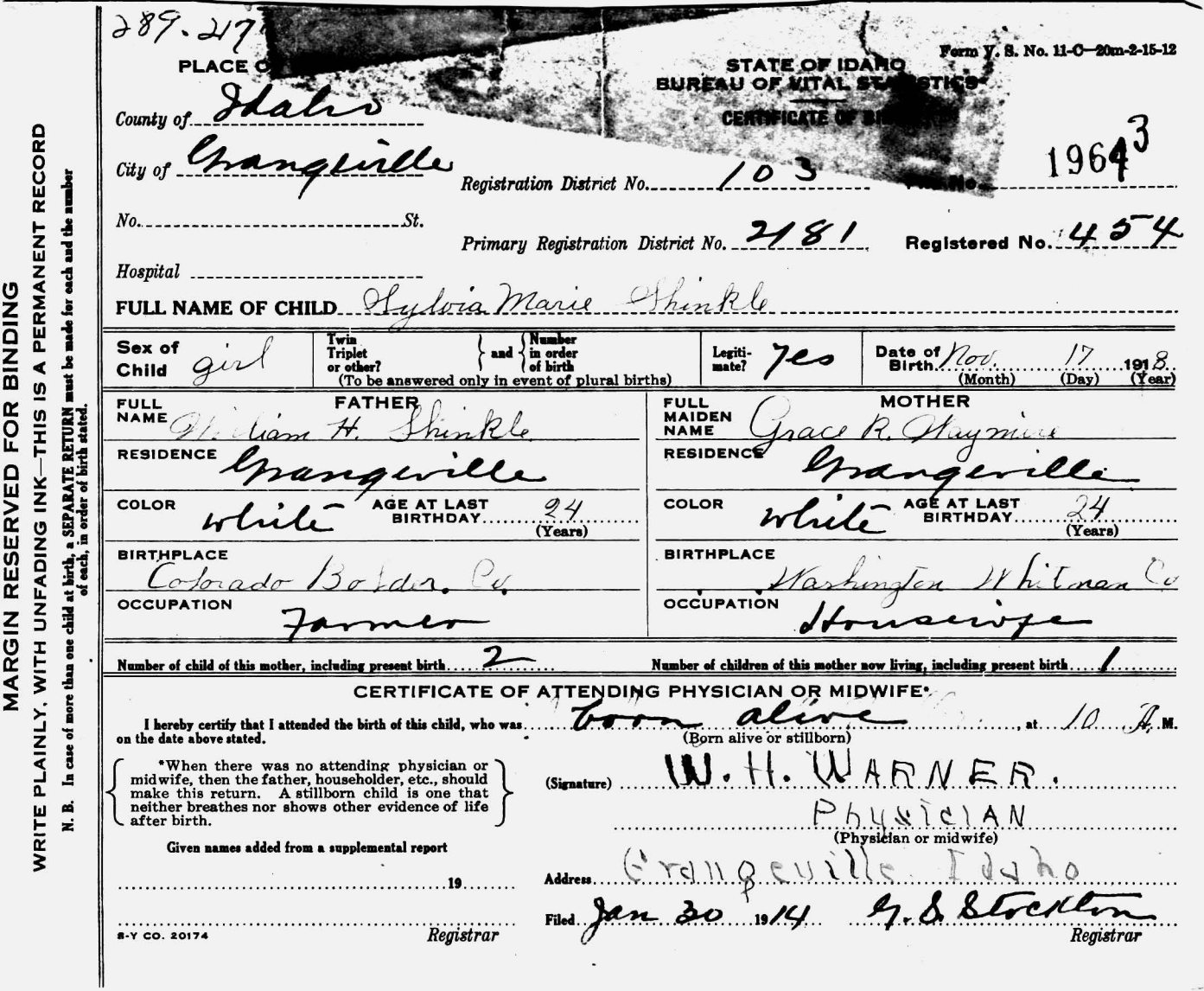
FORM DH 60-155

CL 8/6/73 nm

Insurance policy from Pacific Mutual Life Ins. Co. (#X-1188186) gives name as Eileen Marguerite W. Rogers. Dated Dec. 1, 1947. Viewed by V. S. SEP 14 1973

Report card from Public Schools of Portland, Oregon gives name as Eileen Wagner for grade #8. Dated June 15, 1928. Viewed by V. S.

Certified copyof ~~daught~~ son's birth certificate fon Oregon gives name as Larry Dean Ha Hanson. born Feb. 27, 1951. Father's name given as Harvey Arvid Otis Hanson. gives mother's name as Eileen Marguerite Wagner. (file No. 51-4952.) viewed by V. S.



289.217

PLACE O[illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BI[illegible]

County of Idaho

City of Grangeville

Registration District No. 103 Filed No. 1964 3

No. ..... St.

Primary Registration District No. 2181 Registered No. 454

Hospital .....

FULL NAME OF CHILD Sylvia Marie Shinkle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Nov. (Month) 17 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	William H. Shinkle	FULL MAIDEN NAME	Grace R. Waymire
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Colorado Bolder Co	BIRTHPLACE	Washington Whitman Co
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. WARNER.

PHYSICIAN (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

Filed Jan 30 1914 G. S. Stockton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

391 [illegible]-025-815

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

Registration District No. 103 File No. 19644

Primary Registration District No. 1001 Registered No. 453

FULL NAME OF CHILD ANNA TRAUTMAN

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	November 11, 1913

FATHER		MOTHER	
FULL NAME	William Trautman	FULL MAIDEN NAME	Anna Haener
RESIDENCE	Greencreek	RESIDENCE	Greencreek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Tennessee	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 40 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains

(Physician ~~or Midwife~~)

Given names added from a supplemental report

Address Grangeville Idaho

..... 19....

Filed Jan 30 1914 G S Stockton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

JUN 30 1943

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 19644

County of Multnomah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1913 (Date of Event)

in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by St. Agnes Baby Home affidavit hereto attached (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Anna Trautman

and by my persoanl knowledge as her mother that she was born in Grangeville, Idaho, Nov. 11, 1913 and Anna Trautman is her name.

Subscribed and sworn to before me this 22nd day of June 1943

C. D. Purcell

Notary Public, residing at Portland Oregon

My commission expires October 13th, 1945.

(Seal)

Signed [illegible] McCarthy (Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1717 N. W. 24th Avenue, Portland, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Idaho }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of June, 1943

[illegible]

Notary Public, residing at Greenwich Idaho

My commission expires [illegible] 1945

(Seal)

X Signed Mary Trautman

(Signature of Any Credible Person Other Than Previous Year)

Greenwich Idaho

(Street Address, City, State)

JUL 6 1943

SEP 16 1974

JUL 22 1975

JUL 10 1975

515-127025-993

PLACE OF BIRTH

County of Idaho

City of Whitebird

No ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No 10 File No 19646

Primary Registration District No ____ Registered No 445

FULL NAME OF CHILD Stanley Clarke Vandeburgh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		4	yes	Oct 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jerry Vandeburgh	Julia Richey
RESIDENCE	Whitebird Ida	Whitebird
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	29 (Years)
BIRTHPLACE	Washington	Nebraska
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician

(Physician or Midwife)

Address Whitebird

Given names added from a supplemental report

____, 19____

Filed Nov 19 1913 Jesse L Rains

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 14, 1941. E.W.

APR 7 1975

315-2191 225-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Goff

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 19647

Primary Registration District No. ..... Registered No. 444

FULL NAME OF CHILD Nellie May Canaan

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
7	—		—	yes	Sept 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Marion Canaan	FULL MAIDEN NAME	Katie Badley
RESIDENCE	Goff Ida	RESIDENCE	Goff
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or Midwife)

Address Whitebird

Given names added from a supplemental report

....., 19.....

Filed Nov 19 1913 Jesse L. Rains Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

4

4/24/91 Z.J.

DECEASED

363/12-025-363

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of —

No. —, St.

Hospital —

Registration District No. 10 File No. 19648

Primary Registration District No. 2644 Registered No. 443

FULL NAME OF CHILD Walter Cole

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct. 12, 1913

FATHER		MOTHER	
FULL NAME	Frank Cole	FULL MAIDEN NAME	Sarah Ellen Cole
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white — AGE AT LAST BIRTHDAY 56 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kentucky
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Slusser M. D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Nov. 13 1913 Jesse L. Rains

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 30 1942

86-223.01-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Cor-11th & 5th St.

Hospital

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 1965

Primary Registration District No. 7 Registered No. ____

FULL NAME OF CHILD Dorothy Ellen Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				Dec 23 1913

FATHER		MOTHER	
FULL NAME	Jas. M. Young	FULL MAIDEN NAME	Myrtle R Swain
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	Whit
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Michigan
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1 st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. A. Kellogg

Phys.
(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 29 1914 S. D. Calonge
Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Register

PLACE OF BIRTH

319-209-40745

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19671

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123 File No. 11

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Alberta Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	Yes	12 9 1913

FATHER		MOTHER	
FULL NAME	Albert A. Larson	FULL MAIDEN NAME	Emma Gunderson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	N. D.
OCCUPATION	Mill Man	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.9 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/ 1914 Geo. S. Lesher

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1954

MAR 31 1954

343-106-040-462

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

Registration District No. 123 File No. 1019672

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Albert A. Tucker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	2	Yes	12 (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	S. Edwin Tucker	FULL MAIDEN NAME	Nora E. Mass.
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kellogg

Filed 7/6 1914 Geo. S. Lesher Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

686V05040-235

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19673

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 9

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harry Max Whaley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	1	Yes	Nov 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Myrvin E. Whaley	FULL MAIDEN NAME	Alma Steffans
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho.
OCCUPATION	Butcher	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg. Ida.

Filed 2/4 1914 Geo. S. Lasher
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1942

381-128'040-944

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH Shoshone

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 12 [redacted]

File No. 819674

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarence Rudy Champagne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	2	Yes	Nov 28 1914

FATHER		MOTHER	
FULL NAME	Sandy Champagne Rudy	FULL MAIDEN NAME	Marcella Rudy
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wisconsin	BIRTHPLACE	Canada
OCCUPATION	Hotel Keeper	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg, Idaho

Filed 2/4/ 1914 Geo. S. Lesker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 3 1947

113-218-040-144

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 19675

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital ..... ~~Name changed~~

FULL NAME OF CHILD Helen Marie Jacobsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	1	2	Yes	Oct 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hohiem Jacobsen	FULL MAIDEN NAME	Magnhild Amundsen
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 2/16 1914 Geo S Lashley Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF ~~IDAHO~~

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 19675

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Helen Marie Jacobson (Name on Original Certificate) who was born (Was Born or Died), on Oct. 18, 1913 (Date of Event) in Kellog, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism certificate (Bible Record, Insurance Policy, Etc.) prepared on March 14, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Helen Marie Jacobson	Helen Marie Jacobsen
Fathers Name	Jacobson	Hoheim Jacobsen

Subscribed and sworn to before me this 18 day of Jan, 19xx

Notary Public, residing at Seattle

My commission expires 29 xx
(Seal)

Signed Magnhild Jacobsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3648 Woodland Park Ave., Seattle, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Kane

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 1945

Notary Public, residing at Seattle

My commission expires 6/30/45
(Seal)

Signed Mrs. Alma Jacobson
(Signature of Any Credible Person Other Than Previous Year)

1302 University St. Seattle, Wn.
(Street Address, City, State)

MAR 1 1944

469-206-042-813

[redacted]

No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Hollister

No. ....., ... St.

Hospital .....

[redacted] of Vital Statistics

CERTIFICATE OF BIRTH

19684

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Marion Louise Morehouse

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Fourth	Yes	Dec. 6, 1913

FATHER		MOTHER	
FULL NAME	Ralph E. Morehouse	FULL MAIDEN NAME	Mary E. Halburt
RESIDENCE	Hollister, Idaho	RESIDENCE	Hollister, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Mitchel, Iowa	BIRTHPLACE	Licking, Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Garrett

Physician

Address [redacted] Idaho,

Given names added from a supplemental report

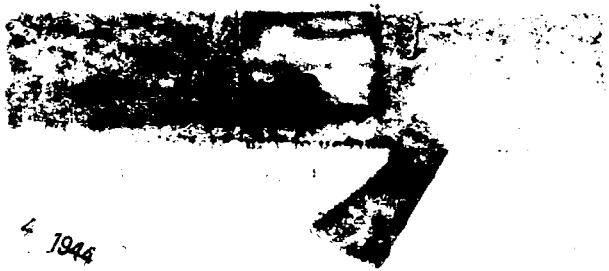
....., 19.....

Filed ..... [redacted] Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



FEB 4 1944

753 214 042-855

PLACE OF BIRTH

County of Twin Falls

City of Amsterdam

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. ____ File No. 1685

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Josie Lucile Peters

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Fifth	Yes	Dec 14 1913

	FATHER	MOTHER
FULL NAME	John L. Peters	FULL MAIDEN NAME Minnie Hendricks
RESIDENCE	Amsterdam, Idaho	Amsterdam, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	38 (Years)	33 (Years)
BIRTHPLACE	Holland	Holland
OCCUPATION	Lumber Merchant	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Parrett

Physician

(Physician or Midwife)

Address Hollister, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 24 - 14 John White Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 5 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

296-108-019-381

County of Custer

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 19692

Primary Registration District No. 2061 Registered No. 106

FULL NAME OF CHILD Edgar Franklin Brower

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 8 1913

FATHER		MOTHER	
FULL NAME	Franklin E. Brower	FULL MAIDEN NAME	Rachel Thatcher
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M.D.

(Physician or midwife)

Address Challis

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12/14 1913 C. J. Hurst Registrar

8-Y CO. 20174

NOV 20 1986

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-109-019-754

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Clayton

No. ..... St.

Hospital .....

Registration District No. 14

Primary Registration District No. 2060

File No. 19693

Registered No. 110

FULL NAME OF CHILD Fee Febia Carminatti

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
M			Yes	March 2, 1919

FATHER	MOTHER
FULL NAME: Antone Carminatti	FULL MAIDEN NAME: Giovanna Pedrini
RESIDENCE: Clayton	RESIDENCE: Clayton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 51 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 2:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Antonio Carminatti

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Clayton, Idaho

Filed Jan. 27 1914 [illegible]

Registrar

S-Y CO., 16670

Registrar

DUP OF 1913-168052

231-219-009-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonner

City of Ponderay

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 19705

Primary Registration District No. 2155 Registered No. 462

FULL NAME OF CHILD Louise Stakman

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
f	1	1	Yes	Dec 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence Stakman	FULL MAIDEN NAME	Maud Cotner
RESIDENCE	Ponderay	RESIDENCE	Ponderay
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Ore.
OCCUPATION	Engineer. RR	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JUN 2 4 1942

349.224.009.634

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78

File No. 19706

No. ....., ... St.

Primary Registration District No. 2155

Registered No. 463

Hospital .....

FULL NAME OF CHILD Francetta Emma F. Turner

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
f	1	1	Yes	Dec 24, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert A. Turner	FULL MAIDEN NAME	Fern Older
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ariz	BIRTHPLACE	Minn
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or Midwife)

Given names added from a supplemental report

Address Sandpoint Ida

..... 19.....

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

693-127-009-259

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Riverside

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 19707

Primary Registration District No. 2153 Registered No. 464

FULL NAME OF CHILD Robert Wilson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	/		/	Yes	Dec. 27, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otley W. Wilson	FULL MAIDEN NAME	Lillian Berry
RESIDENCE	Pomeroy, Wash.	RESIDENCE	Riverside, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Allen, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Laclede, Ida.

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 9 1975

Certified copy issued 2-20-1941. dp

70791

693-204-009-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19715

Registration District No 78 File No. .....

Primary Registration District No. 2155 Registered No. 457

FULL NAME OF CHILD Dorothy Rose Wilkins

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
f	1	3	Yes	Dec 4 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert S. Wilkins	FULL MAIDEN NAME	Rose A. Maring
RESIDENCE	Sandpoint	RESIDENCE	Sandpt
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Cigar Mfg.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 17 1944

JUL 17 1975

395·110·009·462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Dover

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 19716

Primary Registration District No. 2155 Registered No. 458

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	2	Yes	Dec (Month) 10 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Lindstrom	FULL MAIDEN NAME	Anna Dobroth
RESIDENCE	Dover	RESIDENCE	Dover
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Sweden	BIRTHPLACE	Wisc
OCCUPATION	Prop - Pool Room	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed 2-16 1914 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

412 - Amended 9/24/73 12

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 19717

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 459

FULL NAME OF CHILD Anna Makenson

Sex of Child F	Twin, Triplet or other? 1 and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Dec 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Makenson	FULL MAIDEN NAME	Sarah Makeson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE		BIRTHPLACE	W. Va
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R C Jackson

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Sandpoint Ida

Filed 2-16 1914 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 26 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 19717

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Makeson (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1914 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Makeson	Anna Belle Makenson
father's name	Robert Makeson	Robert Makenson
Birth date	Dec 11, 1914	Dec 11, 1913

Subscribed and sworn to before me this 13th day of July 1973

[signature]

Notary Public, residing at Walla Walla, Wash

My commission expires 9-22-73

(Seal)

Signed Ethel S. Hartland-Sister

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1316 Hathaway Yakima Wash 98902

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6/25/73

Death notice from paper for Robert Makenson, 88 who passed away sometime ago gives surving daughter's nameas Mrs Anna Ellenberger, of Walla Walla. Viewed by VS

SEP 24 1973

Verification of School record from Bonner County School District No. 82, Sandpoint Idaho gives child's name as Anna Makenson born Dec 11, 1913. record dated Oct. 15, 1923. Parent or Guardian given as Sarah Safford. Viewed by V. S.

395-119-009-451

Form V. S. Not 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

No. _____ St.

Hospital _____

Registration District No. 78 File No. 19719

Primary Registration District No. 2155 Registered No. 461

FULL NAME OF CHILD Joseph Warren Lindsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Dec (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Warren Joseph Lindsley	FULL MAIDEN NAME	Clara Bell Mead
RESIDENCE	Hope Idaho	RESIDENCE	Hope Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Fremont Neb	BIRTHPLACE	Hillsboro Oregon
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11-5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren J Lindsley
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Hope Bonner Co Idaho

Filed 2-6 1914 N McKinnon
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

419-210109-552

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 19720

No. ....., ... St.

Primary Registration District No. 2155 Registered No. 433

Hospital .....

FULL NAME OF CHILD Letha Maraska

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	1		2	Yes	Mar. 10 1914

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Maraska	FULL MAIDEN NAME	Gracia Vera
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Logging Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Jamison M.D.

Sandpoint Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address .....

Filed Feb 16 1914 M. McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 1 0 1975

449-21-209-3-41

PLACE OF BIRTH

STATE OF IDAHO [redacted] 11-C—15m-6-20-21

Bureau of Vital Statistics [redacted]

CERTIFICATE OF B[redacted]

County of Bonner

City of Sandpoint

Registration District No. 74

File No. 19721

No. ....., ... St.

Primary Registration District No. 2153

Registered No. 434

Hospital .....

FULL NAME OF CHILD Laura Hazel Durrin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Single	1st	Yes	Mar. 11, 1913

FATHER		MOTHER	
FULL NAME	Loren L. Durrin	FULL MAIDEN NAME	Clara Emang
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	So. Dakota
OCCUPATION	Brick Setter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Roscoe N. Jackson M.D.

(Physician or Midwife)

Address Sandpoint

Filed Feb 16, 1914 M McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

753-113-009-962

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Clover

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 19722

Primary Registration District No. 2155 Registered No. 435

FULL NAME OF CHILD Peterson

Sex of Child: m	Twin, Triplet or other? 1 and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Mar (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Victor Peterson	FULL MAIDEN NAME	Clara Robbins
RESIDENCE	Dover	RESIDENCE	Dover
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denmark	BIRTHPLACE	Kans.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Jackson M.D.

(Physician or Midwife)

Given names added from a supplemental report. Child died soon after

..... 19.....

Address .....

Filed Feb. 16 1914 M McKinnon

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

433-113-009-464

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19723

County of Bonner

City of Sandpoint

No ....., ... St.

Hospital .....

Registration District No 78 File No. .....

Primary Registration District No. 2155 Registered No. 436

FULL NAME OF CHILD Warren Orville McCurtain

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	1		2	Yes	Apr. 13, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Irving McCurtain	FULL MAIDEN NAME	Zula Douglas
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	BIRTHPLACE	Kans
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson MD

(Physician or Midwife)

Address Sandpoint Ido

Given names added from a supplemental report

....., 19.....

Filed Feb 16 1914 M. McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

JAN 31 19[illegible]

958-216-009-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of ~~Sandpoint~~ Wrencoe

Registration District No. 78 File No. 19724

No. ....., ... St.

Primary Registration District No. 2155 Registered No. 437

Hospital .....

FULL NAME OF CHILD Mildred Reynolds

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
f	1	5	Yes	Apr 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Reynolds	FULL MAIDEN NAME	Dorothy Henderson
RESIDENCE	Wrencoe	RESIDENCE	Wrencoe
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ills	BIRTHPLACE	Mont
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Jackson MD

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint Ida

Filed Feb. 16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 24 1967

219-219-009-447

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of .....

No ....., ... *St.*

Hospital .....

Registration District No 78 **File No.** 19725

Primary Registration District No. 2155 **Registered No.** 438

FULL NAME OF CHILD Ruth Emma Bartlett

Sex of Child: f	Twin, Triplet or other? 1 and Number in order of birth 6 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Apr. (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Bartlett	FULL MAIDEN NAME	Margaret Dupee
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Misc
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Jackson MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

454-220-009-381

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 19726

Primary Registration District No. 2155 Registered No. 439

FULL NAME OF CHILD Elsie Madeline Demers

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
f	1	5	Yes	Apr 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter Demers	FULL MAIDEN NAME	Emma Charette
RESIDENCE	Canada	RESIDENCE	Canada
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R C Jackson MD

(Physician or Midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed 2-16 1914 M McKinnon

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-1241009863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19727

County of Bonner

City of Colburn

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 440

FULL NAME OF CHILD Charles Vernon Carter

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	6	Yes	Apr. 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira F. Carter	FULL MAIDEN NAME	Mabelle Holton
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson MD

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Sandpoint

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form U. S. No. 10—10m-7-11

STATE OF IDAHO

PLACE OF BIRTH

State of Idaho
County of Bonner

Mablle L. Carter, being first duly sworn, deposes and says that Charles Vernon Carter is the name of the male child recorded as being born April 23, 1913 at Colburn , Bonner County State Of Idaho toIra F. Carter and Mabelle L. Carter his wife.

Mabelle L. Carter

S ubscribed and sworn to before me this 22d day of April ,1941.

Francis J Long. Probate Judge. Sandpoint Idaho

c.c. 5/1/41. w.h.

ESTABLISHED
1928

Personalized
Insurance Service

CARL R. TIFFT
REAL ESTATE -- INSURANCE
105 S. First Avenue Phone 5
SANDPOINT, IDAHO

This is to certify that Charles Vernon Carter, son of Ira F. Carter and Mabelle L. Carter was born April 24, 1913 at Colburn, County of Bonner, Idaho.

Signed and sworn to by Mrs. Delia Holton, nurse attending mother at time of birth of said Charles Vernon Carter and Mabelle L. Carter, mother of Charles Vernon Carter.

Delia Holton

Mabelle L. Carter

State of Idaho)
County of Bonner) ss.

Subscribed and sworn to before me this 1st day of May, 1941.

Carl R. Tifft

Notary Public, State of Idaho
Residing at Sandpoint, Idaho

My Com. Exp. 2-4-1944

363-2014009-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 19728

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 2155

No. ....., ... St.

Primary Registration District No. ..... Registered No. 441

Hospital .....

FULL NAME OF CHILD Myrtle Helen Colomb

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	1	1	Yes	July 1 1914

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Homer Colomb	FULL MAIDEN NAME	Myrtle Doyle
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Miss	BIRTHPLACE	Mich
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 M. on the date above stated.

(Signature) R R Jackson

(Physician or Midwife)

Address Sandpoint Ida.

Filed 2-16 19 14 M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

10-31-41.

DEC 26 1950

AUG 22 1951

843-112-009-212

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonner

City of Matchwood

No ....., ... St.

Hospital .....

Registration District No. 78 File No. 19729

Primary Registration District No. 2155 Registered No. ~~442~~ 442

FULL NAME OF CHILD James Melville Hull

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	3	Yes	July 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milton M. Hull	FULL MAIDEN NAME	Pearl Baber
RESIDENCE	Matchwood	RESIDENCE	Matchwood
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	W. Va
OCCUPATION	Engineer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R L Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed 2-16 1914 M M Kinnan

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1942

846.12.009.366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Ponderay

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 19730

Primary Registration District No. 2155 Registered No. 442

FULL NAME OF CHILD Rosane Raymond Huffman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	June 24 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Elroy T. Huffman	FULL MAIDEN NAME Helen Cook
RESIDENCE Ponderay	RESIDENCE Ponderay
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Mont.
OCCUPATION R.R. Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive/~~or stillborn~~), at ..... M. on the date above stated.

(Signature) R L Jackson

(Physician or Midwife)

Address Sandpoint

Filed 2-16 19 14 M M McKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MAY 18 1942

394-214-009 694

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19731

County of Bonner

City of Kootenai

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 443

FULL NAME OF CHILD Pearl Elizabeth Timmerman

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
f	1		1	Yes	July 14, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Tracy T. Timmerman	FULL MAIDEN NAME	Elizabeth C. Wimmer
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mich	BIRTHPLACE	Minn
OCCUPATION	R.R. Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 2 p M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint Ido

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 26 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of King

Certificate No. 19731

Date Filed

MAR 12 11 35 AM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Timmerman (Female) (Name on Original Certificate) who was born (Was Born or Died) on July 14, 1913 (Date of Event)

in Kootenai, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy Application Jan 20, 1951 Birth cert of Daughter (Bible Record, Insurance Policy, Etc.) prepared on June 13, 1956 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Timmerman	Pearl Elizabeth Timmerman

Subscribed and sworn to before me this 28th day of February, 1973

Notary Public, residing at Mercer Island

My commission expires April 30, 1974
(Seal)

Signed Mrs Elizabeth Timmerman (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3405 S. Manito Blvd, Spokane, Wn 99203
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 2/26/73 See attached Affidavit.

Certificate of birth from Sacred Heart Hospital of Spokane, Washington gives child's name as Mary Catherine Freeman, Born June 13, 1956. Father's name given as Frank Richard Freeman and mother's name given as Pearl Elizaneth Timmerman (born July 14, 1913 in Idaho) Viewed by V. S.

MAR 13 1973

Application for insurance with The Mutual Benefit Life Insurance Co. gives name as Pearl E. Freeman. born Jluy 14, 1913. Dated Jan. 20, 1951. Viewed by V. S.

893-114-009-419

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 19732

Primary Registration District No. 2155 Registered No. 445

FULL NAME OF CHILD DELBERT EDWARD HILDRETH

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	4	Yes	July 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward A Hildreth	FULL MAIDEN NAME	Lizzie Martin
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	W AGE AT LAST BIRTHDAY 53 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 2-16 1914 M. McKinnon

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ida ho } ss.
County of Bonar, }

Certificate No 19732

Date Filed FEB 2 1942

The undersigned does solemnly swear that certain facts on the certificate of Delbert (BIRTH OR DEATH) Hildreth
for Delbert Edward Hildreth, (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) July I4th I9I4 (DATE OF EVENT)
in Sand Bint (PLACE OF EVENT) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Elizabeth Hildreth, (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July I4th I9I4 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	- - -	Delbert Edward Hildreth

Subscribed and sworn to before me this 20th. day of January, 1942

Reeka McLean
Notary Public, residing at Priest River,
My commission expires May 15th 1942,
(SEAL)

Signed Madeline Hildreth
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Lakeview Ore. Box 44
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Bonner, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th. day of January, 1942.

Reeka McLean,
Notary Public, residing at Priest River,
My commission expires May 15th. 1943,
(SEAL)

Signed Henry H. Hildreth
(SIGNATURE OF CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Lakeview Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-V16.009.155

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Westmond

No ....., ... St.

Hospital .....

Registration District No 78

Primary Registration District No 2153

File No. 19733

Registered No. 445

FULL NAME OF CHILD ELWOOD LAWRENCE DALE

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M	1		9	Yes	July	16	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Dale	FULL MAIDEN NAME	Lila M. Jennie
RESIDENCE	Westmond	RESIDENCE	Westmond
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Minn
OCCUPATION	Farmer & Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

(Signature) R.O. Jackson

(Physician or ~~Midwife~~)

Address Sandpoint

Filed 2-16 1914 Mrs. McKinnon

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 19733

State of IDAHO
County of BONNER } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of THE BIRTH for ELWOOD LAWRENCE DALE (Name on Original Certificate) who BORN (Was Born or Died) on JULY 16, 1912 (Birth or Death) (Date of Event) in ESTMOND, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by PERSONAL ATTENDANT AT BIRTH (Bible Record, Insurance Policy, Etc.) prepared on JULY 16, 1912 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elwood Lawrence Dale

Subscribed and sworn to before me this 3, day of JUNE 1942

Notary Public, residing at SANDPOINT, IDAHO

My commission expires 5/15/45
(Seal)

Signed Mrs Lettie Boeck.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SANDPOINT, IDAHO.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO.
County of BONNER } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3, day of JUNE 1942

Notary Public, residing at SANDPOINT, IDAHO.

My commission expires 5/15/45
(Seal)

Signed Hans Boeck
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 6 1942

553-129-009-763

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonner

City of Colburn

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 19734

Primary Registration District No. 2155 Registered No. 446

FULL NAME OF CHILD ROY MELVIN NETTLEINGHAM

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	7	Yes	July 29, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin V. Nettleingham	FULL MAIDEN NAME	Anna Golden
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years) 35 yrs
BIRTHPLACE	Ill.	BIRTHPLACE	Manson, Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sandpoint

Filed 2-16 1914 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

See cert. #321600

Dup of 1913-321600

553-129 010-743

321600

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Colburn
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 3 years 10 month 13 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Colburn
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Colburn, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Roy Melvin Nettleingham

5. Date of Birth (Month, day year) July 29, 1913

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Melvin Valentine Nettleingham
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Sheridan (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christina Gulden
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Colburn (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 5:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Anna Nettleingham (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) OCT 13 1941 (Date received) (b) Mavel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Nettleingham, being first duly sworn, say that I am related (Related to (or) acquainted with) to Roy Melvin Nettleingham (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Bertha Boylan (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Nettleingham Signature
Colburn, Idaho P. O. Address

Subscribed and sworn to before me on this 11th day of October, 1941
(SEAL) [signature] Notary Public, residing at Sandpoint, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1913 . 19734

DELAYED

165-107-009-818

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19735

County of Bonner

City of Laclede

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 447

FULL NAME OF CHILD Frederick Donald Joers

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes.	Aug. 7, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick John Joers	FULL MAIDEN NAME	Louise Hayburn
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Allen M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Laclede

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO. PTRS. & BDRS 17326

11-5-41

367

[illegible]

[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. 19737

Primary Registration District No. 2155 Registered No. 449

FULL NAME OF CHILD Robert Wesley Cox

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
m	1		1	Yes	Aug 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred L. Cox	FULL MAIDEN NAME	Candace Stoup
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE	Ind.
OCCUPATION	Barber	OCCUPATION	Milliner

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint Ida

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

LIFE INSURANCE RECORD

276 021-

PLACE OF [redacted]

Om-8-7-11

County of Ba[redacted]

City of Sandpoint

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

19738

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 450

FULL NAME OF CHILD ~~Gertrude Harriet~~ Evelyn H. Spoor

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
f	1	2	Yes	Sept 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Spoor	FULL MAIDEN NAME	Dorothy Fagle
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Alberta
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician ~~or Midwife~~)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed 2-16 1914 M McKinnon

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Jan. 20, 1941. E.W.

AUG 22 1957

766-123-009-758

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19739

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 451

FULL NAME OF CHILD Ancel Herman Goolsbey

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	4	Yes	Oct 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Goolsbey	FULL MAIDEN NAME	Amelia Gehler
RESIDENCE	Sandpoint	RESIDENCE	Sdpr
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Misc	BIRTHPLACE	Misc
OCCUPATION	~~Hatchman~~ Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.30 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed 2-16 1914 W. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

K

JAN 2 1948

792-219-009-136

PLACE OF BIRTH

Form V. S. No. 11-C [illegible]

STA[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19740

County of Bonner

City of Laclede

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 452

FULL NAME OF CHILD Agnace Emerith Gish

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	Yes.	Oct. 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar Lee Gish	FULL MAIDEN NAME	Iva Atwood
RESIDENCE	Laclede	RESIDENCE	Laclede
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salem, Virginia	BIRTHPLACE	Crete, Nebraska
OCCUPATION	Sawmill	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Allen, MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Laclede, Idaho

Filed 2-16 1914 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

[redacted]ATE.

ONVEL

168-224-009-285

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19741

Registration District No. 78 File No. .....

Primary Registration District No. 2158 Registered No. 453

FULL NAME OF CHILD VERNA MAE JOHNSON

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
f	1	2	Yes	Oct (Month) 24 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Austin M. Johnson	FULL MAIDEN NAME	Pearl Shelp
RESIDENCE	Sandpoint	RESIDENCE	Sdpt
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 2-16 1914 M. McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss. Certificate No. 19741

County of Toledo } Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Verna Mae Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. [illegible], 191[illegible] (DATE OF EVENT)

in Sandpoint, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Verna Mae Johnson

Subscribed and sworn to before me this [illegible] day of April, 19[illegible]

E. Brook

Notary Public, residing at Conrad, Montana

My commission expires July [illegible], 194[illegible]

(SEAL)

Signed ✓ Mrs Austin M. Johnson

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Conrad, Montana

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.

County of Toledo }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of April, 19[illegible]

E. Brook

Notary Public, residing at Conrad, Mont

My commission expires July [illegible], 194[illegible]

(SEAL)

Signed ✓ Austin M. Johnson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Conrad Montana

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 9 1942

919-230-009-113

PLACE OF BIRTH

County of Bonner

City of East Hope

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 19742

Primary Registration District No. 9155 Registered No. 457

FULL NAME OF CHILD Irma Caroline Zarbea

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	11 30 1913

FATHER		MOTHER	
FULL NAME	Ernest M Zarbea	FULL MAIDEN NAME	Nellie C Jacobsen
RESIDENCE	East Hope	RESIDENCE	East Hope
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Michigan	COLOR	White
OCCUPATION	Laborer	BIRTHPLACE	Michigan
		OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody MD

(Physician or midwife)

Address Hope Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2-16 1914 WM McKinnon Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1942

235-114-009-485

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

19743

County of Bonner

City of Ponderay

No. ....., ... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 455

FULL NAME OF CHILD WARREN RUTHERFORD STEEN

Sex of Child m	Twin, Triplet or other? 1 and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Nov. (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Warren H. Steen	FULL MAIDEN NAME	Ruth I. Dyer
RESIDENCE	Ponderay	RESIDENCE	Ponderay
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Wash
OCCUPATION	Brakeman	OCCUPATION	Telephone Op

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Jackson

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sandpoint

Filed 2-16 1914 Mme Kinnion

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 10 1951

JUL 14 1975

731-124-009-495

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19744

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2155 Registered No. 456

FULL NAME OF CHILD Edward — Glauder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes	Nov. 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Edward G. Glauder	FULL MAIDEN NAME	Nora Dingman
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Dakota USA	BIRTHPLACE	New York
OCCUPATION	Carman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will H Potter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kootenai

Filed 2-10 1914 M McKinnon

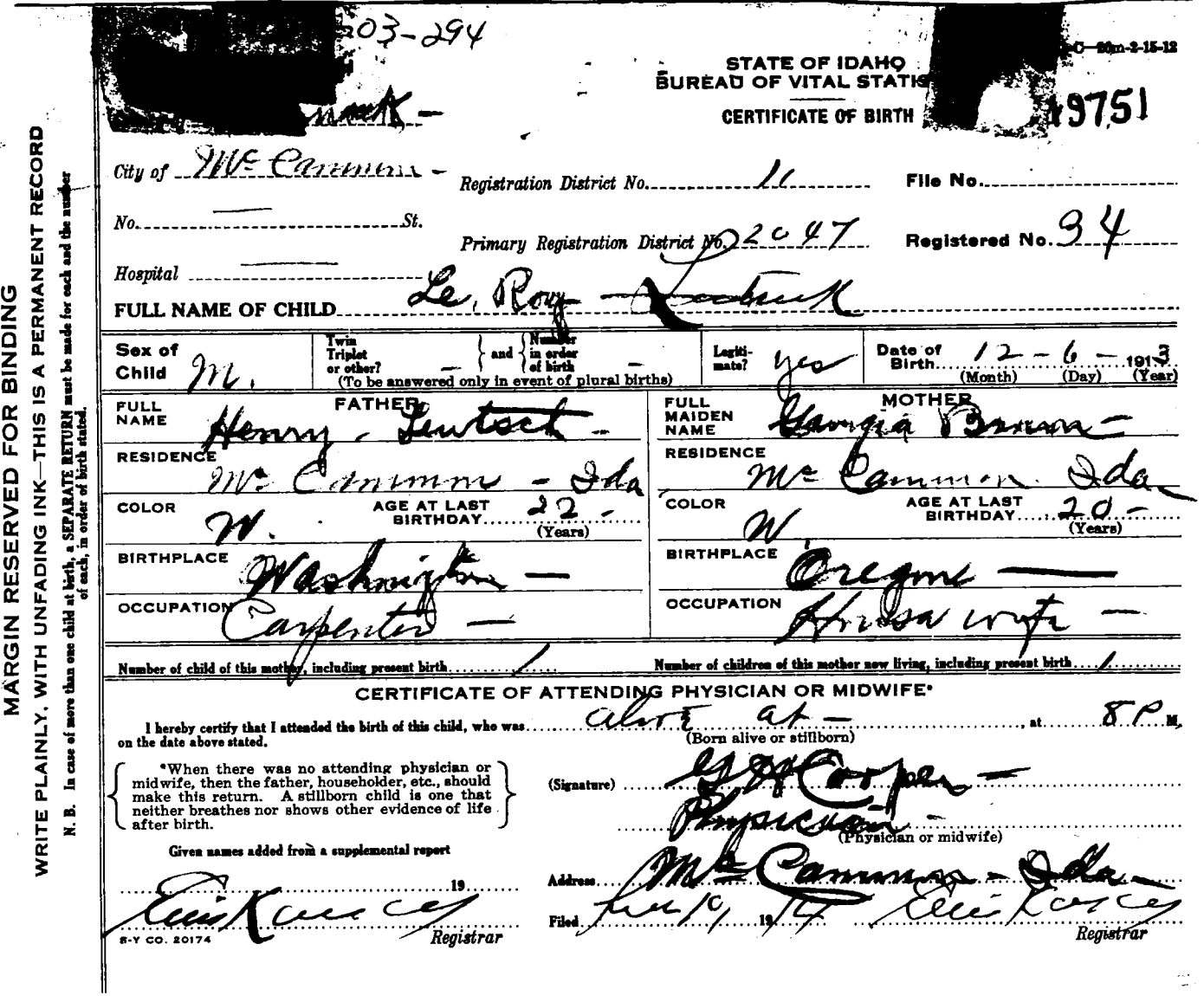
..... Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 03-294

[redacted] nack -

C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATIS[redacted]

CERTIFICATE OF BIRTH [redacted] 19751

City of Mc Cammon - Registration District No. 11 File No.

No. — St. Primary Registration District No. 2047 Registered No. 34

Hospital —

FULL NAME OF CHILD Le Roy Leutsch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	12 - 6 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Leutsch	FULL MAIDEN NAME	Georgia Brown
RESIDENCE	Mc Cammon - Ida	RESIDENCE	Mc Cammon Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Oregon
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at — (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report

Address Mc Cammon - Ida

Filed Feb 10, 1914 Eric Kaney
Registrar

Eric Kaney
Registrar

S-Y CO. 20174

2 NAMES

DUP OF 1913-331990

713-209-003-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Registration District No. 11 File No. 19753

Primary Registration District No. 2047 Registered No. 35

FULL NAME OF CHILD Laura Parkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		No.	12 9 1913

FATHER		MOTHER	
FULL NAME	✓	FULL MAIDEN NAME	Laura Parkinson
RESIDENCE	✓	RESIDENCE	McCammon, Ida.
COLOR	✓ AGE AT LAST BIRTHDAY ✓ (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	✓	BIRTHPLACE	Malad, Utah
OCCUPATION	✓	OCCUPATION	School Girl

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Eric Kaney Registrar

Address McCammon, Ida.

Filed Feb 10, 1914 Eric Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-2091003-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19755

County of Bannock

City of Inkom Ida

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2047 Registered No. 38

Hospital

FULL NAME OF CHILD x Clara Blanch Preece

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
x girl		x yes	Oct 9 1913

FATHER		MOTHER	
FULL NAME	x John Preece	FULL MAIDEN NAME	x Elvira Preece
RESIDENCE	x Inkom	RESIDENCE	x Inkom
COLOR	x white	COLOR	x white
AGE AT LAST BIRTHDAY	x 44 (Years)	AGE AT LAST BIRTHDAY	x 35 (Years)
BIRTHPLACE	x Franklin Ida.	BIRTHPLACE	x Okland Cal.
OCCUPATION	x farmer	OCCUPATION	x farmer

Number of child of this mother, including present birth x 9 Number of children of this mother now living, including present birth x 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was x Born alive at x 3 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address McCammon Ida

Eris Kearley
Registrar

Filed Feb 10 1914 Eris Kearley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-229-003-217

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 19763

Primary Registration District No. 2046 Registered No. 28

FULL NAME OF CHILD Eileen Laurenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		yes	12-29-1913

FATHER		MOTHER	
FULL NAME	Chas. Laurenson	FULL MAIDEN NAME	Melba A Bogley
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Murry Ut.	BIRTHPLACE	Murry Ut.
OCCUPATION	Livryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Eva Kaney
Registrar

Address Downey Idaho.

Filed Feb 19 1914 Eva Kaney
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1960

FEB 16 1960

515·101·003-238

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 19764

No. ..... St.

Primary Registration District No. 2046

Registered No. 29

Hospital ~~XXXXXX~~

FULL NAME OF CHILD ~~Baby Naef~~ Daniel Webster Naef

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Dec. 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. D. ~~Xxxx~~ Naef	FULL MAIDEN NAME	Kate Schiebel
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Providence, Ut.	BIRTHPLACE	Pleasant Valley, Ut.
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 p M on the date above stated.

(~~Born~~ Alive stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond

Downey, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Eric Kaney
Registrar

Filed Feb 10, 1914 Eric Kaney
Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

name and change of date taken from Cer. of Blessing

5-24-44

MAR 8 4 1944

318-109.003-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey.

No. ..... St.

Hospital .....

Registration District No. 11 File No. 19765

Primary Registration District No. 2046 Registered No. 30

FULL NAME OF CHILD ~~Baby~~ Orson Taylor

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	%Dec 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. Wm. Taylor	FULL MAIDEN NAME	Margaret Anderson
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey. Idaho.
COLOR	W AGE AT LAST BIRTHDAY 49 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Weston, Idaho.
OCCUPATION	Farmer,	OCCUPATION	House-wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11 p M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Downey, Idaho. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address [signature]

Filed Feb 19, 1914 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

268-217-003-415

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ban nock

City of Downey

No. ..... St.

Registration District No. 11

File No. 19766

Primary Registration District No. 2046

Registered No. 30

Hospital Grace

FULL NAME OF CHILD ~~Baby~~ Boyce

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L.M. Boyce	FULL MAIDEN NAME	Maude Davis
RESIDENCE	Oxford - Idaho	RESIDENCE	Oxford, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	~~XX~~ 26 (Years)
BIRTHPLACE	Oxford, Idaho.	BIRTHPLACE	Clifton, Idaho.
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 p M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Downey, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

[signature] Registrar

Address .....

Filed Feb 19, 1914 [signature] Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713.105.003-713

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 19767

Primary Registration District No. 2046 Registered No. 32

FULL NAME OF CHILD Frank Palmer

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? No	Date of Birth Dec 5 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME ?	FULL MAIDEN NAME Daisy Palmer
RESIDENCE ?	RESIDENCE Downey, Idaho.
COLOR AGE AT LAST BIRTHDAY ..... (Years)	COLOR W AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	BIRTHPLACE Dempsy, Idaho
OCCUPATION	OCCUPATION Waitress

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Downey, Idaho.
(Physician or midwife)

Given names added from a supplemental report.

Address .....

Filed Feb 1, 1914 [signature] Registrar

[signature] Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-253514

142-[illegible]

PL[illegible] BIRTH

Amended 9/25/75

County of Lake

City of Pottaich

Registration District No. 65

File No. 19802

No. ....., ... St.

Primary Registration District No. 2145

Registered No. .....

Hospital .....

FULL NAME OF CHILD Paul Frances Austin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	✓		✓	yes	Dec 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Austin	FULL MAIDEN NAME	Jennie Broton
RESIDENCE	Pottaich	RESIDENCE	Pottaich
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Minnesota
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Pottaich Idaho

Filed March 3rd 1914

D. J. W. Thompson

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 1 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 15 11 08 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wash } ss.
County of Pierce

Certificate No. 19802
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Paul Frances Austin (Name on Original Certificate) who was born (Was Born or Died) on Dec 28, 1914 (Date of Event)
in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Record Book (Bible Record, Insurance Policy, Etc.) prepared on 1944 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	December 28, 1914	December 28, 1913

Subscribed and sworn to before me this 30 day of August, 1975
[signature] McWaid
Notary Public, residing at Sumner
My commission expires 12-1-78
(Seal)

Signed X Paul Frances Austin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cronick Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of Pierce

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of August, 1975
[signature] McWaid
Notary Public, residing at Sumner
My commission expires 12-1-78
(Seal)

Signed X Dershine F Austin
(Signature of Any Credible Person)
618 Elizabeth
(Street Address, City, State)
Sumner Wash

FORM DH 60-155 CL8/20/75 lcc pd.

Letter from Intermediate School Dist. 101, Spokane, Wa gives name as Paul Austin date of birth as Dec. 28, 1913. dated May 1, 1925. viwed by V.S.

Marrige certif from WAshington gives name as Paul Austin br n 12-28-1913 anf the birde's name as Margaret M. Clayton born 8-30. 1924. viewed by V. S.

SEP 2 6 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

22-108-031-351

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1914

County of Lewis

City of Vollmer

No. ..... St.

Registration District No. 50 Filed 19806

Primary Registration District No. 2129 Registered No. 29

Hospital

FULL NAME OF CHILD Carl Clarance Osborn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	yes	Dec (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl Erwin Osborn	FULL MAIDEN NAME	Edith Rebecka Leach
RESIDENCE	3 Ms. S. 3 Ms. E. of Vollmer	RESIDENCE	3 Ms S. 3 Mis E. of Vollmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. A. Leach

Father (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Vollmer Idaho

Filed Jan 17 1914 H. C. Parrish Registrar

Registrar

S-Y CO. 20174

N 25 1942

666-107-202-75

PLACE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 19825

Primary Registration District No. 2011 Registered No. 112

FULL NAME OF CHILD ~~Oscar Woods~~ JACK WALLACE WOODS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male			Dec. 3 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	Wm. McKinley Woods	FULL MAIDEN NAME	Flossie Perkins Woods
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nev.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown M. D. (Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-18- 19 14 Frank E. Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 1 0 1943

ted States
artment of Commerce
eau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH:

(a) County Adams (b) City Indian Valley Idaho

(c) Street Address or R.F.D. No.....

(d) Name of Hospital of Maternity Home:

.....

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Adams

(c) City Indian Valley

(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho? 22 yrs

(f) Mother's mailing address (For registration notice):

3201 Nassau Street, Everett, Wash.
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) (same as mother)

FULL NAME OF CHILD Jack Wallace Woods

5. DATE OF BIRTH (Month, day, year) December 3, 191[illegible]

Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

FULL NAME William McKinley Woods

Color or Race White

12. Age at time of THIS birth 22 yrs.

~~Birthplace~~ Indian Valley, Idaho
(City or Town) (State or foreign country)

Exact Occupation Farmer

Industry Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Flossie Julia Perkins

17. Color or Race white

18. Age at time of THIS birth 21 yrs

19. Birthplace Dayton County, Missouri
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business -----

Name prophylactic used to prevent Ophthalmia Neonatorum.....

Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

(c) Born alive and now dead no (d) Stillborn none

I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:13 A M. on the dat

and at the place stated above, and that personal particulars were furnished by Flossie Julia Perkins (First name) (Last name), who

related to this child as mother (Mother, etc.)

(a) ..... (Date received) (b) ..... (Registrar's signature)

Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Frank R. Brown M.D. (D.O., Midwife, etc

and address Salem, Oregon Date 4-15-43

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which the as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the a physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the chil householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of su having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and s to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less inter 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for t pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any othe charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse proper certificate of birth with the local registrar, within the time required by this article, shall be deemed gui misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before d

Yes..... No..... Pos..... Ne

(e) Signature of Physician:

.....

219-228-002-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19826

County of Adams

City of Weldhorse

Registration District No. 4 File No.

No. St.

Primary Registration District No. 2011 Registered No. 113

Hospital

FULL NAME OF CHILD Lois Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 28 1913

FATHER		MOTHER	
FULL NAME	Floyd Bailey	FULL MAIDEN NAME	Emily Berger
RESIDENCE	Weldhorse Ida.	RESIDENCE	Weldhorse
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Kan.
OCCUPATION	Ranches	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Floyd Bailey
Father
(Physician or midwife)

Address Weldhorse

Given names added from a supplemental report

..... 19.....

Filed 2-18- 19 14 Frank E. Brown
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 1951

433-126-002-869

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19827

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 4

Primary Registration District No. 2011 Registered No. 110

FULL NAME OF CHILD Donald Verne McCallum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Philip A McCallum	FULL MAIDEN NAME	Rena Harpham McCallum
RESIDENCE	Council Idaho	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Oregon
OCCUPATION	Probate Judge	OCCUPATION	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde Elwatson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Council

Filed 1/18 1917 Frank E. Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1960

FEB 15 1965

795-27.002 000

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 19828

Primary Registration District No. 2801 Registered No. 111

FULL NAME OF CHILD Mabel Louise Rinehart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 27 1913

FATHER		MOTHER	
FULL NAME	Loron Rinehart	FULL MAIDEN NAME	Lizzie —
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hsw

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 4 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M.D
(Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-18 1914 Frank E. Brown Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

46 4: 204:002 & 19

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19829

County of Adams

City of Council

Registration District No. 4 File No. 46

No. ..... St.

Primary Registration District No. 2011 Registered No. 108

Hospital .....

FULL NAME OF CHILD Helen Mae Doughty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 4 1913

FATHER	MOTHER
FULL NAME Thos. Doughty	FULL MAIDEN NAME Katie Hart
RESIDENCE Council	RESIDENCE Council
COLOR White	COLOR Wht.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Okla.	BIRTHPLACE Nev.
OCCUPATION Hardware Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown M D

(Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 2-18-1914 Frank E. Brown Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 13 1975

MAR 16 1943

718-219-002-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19830

County of Adams

City of Council

Registration District No. 4 File No. 4

No. ..... St.

Primary Registration District No. 2011 Registered No. 109

Hospital .....

FULL NAME OF CHILD Villa Vilova Gaylard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov. 19 1913

FATHER		MOTHER	
FULL NAME	P. B. Gaylard	FULL MAIDEN NAME	Myrtle Burley
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M D
(Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-18 1914 Frank E Brown Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1945

Amended 8-2-61

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 19831
Local Reg. No. 105
Reg. Dist. No. 4

1. PLACE OF BIRTH
a. COUNTY: Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Robert
b. (Middle): Mall
c. (Last): Jowell

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 11 (Day) 11 (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Jason
b. (Middle):
c. (Last): Jowell

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Texas

11a. USUAL OCCUPATION: Ranch Hand

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): May
b. (Middle):
c. (Last): Overhuls

13. COLOR OR RACE: White

14. AGE (At time of this birth): 36 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: R. T. Whiteman

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: New Meadows, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3-5-1914

20. REGISTRAR'S SIGNATURE: Frank E. Brown

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY (WEEKS):

22b. WEIGHT AT BIRTH (LBS. OZS.):

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 19831

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Robert Mall Joel (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1913 (Date of Event) in New Meadows, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Joel	Jowell
Father's Last Name	Joel	Jowell, Jason

Subscribed and sworn to before me this 29th day of May 1961

Notary Public, residing at Provo, Utah

My commission expires 3-1-62

(Seal)

Signed Jason Hunter Jowell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May 1961

Notary Public, residing at Provo, Utah

My commission expires 3-1-62

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

FORM DH 60-155 L 5-17-61. nm

only one document required which shows child's last name as Jowell -

Kansas City Life Insurance Policy, Oct. 8, 1938, #809832 gives full name of insured as Richard Melvin Jowell, born Nov. 11, 1913 gives beneficiary as Jase Jowell, father - age of insured at time policy was taken out-25 years old - viewed by V.S.

two documents required which shows father's last name spelled as Jowell -

Marriage Record, State of Texas, married Oct. 23, 1896 gives full name of groom as J. H. Jowell and full maiden name of bride as Clara May Overhuls- viewed by V.S. cert. copy of marriage license issued May 14, 1957 - appears on file in the County Court of Swisher County, Texas in Volume 1, page 24 of the Marriage Records -

State of Colorado, Death Certificate, dated January 7, 1950 gives full name of deceased as Jason H. Jowell, born March 23, 1873 at Mineral Wells, Texas - date of death Jan. 7, 1950 - viewed by V.S.

Another child's birth cert. on file: (Idaho Birth) #420671 gives full name of father as Jason Hunter Jowell - viewed by V.S.

493-121-602.867

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19832

County of Adams

City of Council

No. ..... St.

Registration District No. 4

File No. 3

Primary Registration District No. 2011

Registered No. 102

Hospital

FULL NAME OF CHILD Kenneth Harold Mills.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 21 1913

FATHER		MOTHER	
FULL NAME	Harry E Mills	FULL MAIDEN NAME	Alida Hopkins Mills
RESIDENCE	Mesa - Idaho.	RESIDENCE	Mesa -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Courtland N. Y.	BIRTHPLACE	Como - N. Y.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson

Physician (Physician or midwife)

Address Council.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-18- 1914 Frank E. Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1943

C.C 3/28/44 OPME

792 127.002-895

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Country

No. ..... St.

Hospital

Registration District No. 4

Primary Registration District No. 2011

File No. 19833

Registered No. 103

FULL NAME OF CHILD Wayland Noel Gibson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 27 1913

FATHER		MOTHER	
FULL NAME	Homer Gibson	FULL MAIDEN NAME	May Hinkley Gibson
RESIDENCE	Country	RESIDENCE	Country
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Idaho
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clyde E. Watson
Physician
(Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-18- 19 14 Frank E. Brown
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP 1913- 327929 IS VOIDED

434-128-602-364

PLACE OF BIRTH

[redacted]

CERTIFICATE OF BIRTH

19834

County of Adams

City of Fruitdale

No. ..... St.

Hospital .....

Registration District No. 4 File No. 4

Primary Registration District No. 2011 Registered No. 104

FULL NAME OF CHILD Clifford Clarence McMahan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rawley A. McMahan	FULL MAIDEN NAME	Edna Tomlison McMahan
RESIDENCE	Fruitland	RESIDENCE	Fruitdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	New Mexico
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2"

Number of children of this mother now living, including present birth 2"

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Address Cowley

Given names added from a supplemental report

..... 19.....

Filed 2-18 1914 Frank E. Brown Registrar

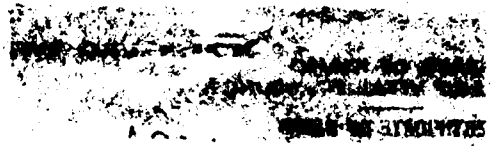
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



19834

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City Tamarack
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Tamarack
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Tamarack Ida

FULL NAME OF CHILD Clifford Clarence McMahan

5. Date of Birth of Child (Month, day, year) Oct-27-1913

Sex Male | 7. Twin or Triplet | If so—born 1st, 2nd, 3rd | 8. No. months of Pregnacy 9 | 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rollie Albin McMahan
11. Color or Race White — 12. Age at time of THIS birth 25 yrs.
13. Birthplace Durbee (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Tomlinson
17. Color or Race White — 18. Age at time of THIS birth 24 yrs
19. Birthplace (City or town) New Mexico (State or foreign country)
20. Exact Occupation Farmers' Wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Edna McMahan (First name) (Last name), who is related to this child as Mother (Mother, etc.).

Attendant's **OWN** signature Lucy E. McMahan MD Midwife Address Tamarack Ida Date Feb 19 1942

DEC 18 1961

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

847-226-002-165

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 19835

County of Adams

City of Indian Valley Registration District No. 4 File No. 3

No. St. Primary Registration District No. 2011 Registered No. 101

Hospital

FULL NAME OF CHILD MARJORIE SARAH HUGHES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 26 1913

FATHER		MOTHER	
FULL NAME	Dallas Thomas Hughes	FULL MAIDEN NAME	Emma Dell Jones
RESIDENCE	Indian Valley Ida	RESIDENCE	Indian Valley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

Physician (Physician or midwife)

Address McDale Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2-18-1914 Frank A. Brown
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued J n. 1[illegible], 1941. E.W.

JUN 25 1946

469.109.002689

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

19836

Registration District No. 4 File No. 4

Primary Registration District No. 2011 Registered No. 106

FULL NAME OF CHILD Edward Whitaker Morrison

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct 9 1913

FATHER	MOTHER
FULL NAME: Frank H. Morrison	FULL MAIDEN NAME: Blanch Whitaker
RESIDENCE: Council	RESIDENCE: Council
COLOR: Wht. AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: Wht AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: N. Y.
OCCUPATION: Lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M. D (Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-18 19 14 Frank E. Brown Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1942

367.11.0002-236

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 19837

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 4

Primary Registration District No. 2011 Registered No. 107

FULL NAME OF CHILD Charles Lappin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 17 1913

FATHER		MOTHER	
FULL NAME	Chas F. Lappin	FULL MAIDEN NAME	Kathryn Kloothra
RESIDENCE	Council	RESIDENCE	Council
COLOR	wht	COLOR	wht
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Council

Filed 2-18 1914 Frank E. Brown Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of near Kendrick Registration District No. 63 File No. 19873

No. ..... St.

Primary Registration District No. 2143 Registered No. 14

Hospital .....

FULL NAME OF CHILD Eva ~~Margaret~~ Roberts

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	July 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Russell Roberts	FULL MAIDEN NAME	Mary Dot Stevens
RESIDENCE	Leland Idaho	RESIDENCE	Leland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Near Kendrick Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph R Roberts father

No Physician a midwife (Physician or midwife)

Address Leland Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 11 1914 J E Hoyt Registrar

B-Y CO. 20174

K

OCT 25 1955

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partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child).

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 5 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Lewiston
3. **RESIDENCE of FATHER** (city, state): Lewiston

FULL NAME OF CHILD Eva Margret Roberts
5. Date of Birth (Month, day, year) July 4, 191-
Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Ralph Russell Roberts
Color or Race White
12. Age at time of THIS birth 24 yrs.
Birthplace Kendrick (City or town) Ida. (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mary Dot Stevens
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace North Plains (City or town) Oreg (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2
(c) Born alive and now dead 1 (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3:30 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

(a) ..... (Date received) (b) ..... (Registrar's signature)
Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Dot Roberts, being first duly sworn, say that I am related (Related to (or) acquainted with) Eva Margret Roberts (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate bears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Rothwell (Name of attendant at birth), who attended birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Dot Roberts. Signature
Kamiah Idaho P. O. Address

Subscribed and sworn to before me on this 6 day of May, 1942

(SEAL) Notary Public, residing at Kamiah Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-17-014-569

PLACE OF BIRTH

County of [redacted]gan

City of Caldwell

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 19964

Primary Registration District No. 2005 Registered No. 8

FULL NAME OF CHILD Hodgate Kathryn Mary

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	5th	Yes	12 17 1913

FATHER	MOTHER
FULL NAME Hodgate, Frank	FULL MAIDEN NAME Lula, May Northrup
RESIDENCE Caldwell	RESIDENCE Caldwell - Ida
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE St. Paul, Minn.	COLOR White AGE AT LAST BIRTHDAY 37 (Years)
OCCUPATION Farmer	BIRTHPLACE Dayton - Ohio
	OCCUPATION Housewife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a.m.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. R. Johnson
(Physician or midwife)

Address Caldwell - Ida

Given names added from a supplemental report

..... 19.....

Filed Feb. 12th 1914 John S. Meyer
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1949

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

OCT 25 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon, (b) City Coldwell.
   (c) Street Address or R.F.D. No. Rural.
   (d) Name of Hospital or Maternity Home: In parents' home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Canyon.
   (c) City Coldwell.
   (d) Street Address or R.F.D. No. Rural.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coldwell, Idaho.

4. **FULL NAME OF CHILD** Kathryn Mary Holgate

5. Date of Birth of Child (Month, day, year) Dec. 17th., 1913.

6. Sex Female.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Holgate.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace St Paul, (City or town) Minn. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Framing.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu May Northam.
17. Color or Race White.
18. Age at time of THIS birth 37 yrs.
19. Birthplace Dayton, (City or town) Iowa. (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business Home making.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now sixty-seven years of age, that I have known this person for 30 years, and that Dr. Johnson (First name) (Last name), who attended this birth cannot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lulu M. Holgate Signature

951 Summit Ave., Pasadena 3, California. P. O. Address

Subscribed and sworn to before me this 19th. day of October, 1943.

My Commission Expires June 20 1946
(SEAL)

C Horton Cox, Notary Public, residing at Los Angeles County, California.

(Note: Perjury is punishable as felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-107-014-294

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

19970

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2-7-13 ....191....

FATHER		MOTHER	
FULL NAME	Oscar Simpson	FULL MAIDEN NAME	Ada Simpson
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Address Notus, Ida

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed Feb 19 13

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-2291014-569

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1997

County of Canyon

City of Notus

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD Mildred Northrop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb 9 13 1913

FATHER		MOTHER	
FULL NAME	John Northrop	FULL MAIDEN NAME	Isador Northrop
RESIDENCE	Notus	RESIDENCE	Notus
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	62 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

(Physician or midwife)

Address Notus, Idaho

Given names added from a supplemental report.

..... 19.....

Filed Feb 19 13

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1972

368-201-014-842

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

[redacted]E OF IDAHO
[redacted] VITAL STATISTICS
[redacted]CATE OF BIRTH

County of Canyon

City of Parma

Registration District No. _____ File No. 19979

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Martha Dorothy Lohrli (See certificate #13889)

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	Twin	and		5 (Month) 1 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Godfrey Lohrli	Annie Husser
RESIDENCE	Parma	Parma
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	37 (Years)
BIRTHPLACE	Switzerland	Switzerland
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:45 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Cluen

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Parma

Filed May 1 1913 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1970

FEB 4 1970

DEC 10 1946

335
13-13889

Created from 1913-13889

215-109-016-212

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

S[redacted]HO
BUREA[redacted]TATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Elba

No. _____ St.

Hospital _____

Registration District No. 119

File No. 19980

Primary Registration District No. _____

Registered No. _____

FULL NAME OF CHILD (Twin) See certificate #18015

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	10 (Month) 9 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Josph L. Savage	FULL MAIDEN NAME	Jennie Angeline Babbitt
RESIDENCE	Elba	RESIDENCE	Elba
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater

Malta, Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Oct 19 13 L B Strickslager
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Made twin 2 from 1913-18015

313-231-0008-863

PLACE OF BIRTH

County of Boise

City of —

No ——, —— St.

Hospital —

STATE [redacted]

Bureau of [redacted]

CERTIFICATE OF BIRTH

—10m-8-7-11

Registration District No. 11 File No. 19982

Primary Registration District No. 2131 Registered No. ——

FULL NAME OF CHILD Lucille Call

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec 31 1913

FATHER		MOTHER	
FULL NAME	Ralph Anderson Call	FULL MAIDEN NAME	Cora Lorenger Holloway
RESIDENCE	Call's Ranch, Boise Co. Ida.	RESIDENCE	Call's Ranch, Boise Co. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Boise Co. Ida	BIRTHPLACE	Lincoln, Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Kerby, M.D.

Physician, U.S.R.S. (Physician or Midwife)

Address Arrowrock, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed FEB 19 14

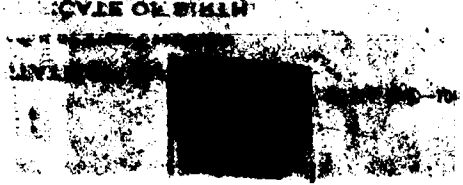
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible] 20m-2-15-12

19985

City of Juliaetta

Registration District No. _____ File No. _____

No. State St.

Primary Registration District No. _____ Registered No. _____

Hospital Grossclose (4) Blondell Eugene

FULL NAME OF CHILD ~~Bitte Cooper~~ Grossclose

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Mail	Single	5	yes	Dec 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Levi B. Grossclose	FULL MAIDEN NAME	Nannie Carter
RESIDENCE	Juliaetta	RESIDENCE	Juliaetta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Cres Bland Co. Virginia	BIRTHPLACE	Bailey Tazewell Co. Virginia
OCCUPATION	Cattle punching	OCCUPATION	Nursing Babies

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Or Lynn C. R. Zynn
midwife
(Physician or midwife)

Given names added from a supplemental report

_____ 19__ Address _____

Registrar

Filed Dec 8 1913 FEB 1914

S. A. Roe
Registrar

S-Y CO. 20174

[redacted]

APR 30 1952

214-230-016-434

PLACE OF BIRTH

Form V. S. No. 11-C—Rev-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Cassia Amended 12/11/74 CERTIFICATE OF BIRTH

19987

City of Moulton

Registration District No. File No.

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD WYVONNE AMELIA SAUNDERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10 30 1913

FATHER	MOTHER
FULL NAME: David Saunders	FULL MAIDEN NAME: Jessie McDonald
RESIDENCE: Moulton	RESIDENCE: Moulton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Ogden, Utah	BIRTHPLACE: Boneycord, Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel J. Ross Md

Physician (Physician or midwife)

Address Moulton, Idaho

Given names added from a supplemental report.

19

Filed Feb 19 13

Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 4 1965

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS DEC 9 57 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 19987

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Wyvonne Amelia Saunders (Name on Original Certificate) who was born (Was Born or Died) on Oct. 31, 1913 (Date of Event)

in Moulton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing and Baptism or Confirmation (Bible Record, Insurance Policy, Etc.) prepared on Blessed 12-7-1913 - Bapt. 12-4-1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's date of birth	Oct. 31, 1913	Oct. 30, 1913

Subscribed and sworn to before me this 4th day of December, 19 74

Notary Public, residing at Layton, Utah

My commission expires 4-16-77

(Seal)

Signed Jesse M. Hamblin City Recorder (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

As attached

339 No. 100 W. Bountiful, Utah 84010 (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of December, 19 74

Notary Public, residing at Brigham City, Utah

My commission expires 4-16-77

(Seal)

Signed Lila J. Swenson (Signature of Any Credible Person)

609 So. 3 1/2 E. Brigham City, Utah (Street Address, City, State)

FORM DH 60-155

CL 11/27/74 lcc pd. rec. # 19956

Certif. of Blessing from LDS Church gives name as WyVonne Amelia Saunders daughter of David Saunders and Jessie McDonlad. Born Oct. 30, 1913. Was Blessed Dec. 7, 1913. viewed by V. S.

DEC 11 1974

Certif. of Baptism and Confirmation from LDS Church gives name as Wyvonne Amelia Saunders.daughter of David Saunders ans Jessie McDonald. Born Oct. 30, 1913. Baptized Dec. 4, 1921. viewedby V. S.

294-219-016-997

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Moulton

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 19988

Registered No. .....

FULL NAME OF CHILD Verla Kidman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	F. J. Kidman	FULL MAIDEN NAME	Emmeline Bird Riggs
RESIDENCE	Moulton	RESIDENCE	Moulton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samuel J. Ross

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Moulton, Idho

Filed Oct 19 13 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 16 1957

U64-203.008-256

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Sweet

No ....., ... St.

Hospital .....

Registration District No. 6 File No. 19994

Primary Registration District No. 2026 Registered No. 69

FULL NAME OF CHILD Esther Mary Douglas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Mar 3 1913

FATHER		MOTHER	
FULL NAME	Harvey Douglas	FULL MAIDEN NAME	Mabel Knowlton
RESIDENCE	Sweet	RESIDENCE	Sweet
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. E. Byrd M.D.

(Physician or Midwife)

Address Sweet Idaho

Given names added from a supplemental report

....., 19.....

A. E. Byrd

Registrar

Filed Mar. 1913

FEB 1914

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

OCT 28 1965

943-228-008-133

PLACE OF BIRTH

STATE OF IDAHO [redacted] C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

19997

County of Boise

City of

Registration District No. 6 File No.

No. , St.

Primary Registration District No. 2026 Registered No. 72

Hospital

FULL NAME OF CHILD × Mildred Idena Idle

Sex of Child Female Twin, triplet, or other? other and Number in order of birth 4th (To be answered only in event of plural births)

Legitimate? Yes

Date of birth July (Month) 28th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Dunning Idle	FULL MAIDEN NAME	Mary Allcock
RESIDENCE	Montour	RESIDENCE	Montour
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	× 31 (Years)	AGE AT LAST BIRTHDAY	× 32 (Years)
BIRTHPLACE	Ontario Canada	BIRTHPLACE	Ontario, Canada
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred Skippen

Physician (Physician or Midwife)

Given names added from a supplemental report

19

Address Sweet, Ida.

A. G. Ayro Registrar

Filed Aug 1913

FEB 1914

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3

Dup of 1913 334914

869-222-018-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Tekoa

Registration District No. 90 File No. 20031

No. ..... St.

Primary Registration District No. 2168 Registered No. 13

Hospital .....

FULL NAME OF CHILD Aubra May Horne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 27 1913

FATHER		MOTHER	
FULL NAME	Everett Horne	FULL MAIDEN NAME	Minnie Choate
RESIDENCE	Tekoa Ida	RESIDENCE	Tekoa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie E. Horne

Housewife
(Physician or midwife)

Address Tekoa, Ida

Filed Mar 10 1914 J. M. Fairly
Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466-219-018-214

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Gilbert

Registration District No. 90 File No. 20032

No. ..... St.

Primary Registration District No. 2168 Registered No. 14

Hospital .....

FULL NAME OF CHILD Gladys Maude Moores

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Moores	FULL MAIDEN NAME	Bessie Saunders
RESIDENCE	Gilbert, Ida	RESIDENCE	Gilbert, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Calif	BIRTHPLACE	Wn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address —

Filed Mch 1 1914 J. McFarley Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1967

249-124-033

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. — St.

Hospital —

Registration District No. 101

File No. 20033

Primary Registration District No. 2178

Registered No. 68

FULL NAME OF CHILD Kenneth G. Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes.	12 24 1913

FATHER

FULL NAME J. Fork Smith

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Rexburg Ida

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Josephine Thurston

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Utah, Salt Lake City

OCCUPATION Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8-A M
(Born alive or stillborn)
on the date above stated.

(Signature) Joseph Thurston

(Physician or midwife)

Address Rexburg

Filed 2-18 1914 G A Espe
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-215-033-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Madison

City of Hibbard

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 20046

Primary Registration District No. 2178 Registered No. 55

FULL NAME OF CHILD Iku Katsurada

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Tokyero Katsurada	FULL MAIDEN NAME	Sato Kyua
RESIDENCE	Hibard Hibbard	RESIDENCE	Hibard
COLOR	Japan AGE AT LAST BIRTHDAY 30 (Years)	COLOR	Japan AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	farming	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ma A Watts (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 3-1 1914 G. G. Eske Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

135-219-033-963

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Madison

City of Burton

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 20047

Primary Registration District No. 2178 Registered No. 54

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Levey Alvey	FULL MAIDEN NAME	Birtha Roth
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

M. A. Watts
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 3-1 1914 G. G. Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1976

813-119016-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

Registration District No. 120 File No. 20054

No. St.

Primary Registration District No. 2199 Registered No. 12

Hospital

FULL NAME OF CHILD Bruce McKay Hall

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	July 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edw H Hale	FULL MAIDEN NAME	Gertrude Bates
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Gentile Valley, Idaho	BIRTHPLACE	Marion, Idaho
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs U J McBride

Midwife (Physician or midwife)

Given names added from a supplemental report

19

Address Oakley

Filed 2/22 1914 E P Oldham

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 12 1976

343.215.016-813

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20055

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. II

Primary Registration District No. 419 Registered No. 13

FULL NAME OF CHILD Erma Jean Tuttle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	July 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Tuttle	FULL MAIDEN NAME	Rachel Hale
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oakley Ida	BIRTHPLACE	Oakley Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs N J McBride

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 2 1914

E P Olsen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

FEB 14 1942

No.

177.202.004.632

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20080

County of Bear Lake

City of Wardbow

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Lillian Grace Applequist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Feb 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. W. Applequist	FULL MAIDEN NAME	M A Olsen
RESIDENCE	Wardbow	RESIDENCE	Wardbow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Ia.	BIRTHPLACE	Ia.
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sally and Cooley
Monsetter
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Idaho

Filed Feb 1913 A H King
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1953

369.102.021.154

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 20116

Primary Registration District No. 2119 **Registered No.** 31

FULL NAME OF CHILD Gerard Martin Corbridge

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	Third (To be answered only in event of plural births)	Yes	Nov. (Month) 2 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Joseph Heber Corbridge	FULL MAIDEN NAME: Esther Charlotte Andersòn
RESIDENCE: Franklin, Idaho.	RESIDENCE: Franklin, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 54 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Slaterville Weber Co. Utah.	BIRTHPLACE: Franklin, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was November, 2, 1913. Alive. at 6. A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Adamson
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Richmond, Utah.

Filed March 4 1914 Dr. Allen R. Cutler *Registrar*

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-110-010-859

PLACE OF BIRTH

Form V. S. No. II-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of [illegible]

No. ....., ... St.

Hospital .....

Registration District No. 73

File No. 20167

Primary Registration District No. 2150

Registered No. 60

FULL NAME OF CHILD Undnamed Lived (6) six hours

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Oct 10th 1913

FATHER		MOTHER	
FULL NAME	Emery B. Nickerson	FULL MAIDEN NAME	Mary Louise DeRome
RESIDENCE	Irwin	RESIDENCE	Irwin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Bever City Utah	BIRTHPLACE	Quebec Canada
OCCUPATION	Carpenter	OCCUPATION	—

Number of child of this mother, including present birth ....

Number of children, of this mother, now living, including present birth ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Inclose (Born alive or stillborn) Alive at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura M. Weeks

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Irwin Idaho

Filed Mar 10 1914 [illegible]

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

162

231-221-010-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonniville

City of Town Irwin

Registration District No. 73

File No. 20168

No. ..... St.

Primary Registration District No. 21[illegible]

Registered No. 61

Hospital

FULL NAME OF CHILD Estella May Staten

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Dec 21st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Staten	FULL MAIDEN NAME	Caroline Burton
RESIDENCE	Irwin	RESIDENCE	Irwin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Springville Utah	BIRTHPLACE	Grantsville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura M. Weeks

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Irwin Bonniville Co. Idaho

Filed March 10 1914 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 31 1944

DEC 11 1975

436-229-044-719

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital Florence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 20173

Primary Registration District No. 2112 Registered No. 8 ~~R.F.D.~~

FULL NAME OF CHILD Mabel. McFadden.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female.	—	—	Yes	Nov 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F. S. McFadden	FULL MAIDEN NAME	Carrie Parker
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39. (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Fontana Kansas	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1 30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Weiser Idaho.

Filed March 10th 1914 M. R. Hamilton
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1953

217-117-0465-59

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 20174

Primary Registration District No. 2112 Registered No. 9

R.J.D.

FULL NAME OF CHILD Avis Lavern Bagley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	June 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Bagley	Della Ennis
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Boone Co Missouri	Pollock Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James McInerney
Physician
(Physician or midwife)

Address Weiser Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mch 10 1914 W. R. Hamilton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 7 1968

466-114-044-345

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. [illegible]

File No. 20177

No. ..... *St.*

Primary Registration District No. 2112

Registered No. 12

Hospital ..... R.F.D.

FULL NAME OF CHILD Gerald Riley ~~Moore~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Jan 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Noel Moore	FULL MAIDEN NAME	Emma Lund
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3:00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Weiser Idaho

Filed March 10th 1914 W R. Hamilton
Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-228-025-419

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

20197

County of Idaho

City of Whitebird

No. ....., ... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorthy McCully

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Dec 28 1913

FATHER		MOTHER	
FULL NAME	H. F. McCully	FULL MAIDEN NAME	Helen Marshall
RESIDENCE	Canfield	RESIDENCE	Canfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Rancher

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Whitebird

Filed Feb 2 1914

..... Registrar

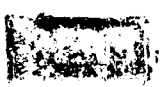
..... Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



512.122 719

PLAC[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20221

County of Ada

City of Coll School Dist.

Registration District No. 8 File No. 6

No. ..... St.

Primary Registration District No. 2004 Registered No. .....

Hospital .....

FULL NAME OF CHILD Alonzo Thomas Eastman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Thomas Eastman	FULL MAIDEN NAME	Orphia Gardener
RESIDENCE	Ada Co.	RESIDENCE	Ada Co.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Contractor	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 2-5 1914 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 9 1942

SEP 1 7 1975

962-022001-154

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20222

County of Adams

City of Coolister

No. ..... St.

Hospital .....

Registration District No. 8 File No. 7

Primary Registration District No. 2004 Registered No. .....

FULL NAME OF CHILD ELIZABETH RAY ROBERTS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Nov. 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Ellsworth Roberts	FULL MAIDEN NAME	Lilly Anderson
RESIDENCE	Coolister	RESIDENCE	Kans. Coolister
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Kans.
OCCUPATION	St Car. Conductor	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 2-5 1914 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 20222

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or ~~Death~~)
for Un-named Roberts (Name on Original Certificate) who (Was Born ~~Died~~) on Nov. 22 1913 (Date of Event)
in Boise Idaho R.F.D. 1 (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unamed	Elizabeth Ray

Subscribed and sworn to before me this 7th day of May, 1942.

Notary Public, residing at Boise Ida

My commission expires 8-1-1942
(Seal)

Signed Lillie A. Roberts.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1317 N 10 St Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1942.

Notary Public, residing at Boise Ida

My commission expires 8-1-1942
(Seal)

Signed Ray Roberts.
(Signature of Any Credible Person Other Than Previous Year)

1317 North 10th St Boise Ida
(Street Address, City, State)

855-216-001-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20223

County of Ada

City of Boise

No. Morris Hill ~~St.~~

Hospital

Registration District No. 8 File No. 8

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	12 (Month) 16 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. L. Hendrix	FULL MAIDEN NAME	Florence Linsday
RESIDENCE	Morris Hill	RESIDENCE	Morris Hill
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 2-5 1914 M S Parker Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-E—Mimeo-10-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

20223

256-112-001-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20224

County of Ada

City of Boise

No. Near Whitney School

Hospital —

Registration District No. 8 File No. 91

Primary Registration District No. 2004 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	—	yes	12 / 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. B. Knox	FULL MAIDEN NAME	Clara Lanning
RESIDENCE	Near Whitney School	RESIDENCE	Near Whitney School
[illegible]	BIRTHDAY (Years)	[illegible]	BIRTHDAY (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Callaway

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Boise Idaho

Filed 2-5 1914 M S Parker Registrar

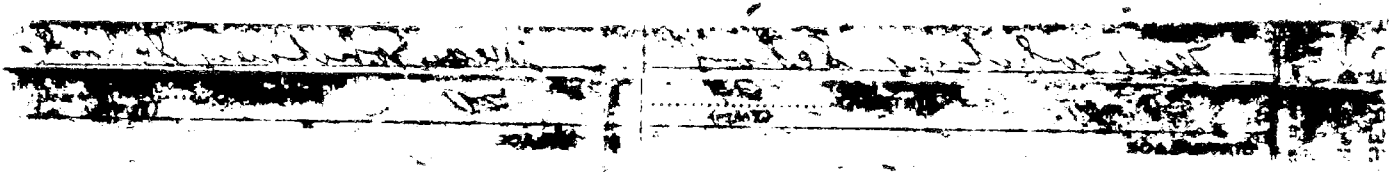
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING [illegible] THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, [illegible] RETURN must be made for each and the number of each in order of birth stated.



236-130-042-391

PLACE OF BIRTH

County of Twin Falls

" "

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 20299

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD William Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 30 1913

	FATHER	MOTHER
FULL NAME	Charles K Scott	FULL MAIDEN NAME Ione Craven
RESIDENCE	Twin Falls	RESIDENCE Twin Falls
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE Illinois
OCCUPATION	Physician	OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7P M on the date above stated.

(Born alive or stillborn)

(Signature) Chas. K. Scott

(Physician or midwife)

Address Twin Falls

Filed 3-21 19 14 Joshua P. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 31 1968

FEB 28 1942

493-222-042-317

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 20300

Primary Registration District No. 1085 Registered No.

FULL NAME OF CHILD Genevieve Nicholson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. 22 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos. S. Nicholson	FULL MAIDEN NAME	Jennie Loxley
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	book keeper	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Twin Falls

Filed 3 21 1914 John H. Coughlin

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

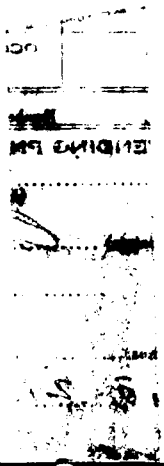
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7

DEC 1

APR 1 5 1976



255-105-042-153

PLACE OF BIRTH
Twin Falls

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

City of

No. St.

Hospital

Registration District No. 37 File No. 20301

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD MERWIN TRUMAN BEERY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	May 5 1913

FATHER		MOTHER	
FULL NAME	Roy Beery	FULL MAIDEN NAME	Lelia Buck
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 5 P M on the date above stated.

(Signature) Charles K. Scott

(Physician or midwife)

Address Twin Falls

Filed 3-21 19 14 John H. Engleman
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

K - - 19

Registrar

S-Y CO. 24688

of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa }
County of Page } ss.

Certificate No. 20301

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Merwin Truman Beery (Name on Original Certificate) who was born (Was Born or Died) on Sept. 5, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Merwin Truman Beery

Subscribed and sworn to before me this 11th
day of March, 1942
P. E. Meeker
Notary Public, residing at Clarinda Iowa
My commission expires July 4, 1942
(Seal)

Signed Roy Beery, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Shambaugh, Iowa
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa }
County of Page } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of March, 1942
P. E. Meeker
Notary Public, residing at Clarinda Iowa
My commission expires July 4, 1942
(Seal)

Signed Nola F. Beery
(Signature of Any Credible Person Other Than Previous Year)
Shambaugh, Iowa
(Street Address, City, State)

FEB 17 1967

MAR 16 1342

x18-1071042-231

[redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

[redacted]DAHO

Bu[redacted]Statistics

CER[redacted]F BIRTH

20302

County of Twin Falls

City of

Registration District No. 37

File No.

No. , St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD Gordon

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	Sept (Month), 7 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Nelson Hayward	FULL MAIDEN NAME	Audrey Slaughter
RESIDENCE	Twin Falls R F D	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas R Scott

(Physician or ~~Midwife~~)

Given names added from a supplemental report

, 19

Address Twin Falls

Filed 8-21 1914 John W Coughlin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

299-115-042-319

PLACE OF BIRTH

County of Twin Falls

City of _____ Registration District No. 37 File No. 20303

No. _____, _____ St. Primary Registration District No. 1085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Robert Earl Izer

STATE OF IDAHO
Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	May 15 1913

FATHER		MOTHER	
FULL NAME	Earl H. Izer	FULL MAIDEN NAME	Lillian Larsen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Candy maker	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

(Signature) Charles K. Scott

(Physician or ~~Midwife~~)

Address Twin Falls

Filed 3-21 19 14 John H. Engle
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____
Registrar

S-Y CO., 16670

JUN 4 1942

693-128-042-385

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. , St.

Hospital

Registration District No. 37

File No. 20304

Primary Registration District No. 2085

Registered No.

FULL NAME OF CHILD Laron Williams

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	June (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Bert R. Williams	FULL MAIDEN NAME	Alice Cheney
RESIDENCE	Country - T. F. County	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	New Mexico
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. R. Scott

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Twin Falls

Filed 3-21 1914 John H. Coughlin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

396-204-042-942

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of ____ Registration District No. 37 File No. 20305

No. ____, ____ St. Primary Registration District No. 1085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Thelma Georgia Troupe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	May 4, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Troupe	Martha Rush
RESIDENCE	Twin Falls	T. F.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Indiana	Indiana
OCCUPATION	butcher	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2a M. on the date above stated.

(Signature) Chas R. Scott

(Physician or ~~Midwife~~)

Address Twin Falls

Filed 3-21 1914 John A. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 20 1958

168-128-042-133

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 20306

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Apr. 25 1913

FATHER		MOTHER	
FULL NAME	Sinclair Johnson	FULL MAIDEN NAME	Eleanor Allen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Scott
(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report.

_____ 19____

Filed 3-21 19 14 John F. Creighton
Registrar

_____
Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141 016-539

PLACE OF BIRTH

County of [illegible]

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20307

Registration District No. 120 File No. I

Primary Registration District No. 2199 Registered No. 69

FULL NAME OF CHILD Dorothy Adams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 - 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J Fred Adams	FULL MAIDEN NAME	Geneva Elison
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 79 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. J. McBride
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Oakley

Filed 1-4 1914 E. P. Olohan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

Dec'd 2 1913-18514

699.205.1029.959

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—30m-2-.

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 20339

Primary Registration District No. 2148. Registered No. ____

FULL NAME OF CHILD Violet Frances

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	—		—	yes	Nov. 5 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas A. Frizzell	Freda M. Reinhardt
RESIDENCE	Juliaetta, Ida.	Juliaetta, Ida.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	37.	24.
BIRTHPLACE	Kansas.	Germany.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S A Roe M. D.

(Physician or midwife)

Address Juliaetta Ida

Given names added from a supplemental report

November 5 1913

Registrar

Filed Nov. 6 1913 S A Roe Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 8 1969

363.125037-717

PLACE OF BIRTH

County of Owyhee

City of Flint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 16

Primary Registration District No. 2123

File No. 20415

Registered No. .....

FULL NAME OF CHILD Jesus Lacertua

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec. 25, 1913.

FATHER		MOTHER	
FULL NAME	Mitchel Lacertua	FULL MAIDEN NAME	Julia Pagaoga
RESIDENCE	Flint	RESIDENCE	Flint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Miner	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Pagaoga
(Mrs. Pagaoga, midwife)
(Physician or midwife)

Address Flint, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb. 28, 1914. T. D. Farrer Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 363303

867.208'044285

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20460

Registration District No. 87 File No. _____

Primary Registration District No. 2154 Registered No. Seven

FULL NAME OF CHILD Eva Blanch Hopper

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clarence J Hopper	FULL MAIDEN NAME	Gladys Sherman
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 11:45 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Ella Wicks
(Physician or midwife)

Address Midvale

Filed March 19th 1914 Houston E Snyder
Registrar

Given names added from a supplemental report.

_____ 19__

_____
Registrar

2-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1949

613-118-020-859

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Cold Spring

No. — St.

Hospital —

Registration District No. 34 File No. 20471

Primary Registration District No. 2020 Registered No. 12

FULL NAME OF CHILD Gilbert Clarence Walker

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	—		—	yes	Dec 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gilbert Clarence Walker	FULL MAIDEN NAME	Lena M Hertert
RESIDENCE	Cold Spr Creek	RESIDENCE	Cold Spr Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Elmore Co Idaho	BIRTHPLACE	Bloomfield Nebraska
OCCUPATION	Stockraiser	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazer
Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Mtn Home Ida

Filed 4/10 1914 B W Mather
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. "In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-128602-647

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 20522

Primary Registration District No. 2011 Registered No. .....

FULL NAME OF CHILD Earl Clifford Harp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 — 28 — 1913

FATHER		MOTHER	
FULL NAME	Alen Harp	FULL MAIDEN NAME	Alma Ferguson
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Council	BIRTHPLACE	Council
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Alen Harp

Father

(Physician or midwife)

Address Council

Filed 3-24-1914 Frank E Brown Registrar

8-Y CO. 24688

DUP OF 1913-307801

713-12bn 030-997

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20531

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 46

FULL NAME OF CHILD Sterling Horner Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			yes	1 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank L. Patterson	Maud Riggle
RESIDENCE	Salmon	Salmon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	W. Va.	Colorado
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammond

(Physician or midwife)

Address Salmon

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-24- 19 14 Helen L. Smith Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

MAY 17 1955

717-127-030-354

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20532

County of Lemhi

City of Salmon

Registration District No. 41 File No.

No. St.

Primary Registration District No. 2116 Registered No. 47

Hospital

FULL NAME OF CHILD EDDIE PETER PAPETTI Pietro Edoardo Papetti

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	12 27 1913

FATHER	MOTHER
FULL NAME Vincenzo Papetti	FULL MAIDEN NAME Maria Cerasani
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Italy	BIRTHPLACE Italy
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Salmon

Given names added from a supplemental report

19

Registrar

Filed 9-24 1914 Helen L. Smith Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Lemhi } ss.

Certificate No. 20532

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Pietro Edovardo Papetti	Eddie ~~Pedro~~ Papetti Peter

Subscribed and sworn to before me this 24th day of August, 19 42

Notary Public, residing at Salmon, Idaho.

My commission expires 9-5-44

(Seal)

Signed Eddie Peter Papetti

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Lemhi } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of August, 19 42

Notary Public, residing at Salmon, Ida

My commission expires 9-5-44

(Seal)

Signed J O Ward

(Signature of Any Credible Person Other Than Previous Year)

Salmon Idaho

(Street Address, City, State)

AUG 26 1942

APR 24 1964

AUG 8 7 1942

039-213-030 :256

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20533

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 48

FULL NAME OF CHILD Laura Elizabeth Sting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	(Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		1	Yes	9 13 1913

FATHER		MOTHER	
FULL NAME	Wm. Roy Sting	FULL MAIDEN NAME	Ada Snodgrass
RESIDENCE	Salmon Ida.	RESIDENCE	Salmon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report

..... 19.....

Filed 9-24- 1914

Helen L. Smith
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1966

036-208-030-635

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 20534

Primary Registration District No. 2116 Registered No. 49

FULL NAME OF CHILD Jessie Elizabeth Slobig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	4 8 1913

FATHER	MOTHER
FULL NAME Robert Slobig	FULL MAIDEN NAME Martha E. Fleming
RESIDENCE Baker Ida	RESIDENCE Baker Ida
COLOR White	AGE AT LAST BIRTHDAY 47 (Years)
COLOR White	AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report

April 2 1914

Helen L. Smith Registrar

Filed 9 24 1914 Helen L. Smith Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 1 1944

614-215-030-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Carmen

No. ..... St.

Hospital .....

Registration District No. 41 File No. 20535

Primary Registration District No. 2116 Registered No. 50

FULL NAME OF CHILD Elsie Claire Waddington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	5 (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Watts Waddington	FULL MAIDEN NAME	Elsie Morrell
RESIDENCE	Carmen Ida	RESIDENCE	Carmen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Salmon Ida

Filed 2-24 1914 Helen L Smith
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1967

CHILD'S MIDDLE NAME, MOTHER'S FIRST & MIDDLE NAME, FATHER'S FIRST & MIDDLE NAME AMENDED 2/02/04 DHS

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Registration District No. 41 File No. 20536

Primary Registration District No. 2116 Registered No. 51

Hospital ..... ETHELDRED

FULL NAME OF CHILD John Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			Yes	7 10 1913

	FATHER	MOTHER
FULL NAME	FRANCIS RAMEY Hall	FULL MAIDEN NAME IRENE EMMA Pierce Ramey
RESIDENCE	Salmon Ida	Salmon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	28
BIRTHPLACE	Kentucky	Idaho
OCCUPATION	Butcher	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer
(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-24 1914 Helen L. Loath
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1942

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Oregon
County of Washington } SS

Certificate No. 1913-20536

Date Filed 7/10/13

The undersigned does solemnly swear that certain facts on the certificate of **birth** (Birth, Death, Marriage, etc.)

for John Hall (Name on Original Certificate) who **was born** (Was Born, Died, etc.) on July 10, 1913 (Date of Event Reported on Original Certificate)

in Salmon, Idaho (Lemhi) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's middle name	Unknown	Etheldred
Mother's First + middle name	Irnee Unknown	Irene Emma
Father's First + middle name	Frances Unknown	Francis Ramey

Subscribed and sworn to before me this 2nd day of February, 2004

Notary Public, Brian J. Burns

Residing at Beaverton, Oregon

My commission expires Sept. 21, 2005
(Seal)

OFFICIAL SEAL
BRIAN J BURNS
NOTARY PUBLIC–OREGON
COMMISSION NO. 348730
MY COMMISSION EXPIRES SEPT 21, 2005

David R. Hall
Signature of Applicant

5620 S.W. 182nd Ave. Beaverton, OR 97007
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

1/26/03

UT BIRTH CERTIFICATE FOR DAVID RAMEY HALL, BORN 8/1/43 TO JOHN ETHELDRED HALL & JESSIE IRENE DAVIDSON. VIEWED BY VS

UT DEATH CERTIFICATE FOR JOHN ETHELDRED, DIED 6-1-91, LISTS PARENTS NAMES AS FRANCIS R. HALL & IRENE RAMEY. VIEWED BY VS

ID DEATH CERTIFICATE FOR IRENE EMMA HALL, DIED 4/13/63. VIEWED BY VS

ID DEATH CERTIFICATE FOR FRANCIS RAMEY HALL, DIED 9-22-42. VIEWED BY VS

693.1111030-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 20537

Primary Registration District No. 2116 Registered No. 52

FULL NAME OF CHILD Virgil Withington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.			yes	7 11 1914

FATHER		MOTHER	
FULL NAME	Fraim Withington	FULL MAIDEN NAME	Lou Richardson
RESIDENCE	Baker Ida	RESIDENCE	Baker Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hannum

(Physician or midwife)

Address Salmon Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-24- 1914 Helen L. Smith Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-81 3-030-381

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 20538
Local Reg. No.
Reg. Dist. No. 41

Amended 7/12/77

1. PLACE OF BIRTH
a. COUNTY: Lemhi
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salmon
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Lemhi
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salmon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Ruth b. (Middle) K. c. (Last) Erickson

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug 13, 1913

FATHER OF CHILD

7. FULL NAME a. (First) Emil b. (Middle) P. c. (Last) Erickson

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Sweden

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Katie b. (Middle) c. (Last) Chaney

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. F. Hanmer

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Salmon, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-24-14

22. REGISTRAR'S SIGNATURE: Helen L. Smith

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

Time: 7 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only typewriter or ball point pen. Print clearly. Do not erase. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO. LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 16 2 43 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 20538

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Katie Erickson (Name on Original Certificate) who was born (Was Born or Died) on Aug 14, 1913 (Date of Event)

in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Scolarship Record (Bible Record, Insurance Policy, Etc.) prepared on MAY 26 - 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Katie Erickson	Ruth Kathleen Erickson
date of birth	Aug 14, 1913	Aug 13, 1913

Subscribed and sworn to before me this FEB 14 1977 day of ..... 19 .....

Ida F. Lee
Notary Public, residing at
My commission expires
(Seal)

IDA F. LEE
NOTARY PUBLIC for the State of Montana
Residing at Deer Lodge, Montana
My Commission Expires April 7, 1979

Signed Katie Cheney Chase
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Powell }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this FEB 14 1977 day of ..... 19 .....

Ida F. Lee
Notary Public, residing at
My commission expires
(Seal)

IDA F. LEE
NOTARY PUBLIC for the State of Montana
Residing at Deer Lodge, Montana
My Commission Expires April 7, 1979

Signed Matilda Erickson Hayden
(Signature of Any Credible Person)

Box 26 Darby, Mt 59829
(Street Address, City, State)

FORM DH 60-155

CL 12/27/76 ret'd $1.50 ck.

Marrige license from Idaho gives name as Kenneth Franel Withington and the bride's name as Ruth Katharine Erickson. dated Jan 8, 1933. viewed by V. S.

State Employee's Retirement Sysytem Membership form gives name as Ruth Withington. born Aug 13, 1913. membersip date Feb 1, 1966. vie ed by V. S.

High school transcript from Salmon,Idaho gives nameas Ruth Erickson born Aug 13 1913. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-214-030-385

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 20538

Primary Registration District No. 2116 Registered No. 53

FULL NAME OF CHILD Katie Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	8 (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Emil P. Erickson	FULL MAIDEN NAME	Katie Cheney
RESIDENCE	Salmon Ida	RESIDENCE	Salmon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Salmon Ida

Filed 9-24- 1914 Helen L. Smith

Registrar

Registrar

S-Y CO. 20174

JUL 1 2 1977

263-116-030-552

PLACE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 20539

Primary Registration District No. 2116 Registered No. 54

FULL NAME OF CHILD John Bolander Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.				yes	8 16 1913

FATHER		MOTHER	
FULL NAME	John Bolander	FULL MAIDEN NAME	Alvira Vesting
RESIDENCE	Baker Ida	RESIDENCE	Baker Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Blacksmith	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) Chas. F. Hamm

(Physician or midwife)

Address Salmon Ida

Filed 3-24-1914 Stella L. Smith
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

843-226-030-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 20543

Primary Registration District No. 2116 Registered No. 58

FULL NAME OF CHILD Hazel Elizabeth Hutchison

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: December 26 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: James W Hutchison

RESIDENCE: Salmon, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Lizzie Mann

RESIDENCE: Salmon, Idaho

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician

(Physician or midwife)

Given names added from a supplemental report.

April 1st 1914

Helen L. Smith
Registrar

Address _____

Filed 9-28 1914

Helen L Smith
Registrar

S-Y CO. 24655

SEP 19 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-108-050-295

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20546

County of Lemhi

City of Gibbonsville

Registration District No. 4 File No.

No. St.

Primary Registration District No. 2116 Registered No. 61

Hospital

FULL NAME OF CHILD Fredrick Wm. Carl Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fredrick Wm. Carl	Alice King Carl
RESIDENCE	Gibbonsville Idaho	Gibbonsville, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE		Arkansas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No doctor available

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed May 30 1914 Stella L. Smith
Registrar

S-Y CO. 24055

318-129-021-493

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No. ....., ... St.

Hospital .....

Registration District No. 27

File No. 20669

Primary Registration District No. 2117

Registered No. 66

FULL NAME OF CHILD Lovear Taylor.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes.	Dec. 28, 1913

FATHER		MOTHER	
FULL NAME	William R. Taylor	FULL MAIDEN NAME	Ellen M. Mickleson.
RESIDENCE	Dayton	RESIDENCE	Dayton.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 o'clock a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah Phillips

Midwife (Physician or Midwife)

Address Dayton Ida

Filed Mar. 25 1914 Dr Allen R [illegible]

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12-12-41

846-114-033-847

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20721

County of Madison

City of Salem

No. ..... St.

Hospital .....

Registration District No. 10

File No. ~~69~~

Primary Registration District No. 2178

Registered No. 69

FULL NAME OF CHILD Harvey H. Huffaker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Dec (Day) 14 (Year) 1913
Male			

FATHER		MOTHER	
FULL NAME	Earl Huffaker	FULL MAIDEN NAME	Millie Higley
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3:55 pm (Born alive or stillborn), at ..... on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Espe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 4-8 1914 G. G. Espe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-231-028-351

Amended 7-19-61

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 20781
Local Reg. No. 594
Reg. Dist. No. 12

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Athol
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Loraine
b. (Middle): Myrtle
c. (Last): Satre

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) Dec. (Day) 31, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Julian
b. (Middle): J.
c. (Last): Satre
8. COLOR OR RACE: White
9. AGE (At time of this birth): 37 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Minn.
11a. USUAL OCCUPATION: Farmer & Well Digger
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Myrtle
b. (Middle): A.
c. (Last): Clark
13. COLOR OR RACE: White
14. AGE (At time of this birth): 23 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Minn.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Frank Wenz
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Rathdrum, Idaho
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 4/10/1914
20. REGISTRAR'S SIGNATURE: D.D. Drennan
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY
22b. WEIGHT AT BIRTH
23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

spondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

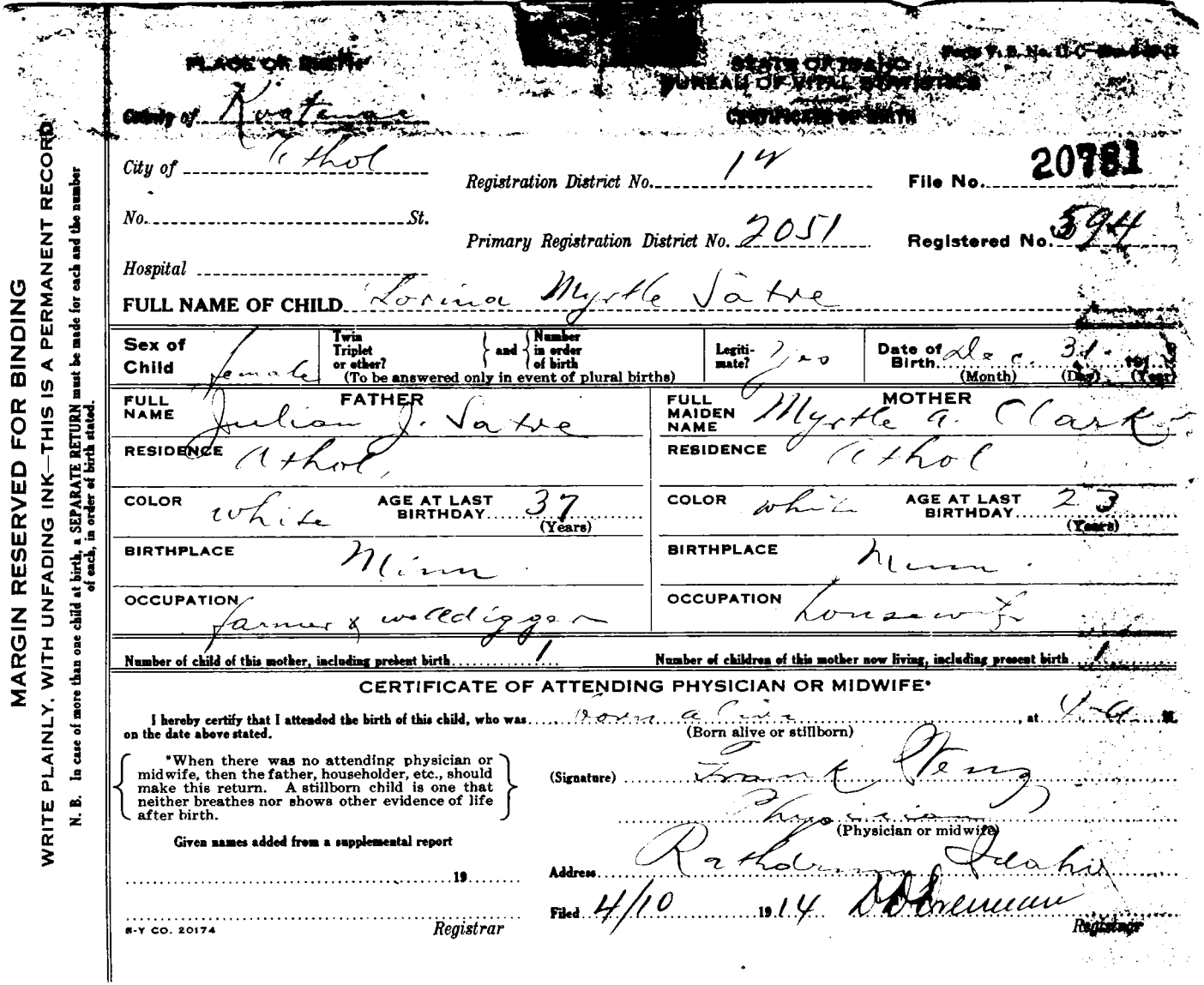
(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 14

File No. 20781

Primary Registration District No. 2051

Registered No. 594

FULL NAME OF CHILD Lorina Myrtle Satre

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Dec. 31 191[illegible]

FATHER		MOTHER	
FULL NAME	Julian J. Satre	FULL MAIDEN NAME	Myrtle A. Clark
RESIDENCE	Athol	RESIDENCE	Athol
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minn	BIRTHPLACE	Minn.
OCCUPATION	farmer & welldigger	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Stenz

Physician (Physician or midwife)

Address Rathdrum Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/10 1914 D. D. Freeman Registrar

S-Y CO. 20174

JUL 19 1961

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Kootenai }

Certificate No. 20781

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lorina Myrtle Satre (Name on Original Certificate) who was born (Was Born or Died) on Dec. 31, 1913 (Date of Event)
in Athol, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Lorina	Loraine Myrtle Satre

Subscribed and sworn to before me this 28th day of June, 1961

Gretchen M. Pollas

Notary Public, residing at Post Falls, Idaho

My commission expires 11/24/62

(Seal)

Signed Myrtle Alida Satre
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of June, 1961

Gretchen M. Pollas

Notary Public, residing at Post Falls, Idaho

My commission expires 11/24/62

(Seal)

Signed Laura B. Tolford
(Signature of Any Credible Person)

N. 1105 University Spokane, Wash.
(Street Address, City, State)

FORM DH 60-155

CL 6-23-61. one copy pd. receipt #17711.

Cradle Roll Certificate, Athol, Ida., Methodist Sunday School, enrolled January 11, 1914 gives full name of child as Loraine M. Satre, born December 31, 1913 - viewed by V.S.

Notarized Photostatic Copy of page marked Children from Family Bible of Julian J. Satre and Myrtle Alida Clark Satre - gives one child's full name as Loraine Myrtle Satre, born Dec. 31, 1913 at Athol, Idaho - viewed by V.S.

113-124-028-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Ogd. Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 20782

Primary Registration District No. 2051 Registered No. 893

FULL NAME OF CHILD ~~Baby Jackson~~ ANGELA MARIE Jacobsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		Yes	Dec 24 1913

FATHER		MOTHER	
FULL NAME	Emil Jacobsen	FULL MAIDEN NAME	Dagny Halvorsen
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housework.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl A Prindle M.D.

(Physician or midwife)

Address Spirit Lake

Filed 4/10 1914 D.D. Freeman

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 20782

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Angela Marie Jacobsen (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1943 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Angela Marie Jacobsen

Subscribed and sworn to before me this 2 day of Aug., 1943

Signed Mrs. E. Jacobsen.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Tacoma

My commission expires 1944
(Seal)

4915 No. Bristol St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of Aug., 1943

Signed Mrs M B Nelson
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Tacoma

My commission expires 1947
(Seal)

2341 So. M. St Tacoma
(Street Address, City, State)

AUG 6 1943

893-226-028-556

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai Amended 8/21/75

City of Coeur d'Alene

Registration District No. 12

File No. 20783

No. St.

Primary Registration District No. 1003

Registered No. 592

Hospital

FULL NAME OF CHILD Mary Ellen Hill

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	1	1	Yes	12 (Month) 26 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin Hill	FULL MAIDEN NAME	Nettie Nora Newell
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tillie Woods

By Miss Gladys Waldon
~~(Physician or~~ midwife)

Given names added from a supplemental report

Address Coeur d'Alene Idaho

19

Filed 4/10 1914 D. D. Drennan
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1957

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 11 2 11 PM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Province
State of Alberta
County of CANADA } ss.

Certificate No. 20783

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Ellen Hill (Name on Original Certificate) who was born (Was Born or Died) on Dec. 26, 1914 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on or about Dec. 26, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	December 26, 1914	December 26, 1913

Subscribed and sworn to before me this 15th day of August, 1975

Notary Public, residing at Wainwright, Alberta
My commission ~~expires~~ is for life.
(Seal)

Signed Ellis L Kellogg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 8/4/75 nm

Family Bible record gives nameas Mary Ellen Hill born Dec. 26, 1913. appears to be quite old. viewed by V. S.

AUG 2 2 1975

Certificate of Natualization where the Names of children as included for Benajmin Alfred Hill dated June 4, 1926 gives child's name as Mary Ellen Hil born Dec. 26, 1913 at Coeur d'Alene, Idaho. viewd by B.V. S.

319-225-028-899

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 20781

Primary Registration District No. 2087 Registered No. 891

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1		yes	Dec 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy W Carleton	Jessie Hirst
RESIDENCE	Sp Lake	Sp L
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	24	27
BIRTHPLACE	Neb.	Ia
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) E. O. Brandt M.D.

(Physician or midwife)

Address Sp Lake

Filed 2/10 1914 D. D. Freeman Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BIND...NG

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D 53-545

593-108-028-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. 12 File No. 20785

Primary Registration District No. 2087 Registered No. 590

FULL NAME OF CHILD Baby Nichols

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		—	Y	Dec 8 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin Nichols	FULL MAIDEN NAME	Ada Piatt
RESIDENCE	Spirit Lake Idaho	RESIDENCE	Spirit Lake
COLOR	Wh	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wis	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Spt Lake

Filed 4/10/ 1914 [signature]

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20785

PLACE OF BIRTH

863-203028-352

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 20786

Primary Registration District No. 1003 Registered No. 584

FULL NAME OF CHILD Baby Holstine

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	1		17	Yes	12 (Month) 3 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Athe Holstine	FULL MAIDEN NAME	Lula Scott
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	HW

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Hunt Shepherd

(Physician ~~or midwife~~)

Address Coeur d'Alene Idaho

Filed 4/10 1914 D. W. Dreeman Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

20186

218-202-028-864

Form V. S. ~~No. 11 C.~~ 20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Spt Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 20787

Primary Registration District No. 2057 Registered No. 588

FULL NAME OF CHILD Margaret Kaylor

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	1		Yes	November 2nd 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred W Kaylor	FULL MAIDEN NAME	Adela Haumer
RESIDENCE	Sp Lake	RESIDENCE	Sp L
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Ia
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E A Brindley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Spt Lake

Filed 4/10 1914 [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____

Certificate No. 20787
Date Filed APR 1

The undersigned does solemnly swear that certain facts on the certificate of Births (Birth or Death)
for Margaret Taylor (Name on Original Certificate) who was Born (Was Born or Died) on Nov. 2, 1913 (Date of Event)
in Spirit Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Oct. 12, 1913	Nov. 2, 1913

Subscribed and sworn to before me this _____ day of April, 19 42

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this first day of April, 19 42

J. N. Allen

Notary Public, residing at San Jose, Calif.

My commission expires March 11, 1944
(Seal)

Signed Doris B. Potwin (Sister)
(Signature of Any Credible Person Other Than Previous Year)

1279 Mildred Ave., San Jose, Calif.
(Street Address, City, State)

APR 14 1942

3147127.028-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Spt Lake

No. ..... St.

Hospital .....

Form U. S. Bur. 11-C—20m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 20788

Primary Registration District No. 2057 Registered No. 640

FULL NAME OF CHILD Robert Bruce Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	1st	Yes	May 27 1913

FATHER		MOTHER	
FULL NAME	Robert Bruce Campbell	FULL MAIDEN NAME	Jennie Christoffersen
RESIDENCE	Spirit Lake Idaho	RESIDENCE	Spirit Lake Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Denmark
OCCUPATION	RR. Bridgeman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Arndt M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10/10 1913 W. D. Freeman Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

819-10Y: 028-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... *St.*

Hospital .....

Registration District No. 12 — File No. 20789

Primary Registration District No. 2051 — Registered No. 639

FULL NAME OF CHILD Earnest Norman Harvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	2	Yes	5 4 1913

FATHER	MOTHER
FULL NAME: Fred E. Harvey	FULL MAIDEN NAME: Anne F. Johnson
RESIDENCE: Ranch	RESIDENCE: Ranch
COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Norway
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 8 — Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Prindle

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 4-10-14 19.....

D.D.DRENNAN Registrar

8-Y CO. 24668

NOV 18 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-104-028-168

PLACE OF BIRTH

County of Koolenai

City of Spirit Lake

No. ..... St.

Hospital ~~Prem~~

[illegible]

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 20790

Primary Registration District No. 2051 Registered No. 638

FULL NAME OF CHILD Oscar & ~~[illegible]~~ Harvey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twins	7 & 8	Yes	May (Month) 4 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred. E. Harvey	FULL MAIDEN NAME	Anna F. Johnson
RESIDENCE	Ranch	RESIDENCE	Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 & 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 4th 1913, at 11 & 12 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. S. Brindley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4/1/10 1914 D. D. Drennan

Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

294-131-028-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Ft Lane

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 20832

Primary Registration District No. 2051 Registered No. 595

FULL NAME OF CHILD Baby Simon

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1 (To be answered only in event of plural births)	—	Yes	Dec 31 1913

FATHER		MOTHER	
FULL NAME	Thomas Simon	FULL MAIDEN NAME	Emma Olsen
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ind	BIRTHPLACE	Minn
OCCUPATION	A. K. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Smith M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/10 1914 D.D. Brennan Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-101 024365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 1014 File No. 20863

Primary Registration District No. 2014 Registered No. .....

Hospital Home

FULL NAME OF CHILD Boby Knight

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	yes	June 4 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel Knight	FULL MAIDEN NAME	Katherine Love
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Wyoming
OCCUPATION	Carpenter	OCCUPATION	Hwife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 79 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary M.D.

(Physician or midwife)

Given names added from a supplemental report

June 20 1913

F. T. Cary M.D. Registrar

Address Gooding Idaho

Filed June 20 1913 F. T. Cary M.D. Registrar

S-Y CO. 20174

DUP OF 1913-314918

713-106-004-493

Form V. S. No. 11-C—20m-3-19-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20864

Registration District No. 1014 File No. .....

Primary Registration District No. 2814 Registered No. .....

FULL NAME OF CHILD Baby Patterson Claude Melvin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	1		1	yes	June 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Gilbert Patterson	FULL MAIDEN NAME	Clora Miller
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Hwife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Cary MD

(Physician or midwife)

Given names added from a supplemental report

..... 19....

F. T. Cary M.D. Registrar

Address Gooding Idaho

Filed June 20 1913 F. T. Cary M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Mim-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

NOV 1 1975

JAN 14 1944

CR

884-226-003-759

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasurton Idaho

Registration District No. 11 ~~44~~ File No. 20959

No. ..... St.

Primary Registration District No. 2048 Registered No. 87 ~~250~~

Hospital .....

FULL NAME OF CHILD Hazel Almeda Hymas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 26th 1913

FATHER		MOTHER	
FULL NAME	Burt S. Hymas	FULL MAIDEN NAME	Mary Perry
RESIDENCE	Treasurton Idaho	RESIDENCE	Treasurton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Logan Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs J. O. Mote
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Perry, Idaho

Filed Apl 19 1914 Eric Kaney
Registrar

Eric Kaney
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-18216

730
JAN

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 20959

County of Bonneville } Date Filed Feb. 25, 1943

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Hazel Almeda Hymas (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 26, 1913 (DATE OF EVENT)

in Perry, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Date	Sept. 12th	Sept. 26, 1913

Subscribed and sworn to before me this 25th

day of February, 1943

Olga Chittoff

Clerk of Probate Court

Notary Public, residing at Idaho Falls, Ida

My commission expires .....

(SEAL)

Signed Mary Perry Hymas

(SIGNATURE OF PARENT OR ~~ATTENDANT~~ MOTHER CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Idaho Falls, Idaho, Route 3

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....

(SEAL)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 3 1943

243-212-003-865

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20967

County of Bannock

City of McCammon Ida

Registration District No. 11 File No.

No. — St.

Primary Registration District No. 2047 Registered No. 89

Hospital —

FULL NAME OF CHILD Kathryn L. Buck.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	**June 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph Buck	FULL MAIDEN NAME	Mabel Hoerger
RESIDENCE	McCammon Ida	RESIDENCE	McCammon
COLOR	W. AGE AT LAST BIRTHDAY 34. (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33. (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report

19

Eris Kaisley Registrar

Address McCammon Ida

Filed April 10, 1914 Eris Kaisley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

E of Nebraska
Lancaster County of Clay County, } ss. Mrs Ralph J. Buck
of County of Sutton, Nebraska, being duly sworn, doth depose and say that , and

Her daughter Kathryn L. Buck was
born in McCammon Idaho on June 12, 19

urther this deponent says not.

x Mrs Ralph J. Buck
This line is for signature of affiant.

ubscribed and sworn to before me this day of MAY 2 1941, A. D. 19

O. Stoper, Notary Public
These two lines are for signature and title of office administering oath.

Affidavit of

.....

ne Huffman General Supply House, Lincoln, Nebr.

5/7/41 Z.J

266-213-003-763

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 20972

Primary Registration District No. 2047 Registered No. 77

FULL NAME OF CHILD Verda Fern Bower

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	1			yes	Nov 13 1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John D. Bower	FULL MAIDEN NAME	Amelia Potter
RESIDENCE	Dempsey Idaho	RESIDENCE	Dempsey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Pool, Hall,	OCCUPATION	wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.13 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy L. Toone

Midw[illegible] (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Dempsey Idaho

Eric Kaply

Filed Oct 19 1914 Eric Kaply Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

966.107.009.145

[redacted]

[redacted]

County of Bonner

City of Granite Ida

Registration District No. 75

File No. 21030

No. ..... St.

Primary Registration District No. 2155

Registered No. 483

Hospital .....

FULL NAME OF CHILD Leland Alphaeus Rooks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Dec. 7 1913

FATHER		MOTHER	
FULL NAME	Dean F. Rooks	FULL MAIDEN NAME	Stella Ames
RESIDENCE	Granite, Ida.	RESIDENCE	Granite, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum Ida

Filed Apr 10 1914 M McKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAY 27 1975

12-2-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

157-126-026-533

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

21366

County of Jefferson

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 79

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓	✓	Yes	5 26 1913

FATHER

FULL NAME: John A. Jeff

RESIDENCE: Menan

COLOR: W AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Clara Ellsworth

RESIDENCE: Menan

COLOR: W AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho

OCCUPATION: House wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Ellsworth

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

Filed June 12 1914 Ray H. Fisher Registrar

..... Registrar

S-Y CO. 24626

DELAYED

259-2211 006-493

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. not Named St.

Hospital No.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 21417

Primary Registration District No. 1007 Registered No. 98

FULL NAME OF CHILD [redacted] Bernat Rosie

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		Yes	3 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Anton Bernat	FULL MAIDEN NAME	Fani Micka
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Bohemia
OCCUPATION	Blacksmith	OCCUPATION	Wife

Number of child of this mother, including present birth four

Number of children, of this mother, now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Registrar

Address

Filed May 3 1914 W. E. Patrie, Registrar

S-Y CO., 16669

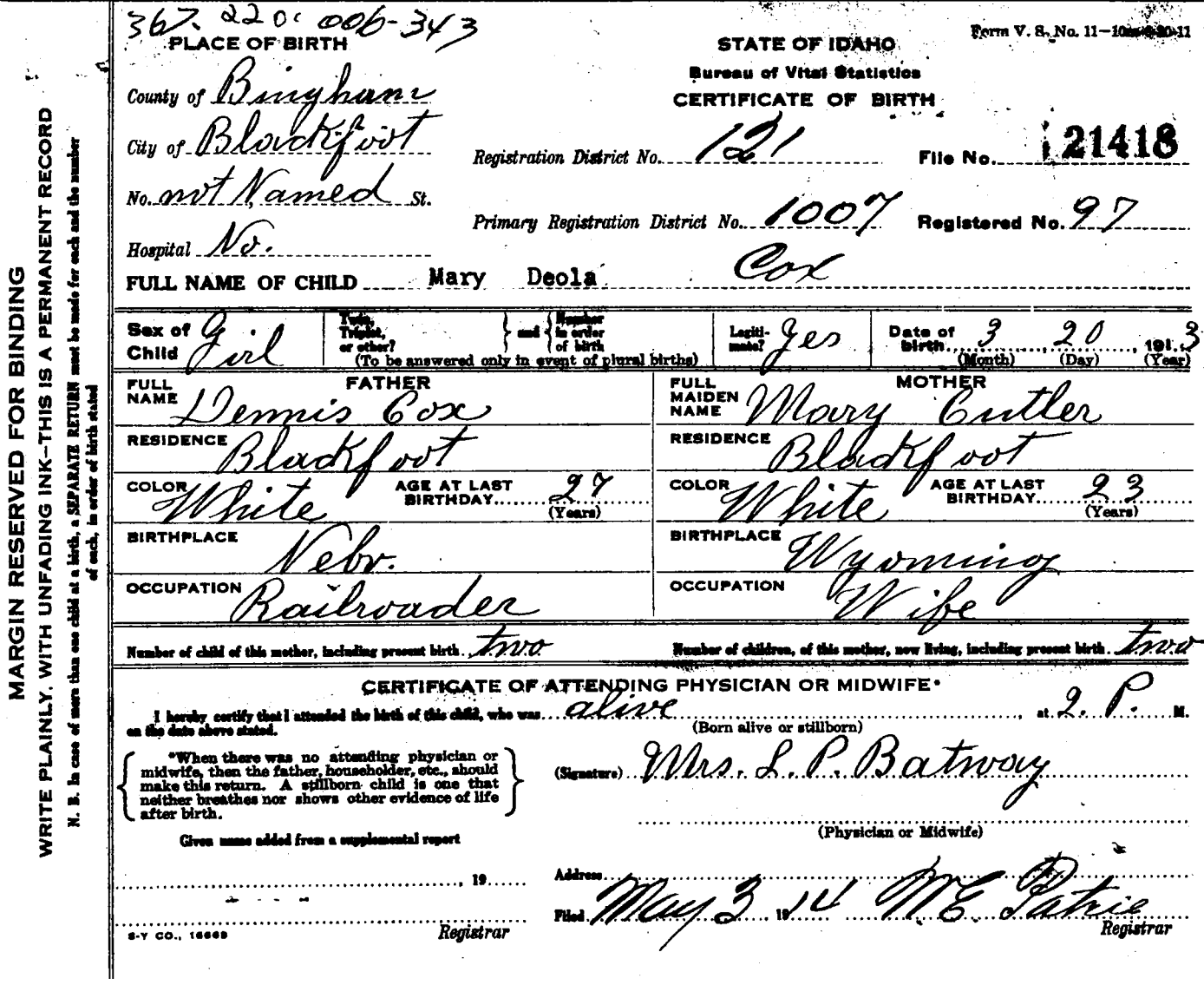
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELAYED

JUL 12 1994



367.220.006-343

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. not Named St.

Hospital No.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 21418

Primary Registration District No. 1007 Registered No. 97

FULL NAME OF CHILD Mary Deola Cox

Sex of Child Girl	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 3 (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Dennis Cox	FULL MAIDEN NAME	Mary Cutler
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebr.	BIRTHPLACE	Wyoming
OCCUPATION	Railroader	OCCUPATION	Wife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

(Physician or Midwife)

Given name added from a supplemental report

..... 19....

Address

Filed May 3 1914 M E Patrie

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELAYED

DELAYED

OCT 22 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10-22-73

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 7 2 29 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 21418

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Cox (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1913 (Date of Event)

in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	unnnamed	Mary Deola Cox

Subscribed and sworn to before me this 5th day of November, 1973

Notary Public, residing at Idaho Falls

My commission expires 6-12-76

(Seal)

Signed Mary Deola C. Westover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of November, 1973

Notary Public, residing at Idaho Falls

My commission expires 6-12-76

(Seal)

Signed Thelma (Cox) Dye (sister of above)
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction corresp.

1 cp pd rec # 27827

Certificate of Blessing from LDS Church gives name as Mary Deola Cox daughter of Dennis D. Cox and Mary Cutter. Born March20, 1913. Was Blessed May 4, 1913. Viewed by V. S

NOV 19 1973

Beneficial Life Ins. Co. ~~from~~ policy gives name as Mary Deola Westover. Dated Sept. 1,1949. Viwed by V. S.

665.113 ~~[illegible]~~ 455

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ....., ... St.

Hospital .....

Registration District No. 73 File No. 21451

Primary Registration District No. 2100 Registered No. 96

FULL NAME OF CHILD ~~Geraldean~~ GERALD DEAN OWENS

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Feb. 3 (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Cadwalender S Owens	FULL MAIDEN NAME	Mary Denning
RESIDENCE	Iona Idaho	RESIDENCE	Iona Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne Alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Idaho

Filed Apr 8 1914 C Kunnind

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

[redacted]

STATE OF IDAHO

PLACE OF BIRTH

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 21451

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Geraldine Owens (Name on Original Certificate) who Was Born (Was Born or Died) on Feb. 13, 1913 (Date of Event) in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on Jan. 9, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Geraldine	Gerald Dean Owens

Subscribed and sworn to before me this 16th day of June, 1942

Grace Madsen
Notary Public, residing at Idaho Falls, Idaho
My commission expires May 20, 1946
(Seal)

Signed Mrs Rosa Owens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

700-11th Street Idaho Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1942.

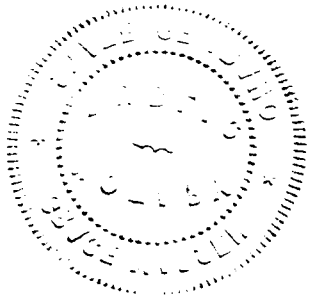
Grace Madsen
Notary Public, residing at Idaho Falls, Idaho
My commission expires May 20, 1946
(Seal)

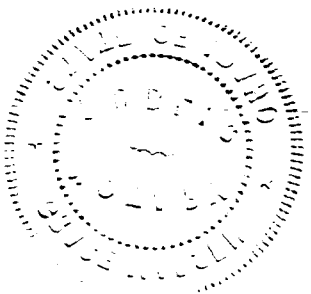
Signed Mrs Rosa Jennings
(Signature of Any Credible Person Other Than Previous Year)

575 first St
(Street Address, City, State)
Idaho Falls Idaho

JUN 19 1942

Corrected 6/22/42 Z.J.





JUN 24 1942

652-126-010-454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R F D #1 St.

Registration District No. 73 File No. 21452

Primary Registration District No. 2450 Registered No. 97

Hospital

FULL NAME OF CHILD Riley Denning Westergard

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Mar 26 1913

FATHER		MOTHER	
FULL NAME	Petter Holme Westergard	FULL MAIDEN NAME	Sarah Denning
RESIDENCE	Idaho Falls RFD #1	RESIDENCE	Idaho Falls RFD #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

[illegible] (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Idaho

Filed Apr 1 1917 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 30 1967

APR 27 1976

DELAYED

864-216:010-433

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-17

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 21453

No. ....., ... St.

Primary Registration District No. 21-0 Registered No. 94

Hospital .....

FULL NAME OF CHILD Perseo Arvada Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 16 1914

FATHER		MOTHER	
FULL NAME	Joseph W Young	FULL MAIDEN NAME	Delight McCarmel
RESIDENCE	Iona Ida	RESIDENCE	Iona Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheep Herder	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Hemming

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Idaho

Filed Apr 8 1914 Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

MAY 9 1974

291.216.010632

PLACE OF BIRTH

Form V. S. No. 11-O—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

21454

County of Bonneville

City of Idaho Falls

No. ....., ... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2150 Registered No. 99

FULL NAME OF CHILD Martha Emma Bradshaw

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Oct (Day) 16 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Samuel Bradshaw	FULL MAIDEN NAME	Annetta Olsen
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~or stillborn~~ (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (~~Physician or~~ Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Bonneville Co

Filed April 1914 [signature]

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

Registrar

WRITE PLAINLY, WITH BRIEF ... AND ... PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

ING

PERMANENT RECORD

STATE OF IDAHO

JAN 29 1971

PLACE OF BIRTH

DECEASED

155·215·010 455

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No #1 St.

Hospital

Registration District No 73 File No 21455

Primary Registration District No 214 Registered No 100

FULL NAME OF CHILD Thelma

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar L Jennings	Rosanna Jennings
RESIDENCE	Iona Ida	Iona Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Kansas	Iona Idaho
OCCUPATION	Teamster	House Wife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn) at 7 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs P W Jennings

(Physician or Midwife)

Address Iona Bonneville Co. Idaho

Filed Apr 1 19 14

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SIN RESERVED FOR BINDING

AUG 4 1975

652-116-010-693

PLACE OF BIRTH

Amended 5/16/75

Form V. S. No. 11-C—10m-8-[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

21461

County of Bonneville

City of Idaho Falls

No. ....., ... St.

Hospital .....

Registration District No. 73 File No. .....

Primary Registration District No. 2107 Registered No. 106

FULL NAME OF CHILD ~~J C Westergard~~ JAMES C. WESTERGARD

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	June 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James C Westergard	FULL MAIDEN NAME	Annie S Williams
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad Idaho
OCCUPATION	Dray Man	OCCUPATION	House Wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R W Denning

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Bonneville Co

Filed Apr 8 1914 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Amended 9/15/15

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 21461

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for J. C. Westergard (Name on Original Certificate) who born (Was Born or Died) on June 16, 1913 (Date of Event)
in Idaho Falls, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible and church records (Bible Record, Insurance Policy, Etc.) prepared on date of birth and shortly after. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	J.C.	James C. Westergard

Subscribed and sworn to before me this 10th day of June, 1943.

O. L. Johnson
Notary Public, residing at Idaho Falls, Idaho,
My commission expires
(Seal)

Signed Annie S. Westergard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
793 J. St., Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 16 1945

APR 8 1975

4 22 75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 29 12 56 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of ____ }

Certificate No. 21461

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for James C. Westergard (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1914 (Date of Event) in Idaho Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Feb -24- 1947 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	June 16, 1914	June 16, 1913

Subscribed and sworn to before me this 24 day of April, 1975

John T. Homer
Notary Public residing at Idaho Falls, Idaho
My commission expires 1/2/79
(Seal)

Signed Mary E Westergard Rust
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
507-W-19th Idaho Falls Idaho sister
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1975

John T. Homer
Notary Public, residing at Idaho Falls, Idaho
My commission expires 1/2/79
(Seal)

Signed John M Hamer
(Signature of Any Credible Person)
180-Marjoe Idaho Falls Idaho
(Street Address, City, State)

FORM DH 60-155

Church membership from LDS Church gives name as James C. Westergard, Jr. born June 16, 1913 at Idaho Falls, Idaho. father;s name given as James C. Westergard, Sr. and mother's name as Annie Williams. viewed by V. S.

MAY 16 1975

Insurance application from Metropolitan Ins. Co. gives name as Jay C. ~~xxx~~ Westergard, born June 16, 1913. dated Feb. 24, ~~19xx~~ 1947. viewed by V. S.

454-221-009-691

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Alder St.

Hospital

Registration District No. 78 File No. 21547

Primary Registration District No. 2055 Registered No. 533

FULL NAME OF CHILD Marcella Violet Demers

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Apr. 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Delor Demers	FULL MAIDEN NAME	Julia Frank
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Rice Lake Wis.	BIRTHPLACE	Gibbon, Minn.
OCCUPATION	Sawmillman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~C. P.~~ alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint Idaho

Filed May 8 1914 M. McKinnon Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

34-120-009-295

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 78

File No. 21550

No. ____, ____ St.

Primary Registration District No. 2053

Registered No. 530

Hospital ____

FULL NAME OF CHILD No name

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	First	Yes	April 20, 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. A. Campbell	Vinnie H. Binkley
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C O Bunney

(Physician or Midwife)

Address Priest River, Ida

Given names added from a supplemental report

....., 19....

Registrar

Filed May 8 1914 M McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELAYED

244-219-009-555

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 312 S. St Clair St.

Hospital

Registration District No. 78 File No. 21552

Primary Registration District No. 2053 Registered No. 528

FULL NAME OF CHILD Anna Olive Summerville

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Summerville	FULL MAIDEN NAME	Elizabeth Neer
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Sanford, Canada	BIRTHPLACE	Dochester Canada
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Sandpoint

Filed May 8 1914 M. McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 8 1940

DELAYED

219-108-009-239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 1002 Pine St.

Hospital

Registration District No. 75 File No. 21555

Primary Registration District No. 2055 Registered No. 525

FULL NAME OF CHILD Alfred Alfonse Barbiche

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 8 1913

FATHER

FULL NAME: Alfonse Barbiche

RESIDENCE: Clarkston

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Baudegay Alsace Lorraine, Germany

OCCUPATION: Rancher.

MOTHER

FULL MAIDEN NAME: Eugene Stauffling

RESIDENCE: Clarkston

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Ensisheim, Germany

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Shackelford M. D.

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 8 1914 M McKinnon
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8

FEB 9 1943

JUL 3 1974

1947

DELAYED

214-216-009-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Colburn

Registration District No. 78 **File No.** 21571

No. ..... *St.*

Primary Registration District No. 2055 **Registered No.** 509

Hospital .....

FULL NAME OF CHILD Theresa Bauer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emanuel Bauer	FULL MAIDEN NAME	Christina Bruneski
RESIDENCE	Colburn	RESIDENCE	Colburn
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.45 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Brackdowse

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint

Filed May 7 1914 M McKinnon Registrar

..... Registrar

S-Y CO. 20174

MAIL IN RECEIVED FOR DIVISION

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1972

238-116-009-691

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... *St.*

Hospital .....

Registration District No. 78 **File No.** 21572

Primary Registration District No. 2055 **Registered No.** 508

FULL NAME OF CHILD Henry George Schneider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry George Schneider	FULL MAIDEN NAME	Theresa Frank
RESIDENCE	Kootenai	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Hungary	BIRTHPLACE	Hungary
OCCUPATION	Cabinet Maker	OCCUPATION	Hdf.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C P Brackhouse

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Sandpoint

Filed May 7 1914 M McKinnon *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-107-009-445

Form V. S. No. II-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

21573

County of Bonner

City of Culver Spur

No. ..... St.

Hospital .....

Registration District No. 78 File No. .....

Primary Registration District No. 2055 Registered No. 507

FULL NAME OF CHILD Carl ~~Chester~~ ROLLIN Sisson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chester Sisson	FULL MAIDEN NAME	Vera Munson
RESIDENCE	Culver Spur	RESIDENCE	Culver spur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Latah Wash	BIRTHPLACE	Owosso Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive July 7/13 at 2 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. P. Stackhouse

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint

Filed May 7 1914 M. McKinnon Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 21573
County of _____ Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carl Chester (Name on Original Certificate) who July 7 1913 (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Sandpoint record bureau (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Carl Chester	Carl Rollin Sisson

Subscribed and sworn to before me this 14th day of September, 1942
Girolamo Colasuonno
Notary Public, residing at 7605 SE 16 ave
My commission expires June 1st 1946
(Seal)

Signed Vera Marie Pottorff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
6404 S.E. 93rd ave Portland
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th 40 day of September, 1942
Girolamo Colasuonno
Notary Public, residing at 7605 SE 16 ave
My commission expires June 1st 1946
(Seal)

Signed M. M. Munson
(Signature of Any Credible Person Other Than Previous Year)
117 S.W. Porter St Portland Ore.
(Street Address, City, State)

NOV 5 1942

675-113-009-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 320 S St Clair St.

Hospital

Registration District No. 78

Primary Registration District No. 2053

File No. 21574

Registered No. 586

FULL NAME OF CHILD Mayo Bryan Oxenriden

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 13 1913

FATHER		MOTHER	
FULL NAME	Charles E. Oxenriden	FULL MAIDEN NAME	Minnie E. Garbush
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Outer O.	BIRTHPLACE	Grafton Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) C P Stackhouse

M D
(Physician or midwife)

Address Sandpoint

Filed May 7 1913 M McKinnon
Registrar

8-Y CO. 20174

c.c. 5/9/41. w.h.

875 E 18-029-239

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-30-11

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 65

File No. 21725

No. 545 Larch St.

Primary Registration District No. 2145

Registered No.

Hospital

FULL NAME OF CHILD Warren Edwin Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	yes	Nov. 16 1913

FATHER	MOTHER
FULL NAME: Bernie M. Hansen	FULL MAIDEN NAME: Ada May Stith
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Clinton, Iowa.	BIRTHPLACE: Brainard, Minn.
OCCUPATION: Saw Mill Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. J.W. Thompson M.D.

(Physician or Midwife)

Address Potlatch Idaho.

Filed May 22 1914. Dr. J.W. Thompson
Registrar

S-Y CO., 16600

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each in order of birth stated

SEP 15 1942

815-113-031-538

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

~~City of~~ On Farm. described as ~~N.E. ¼ of Sec 21.~~ Twsh. 32 Range 2 north W.B.M.

No. ..... St.

Registration District No. 5-0 File No. 21878

Primary Registration District No. ..... Registered No. 43

Hospital .....

FULL NAME OF CHILD Allan Thomas Hansen.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	12 (Month) 13 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Torger Kornelius Hansen	Pearl Maria Echelberger
RESIDENCE	N.E. ¼ of Sec 21 Twsh. 32 Range 2 north W.B.M.	N.E. ¼ of Sec 21 Twsh. 32 Range 2 north W.B.M.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Troudhjem, Norway.	Minnesota Lake, Minnesota
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Pearl Maria Hansen
(Mother of child)
~~(Physician or midwife)~~

Given names added from a supplemental report

..... 19.....

Address Ilo, Idaho Lewis Co

Filed 5-22 1914 H.C. Parrish
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 9 1972

619-215-006-264

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 48 Adams St.

Hospital No.

Registration District No. 121 File No. 21956

Primary Registration District No. 1007 Registered No. 108

FULL NAME OF CHILD Evelyn Dorothea Ward

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		Yes	June 15th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Logan Ward	FULL MAIDEN NAME	Clara Sophia Sonneecon
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	North Caroline	BIRTHPLACE	Wisconson
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Registrar

Address

Filed June 4 1914 W. E. Patrick Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1 1942

NOV 2 0 1975

DEC 1 7 1975

994-228-014-964

5

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

22039

22039

County of Canyon

City of Nampa

No. No 10 St. St.

Hospital —

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Gladys Marie Zimmerman

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate	Date of Birth
Fem.	Single		Yes	May 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Henry Zimmerman	FULL MAIDEN NAME	Vida Rouse
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Dredge Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Meredith D.O.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed June 10 1913 S. D. Calvert Registrar

B. Jmd

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1971

MAR 1 2 1976

APR 1 3 1976

JAN 15 1948

MAY 6 1976

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

22088

22088

County of Madison

City of Rexburg

No. ..... St.

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 128

Hospital .....

FULL NAME OF CHILD Ella Bertha Struhs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct. 27 1910

FATHER	MOTHER
FULL NAME Frank Struhs	FULL MAIDEN NAME Anna Schmiddin
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Schwitzerland	BIRTHPLACE Schwitzerland
OCCUPATION Painter	OCCUPATION housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 6-3 1914

..... Registrar

..... Registrar

8-Y CO. 20174

NOV 2 5 1969

369-218-002-666

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 4 File No. 22147

Primary Registration District No. 2011 Registered No. 145

FULL NAME OF CHILD Frankie Cornett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth
Fe		yes	12 (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Cornett	FULL MAIDEN NAME	Annie Woods
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Hus.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6-a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Cornett

Father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

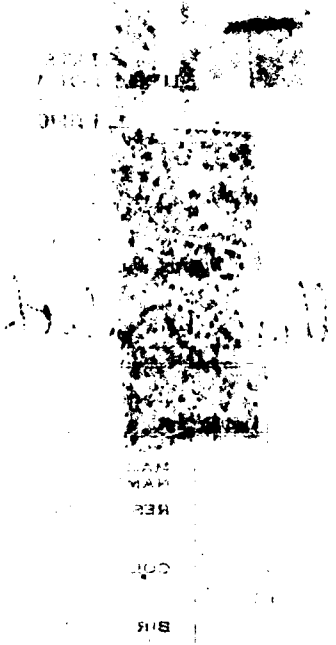
Filed 5-8 1914 Frank E. Brown
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 2 2 1970

APR 12 1971

City of Hagerman

Registration District No. [redacted]

File No. 22396

No. _____, _____ St.

Primary Registration District No. 2013

Registered No. _____

Hospital Residence

FULL NAME OF CHILD Melvin Hensel Condit

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	Aug. (Month) 5th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Guy Whited Condit	FULL MAIDEN NAME	Mary Alice Dennis.
RESIDENCE	Hagerman, Idaho	RESIDENCE	Hagerman, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Malta, Cassia Co. Idaho	BIRTHPLACE	Knoxville Iowa
OCCUPATION	farmer	OCCUPATION	house-keeper

Number of child of this mother, including present birth five

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 o'clock A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Marshall

(Physician or Midwife)

Given name added from a supplemental report

_____, 19____

W A Marshall
Registrar

Address _____

Filed Nov 10 1913 D W A Marshall
Registrar

S-Y CO., 16666

662-213-024-749

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

22397

PLACE OF BIRTH

County of Gooding

City of Hagerman

Registration District No. _____ File No. 9

No. _____ St.

Primary Registration District No. 2013 Registered No. _____

Hospital _____

FULL NAME OF CHILD Nellie Nadine Owsley.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	sept 13 1913

FATHER		MOTHER	
FULL NAME	Nat. Owsley	FULL MAIDEN NAME	Elizabeth Gurley
RESIDENCE	Hagerman.	RESIDENCE	Hagerman
COLOR	wh.	COLOR	wh.
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Corrin Utah	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Ranch Hand.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Marshall

(Physician or midwife)

Address Hagerman

Given names added from a supplemental report

..... 19.....

Filed Oct 15 1913 W A Marshall

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-222-032-649

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Hagerman

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[redacted]

Registration District No. .....

File No. 7

Primary Registration District No. 2013

Registered No. .....

FULL NAME OF CHILD Bubie Isabell Allen

Sex of Child: female	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Aug 22, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William A. Allen	FULL MAIDEN NAME	Loretta Furnice
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Lander Wyoming	BIRTHPLACE	Ashley Utah
OCCUPATION	freighter	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was bornalive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Allen

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Sept 15 1913 W A Marshall

Registrar

S-Y CO., 16670

JUN 3 0 1975

862-207-024-367

OF BIRTH

Gooding

City of Hagerman

No. Ida St.

Hospital

Form V. S. No. 11—10[illegible]-10-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

22399

Registration District No.

File No. 6

Primary Registration District No. 2013

Registered No.

FULL NAME OF CHILD Florence Augusta Hosac

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
girl		yes	Sept 7 1911 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry N. Hosac	FULL MAIDEN NAME	Hester A Cox
RESIDENCE	Hagerman Ida	RESIDENCE	Hagerman Ida
COLOR	White Born Oct 17	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years) 1871	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mercer Co Bun	BIRTHPLACE	Born Dec 22 1876 Boise Ida
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W H Marshall

(Physician or Midwife)

Given name added from a supplemental report

, 19

Address

Filed Sept 15 1913 W H Marshall

Registrar

Registrar

S-Y CO., 16669

[redacted]

JUN 6 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

22400

City of Hagerman

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 2013 Registered No. _____

Hospital _____

FULL NAME OF CHILD Chas Frederick Dickinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Fletcher Dickinson	FULL MAIDEN NAME	Margaret Dickinson
RESIDENCE	Hagerman	RESIDENCE	
COLOR	Wh. AGE AT LAST BIRTHDAY 47 (Years)	COLOR	White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Scotland
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W H Marshall (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Filed Sept 15 1913 W H Marshall Registrar

_____ Registrar

S-Y CO. 20174

NOV 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING [illegible] THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a [illegible] RETURN must be made for each and the number of each [illegible] stated

133-120-0[illegible]

[illegible]CE OF BIRTH

[illegible] Lincoln

City of Hagerman

No. ....., ... St.

Hospital .....

[illegible] V. S. No. 11-C—15m-6-30-11

[illegible] Bureau of [illegible]

[illegible]RTIFICATE OF BIRTH

Registration Distr[illegible] ..... File No. 22401

Primary Registration [illegible] ..... Registered No. .....

FULL NAME OF CHILD Arthur Allen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural bir[illegible])	[illegible]	Date of birth Dec 20 (Month) (Day)
boy		yes	

FULL NAME	FATHER	FULL M[illegible] N[illegible]	MOTHER
	George Elihu Allen		[illegible]
RESIDENCE	White	RE[illegible]	
COLOR	AGE AT LAST BIRTHDAY ..... (Years) 28	CO[illegible]	
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Elco Nevada
OCCUPATION	freighter	OCCUPA[illegible]	House wife

Number of child of this mother, including present birth ....3.....

Number of children, of this mother, now living, including present birth ..3..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ....., at Six [illegible] on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Elihu Allen

.....

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 12 1914 W H Marshall

Registrar

Registr[illegible]

S-Y CO., 16670

JUN 19 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of _____ Registration District No. _____ File No. 22402

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Millard Augustus Gill III

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	Yes	Aug 5, 1913

FATHER		MOTHER	
FULL NAME	Millard A Gill Jr.	FULL MAIDEN NAME	Nettie May Stroud
RESIDENCE	Hagerman	RESIDENCE	Hagerman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Violia Wis	BIRTHPLACE	DeBeque Col.
OCCUPATION	Mgr Bee Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkbaum

M. D.

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Filed Jan 12 1914 W H Marshall

Registrar

S-Y CO., 16670

SEP 9 1942

986123-024-981

Form V. S. No. [illegible]-15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

22403

County of Fording

City of Hagerman Registration District No. _____ File No. _____

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Oscar Leland Ryan

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Males	1	Yes	June 23, 1913

FATHER		MOTHER	
FULL NAME	Charles W Ryan	FULL MAIDEN NAME	Myrtle A Ryan
RESIDENCE	Hagerman Idaho	RESIDENCE	Hagerman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Naf Utah	BIRTHPLACE	Hagerman Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Frankbon [illegible]

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Hagerman Idaho

Filed Jun 12 1914 W. H. Marshall

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 5 1945

JAN 15 1975

799-225-024-619

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of

Registration District No.

File No. 22404

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Francis Elaine Gridley

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
Female	1 (To be answered only in event of plural births)	Yes	Oct 25, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Gridley	FULL MAIDEN NAME	Rhoda Jane Warwick
RESIDENCE	Hagerman Idaho	RESIDENCE	Hagerman Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29
BIRTHPLACE	Idaho.	BIRTHPLACE	Warren Co. Ohio.
OCCUPATION	Horseman	OCCUPATION	Hotel

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. V. Faulkbonner, M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Hagerman, Idaho.

Filed June 12 1913 W. W. Marshall

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

569-225-032-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 23 File No. 22429

No. ____ St.

Primary Registration District No. 1012-2017 Registered No. ____

Hospital ____

FULL NAME OF CHILD Morris

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	Yes	Sept 25 1913

FATHER		MOTHER	
FULL NAME	Frederick Morris	FULL MAIDEN NAME	Ida Colburn
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	England	BIRTHPLACE	Illinois
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pfau M.D.

(Physician or midwife)

Address Jerome

Given names added from a supplemental report

....., 19.....

Filed July 1, 1914 C. D. Pfau
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

494-129-044

PLACE OF BIRTH

[redacted]

No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital .....

Registration District No. 86 File No. 22646

Primary Registration District No. 2112 Registered No. 21

FULL NAME OF CHILD Gardner Middleton

Sex of Child	Twin, Triplet or other? and Number in order of birth	Legitimate?	Date of birth
male	5th (To be answered only in event of plural births)	yes	Apr. 29, 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur A. Middleton	FULL MAIDEN NAME	Ella Fielding
RESIDENCE	Weiser R.F.D.	RESIDENCE	Weiser R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kentuckey	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address .....

Filed June 1st 1914 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Gardner Middleton (Name on original certificate) who born (Was born or died) on 4-29-13 (Date of event)
in Weiser, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Baby book (Bible record, insurance policy, etc.) prepared on 4-29-13 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
birth date	4-29-14	4-29-13

Subscribed and sworn to before me this 11th day of July, 1941.

Rose A. Haworth

Notary Public, residing at Boise

My commission expires 7-2

[SEAL]

NOTARY PUBLIC
Residence: Boise, Idaho
My Commission Expires Feb. 15 1943

Signed Ella Middleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1020 N. 21st St., ?Boise, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of July, 1941.

Rose A. Haworth

Notary Public, residing at .....

My commission expires .....

[SEAL]

NOTARY PUBLIC
Residence: Boise, Idaho
My Commission Expires Feb. 15 1943

Signed Arthur A Middleton
(Signature of any credible person other than the previous affiant)

1020 N. 21st St., Boise, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

7-14-41

SEP 12 1947

MAR 9 1959

NOV 5 1976

389-205-044 864

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

[redacted] Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Wash.

City of Weiser

Registration District No. 86

File No. 22647

No. ....., ... St.

Primary Registration District No. 1010

Registered No. 23

Hospital .....

FULL NAME OF CHILD Christensen Fern Evelyn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem	—	—	yes	9 5 1913

FATHER		MOTHER	
FULL NAME	Moses Christensen	FULL MAIDEN NAME	Ella Howes
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ills.
OCCUPATION	Merchant	OCCUPATION	wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 A. M. on the date above stated.

(Signature) E. J. Anderson M.D.

Weiser

(Physician or Midwife)

Address .....

Filed June 1st 1913 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

JUL 2 9 1974

5/2/41 2,F

558-219-042-692

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 37 File No. 22833

Primary Registration District No. 1085 Registered No. .....

FULL NAME OF CHILD Mildred F. Neber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Jan 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel S Neber	FULL MAIDEN NAME	Emma Fike
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ill
OCCUPATION	Minister	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tot Boyd

MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Twin Falls, Idaho

Filed July 6 1914 John F Coughlin Registrar

S-Y CO. 24656

JUL 15 1960

AUG 24 1953

369.126.006.793

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

23292

County of Bingham

City of Firth

No. _____ St.

Hospital _____

Registration District No. 69 File No. _____

Primary Registration District No. 2147 Registered No. 245

FULL NAME OF CHILD Ray Peter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Jan (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Peter Corgatelli	FULL MAIDEN NAME	Lusvize Picca
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	Italian	COLOR	Italian
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleys
midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley Ida

Filed 2-1 1914 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DELAYED

715-123-002-213

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Mesa

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** 23347

Primary Registration District No. 2011 **Registered No.** 152

FULL NAME OF CHILD .....

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** June 23 1913 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Frank L. Pandus	**FULL MAIDEN NAME**	Anna L. Ballard
RESIDENCE	Mesa	**RESIDENCE**	Mesa
COLOR	Whr **AGE AT LAST BIRTHDAY** 26 (Years)	**COLOR**	Whr **AGE AT LAST BIRTHDAY** 20 (Years)
BIRTHPLACE	Iowa	**BIRTHPLACE**	Idaho
OCCUPATION	Farmer	**OCCUPATION**	Hwf

Number of child of this mother, including present birth 1 **Number of children of this mother now living, including present birth** 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 930 **at** 9 — **M** **on the date above stated.**
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 6-24 1914 Frank E Brown
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

239.112-002819

Amended 9/29/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 23439
Local Reg. No.
Reg. Dist. No. 21

1. PLACE OF BIRTH
a. COUNTY: Blaine
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Homer
b. (Middle): Hailey
c. (Last): Scriven

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 10, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Chas.
b. (Middle): Elmer
c. (Last): Scriven

8. AGE (At time of this birth): 27 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Minn.
10. USUAL OCCUPATION: Laborer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Zelma
b. (Middle):
c. (Last): Hailey

13. AGE (At time of this birth): 18 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Okla.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. Scriven
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____X____ OTHER (Specify) ____
19. ADDRESS: Hailey, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Aug. 1, 1914
22. REGISTRAR'S SIGNATURE: Robert W. Wright
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 5AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Blaine

City of ✓

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 — File No. 23439

Primary Registration District No. 2022 — Registered No. 48

FULL NAME OF CHILD Laurice Evangeline

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Oct 10 1913

FATHER		MOTHER	
FULL NAME	Chas Elmer Scriven	FULL MAIDEN NAME	Zelma Hailey
RESIDENCE	Blaine Co	RESIDENCE	Blaine Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Minn	BIRTHPLACE	Okla
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5A M (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Mrs Scriven

Midwife

(Physician or midwife)

Address Hailey Ida

Filed Aug 1, 19 14 Robert H Wright

Registrar

S-Y CO. 24655

SEP 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 25 10 14 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 23439

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Laurice Evangeline Scriven (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1913 (Date of Event) in Blaine Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child'sname	Laurice Evangeline Scriven	Homer Hailey Scriven

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of KITTITAS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of SEPT, 1975

Notary Public, residing at ELLENSBURG

My commission expires SEPT 21, 1977

(Seal)

Signed Zelma N. Spence
(Signature of Any Credible Person)

703 1/2 E. Second
(Street Address, City, State)

FORM DH 60-155 CL 9/8/75

Family Bible record ~~from the~~ gives the child's name as Homer Hailey Scriven born Oct. 10, 1913 at Muldoon, Idaho. viewed by V. S.

SEP 29 1975

Marriage certif from Washington gives name as Homer Scriven and brides' name as Helen Clay. dated May 18, 1932. viewed by V. S.

96411 11025-445

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE O[redacted]
BUREAU OF VI[redacted]TICS
CERTIFICAT[redacted]

County of Idaho

City of Boles

No. ..... St.

Hospital .....

Registration District No. 103 File No. 23447

Primary Registration District No. 2181 Registered No. 31

FULL NAME OF CHILD Reymond Leroy Romig.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Nov (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robert Roy Romig	FULL MAIDEN NAME	Beatrice Antoinette Dunsmore
RESIDENCE	Boles, Idaho	RESIDENCE	Boles, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~25~~ 25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Brandon, Iowa.	BIRTHPLACE	Carroll, Iowa.
OCCUPATION	Cement worker.	OCCUPATION	House work.

Number of child of this mother, including present birth Fourth Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mr Robert Roy Romig
(By Mrs R.R. Romig.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boles, Idaho

Filed Aug 10 1914 G S Stockton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-1-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

557.221.009.817

PLACE OF BIRTH

County of Bonner

City of Dover

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 23585

Primary Registration District No. 2139 Registered No. 607

FULL NAME OF CHILD Elsie Englund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	8 21 1913

FATHER

FULL NAME Emil Englund

RESIDENCE Dover Ida

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Sweden

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Hulda Haglund

RESIDENCE Dover Ida

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at ____ M
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Patterson
(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Aug 12 1914 Dr M MacKinnon Registrar

S-Y CO. 24695

FEB 20 1942

68323

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of [redacted]

City of McCall

[redacted] No. [redacted]

No. [redacted]

Primary Registration Dis[redacted] No.

23674

Hospital

FULL NAME OF CHILD Minnie Lois Rennick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Miles Rennick	FULL MAIDEN NAME	Gertie E. Lambdin
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Compton M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Rosebery Idaho

Filed July 25 1914 Emma C. McKinley
Registrar

S-Y CO. 20174

218-107-032-799

Form V. S. No. 11-C—25m

PLACE OF BIRTH

STATE [redacted]
BUREAU OF [redacted]STICS
CERTIFI[redacted]

County of Lincoln

City of Richfield

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 23775

Registered No. .....

FULL NAME OF CHILD Marion Reed Kays, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 7th (Day)

FATHER		MOTHER	
FULL NAME	Marion Reed Kays	FULL MAIDEN NAME	Alice Adeline Grier
RESIDENCE	Richfield Idaho	RESIDENCE	Richfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Tonica, Illinois	BIRTHPLACE	Lexington Illinois
OCCUPATION	Mgr Idaho Irrigation Co Ltd	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:00 on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Davies MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonn

Filed Sept 19 13

J C Davies
Jms
Registrar

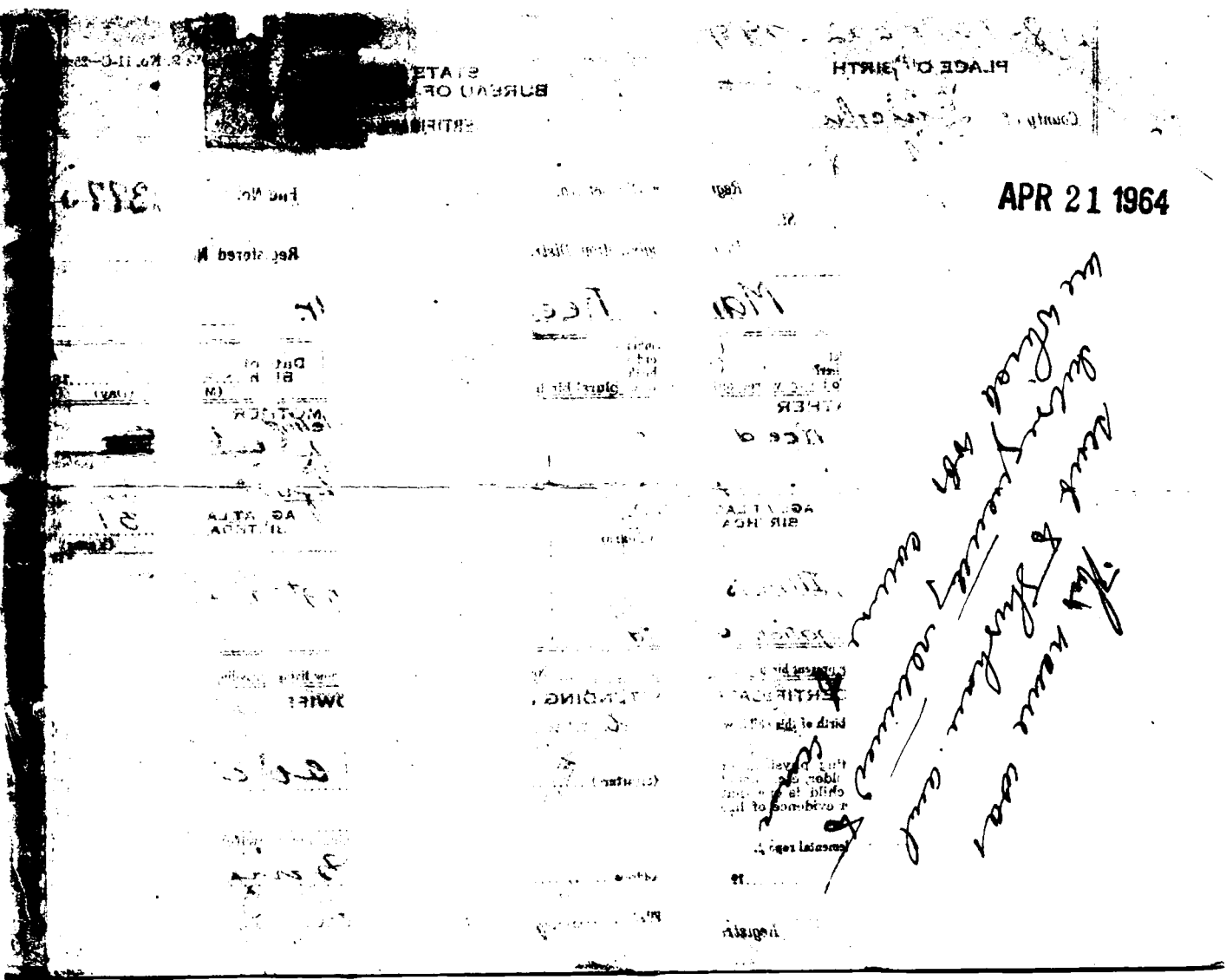
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


APR 21 1964

863-120-028-851

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 29 File No. 24025

Primary Registration District No. 1050 Registered No. 22

FULL NAME OF CHILD Melvin Holden

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	one	one	yes	Dec 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ollie W. Hensler	FULL MAIDEN NAME	Eva Myrtle Dake Yeager
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Dakota	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 20 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Holden MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

Dec 31 1914

Max A. Dorland
Registrar

Address .....

Filed Dec 1913

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-311396

343.22.0405

PLACE OF BIRTH

County of Shoshone

City of Kingston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 173 File No. 24055

Primary Registration District No. 7701 Registered No. .....

FULL NAME OF CHILD Ruth Alma Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		2	yes	9 27 1913

FATHER	MOTHER
FULL NAME Fred J Tucker	FULL MAIDEN NAME Lena Mary Reed
RESIDENCE Kingston	RESIDENCE Kingston
COLOR W	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Oregon	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 23 (Years)
	BIRTHPLACE U.S.
	OCCUPATION House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. R. Mason M.D.

(Physician or midwife)

Address Kellogg

Filed 9/15 19 13 Geo. S. Lesher Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1945

259-229104057

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

24057

County of Shoshone

City of Beeler

No. ..... St.

Hospital .....

Registration District No. 123 File No. 54

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Rena Louise Berti

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	1 (To be answered only in event of plural births)	yes	Nov 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard Berti	FULL MAIDEN NAME	Celistina Angeli
RESIDENCE	Beeler	RESIDENCE	Beeler
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Woodsman	OCCUPATION	H. W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg, Ida

Filed 8/15 1914 Geo. S Lesher

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 15 1943

852-112628-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries Ida

No. 2nd & College St.

Hospital Platts.

Registration District No. 32

File No. 24192

Primary Registration District No. 2049

Registered No.

FULL NAME OF CHILD James Hess.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	8, 12, 1913

FATHER		MOTHER	
FULL NAME	Walter Hess	FULL MAIDEN NAME	Bedelia - O Gara
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Virginia	BIRTHPLACE	Ireland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 8 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen. D. Platt

(Physician or Midwife)

Address St Maries Idaho

Given names added from a supplemental report

, 19

Registrar

Filed Sept 10 1914 K. L. Mulcahy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 0 1970

112-122-040-415

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 122 File No. 24302

Primary Registration District No. 220 Registered No. 39

FULL NAME OF CHILD Joseph Jalbert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	X		X	yes	Dec (Month) 22 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Jalbert	FULL MAIDEN NAME	Josephine Danziere
RESIDENCE	Mullan	RESIDENCE	Mullan Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Montana
OCCUPATION	Black Smith	OCCUPATION	wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs,

Mrs Louise Lanziere (mother)
(Physician or midwife)

Address French Town Mont.

Given names added from a supplemental report

..... 19.....

Filed Sept 15 1914 H C Mowery
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

341-120-014-795

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 24784

Primary Registration District No. 2007 Registered No. 125

FULL NAME OF CHILD Lois Lorraine Crawford

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	yes.	Oct - 20 - 1913

FATHER		MOTHER	
FULL NAME	W. H. Crawford.	FULL MAIDEN NAME	Authie Bierd
RESIDENCE	Caldwell	RESIDENCE	Caldwell.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. J. Miller

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-17-1914. John L. Meyer Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } JAN 11 9 26 AM '73
County of ..... }

Certificate No. 24784

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Crawford (Name on Original Certificate) who was born (Was Born or Died) on October 20, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	LoisLorraine Crawford

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of
January, 1973

Wilton Foster
Notary Public, residing at Ontario
My commission expires Mar 17, 1975
(Seal)

Signed Glenna M. Kinner
(Signature of Any Credible Person)

1009 SW 5th Ave. Ontario, Ore.
(Street Address, City, State)

FORM DH 60-155

~~CL 1-11-73 (C)~~ no corresp - called 1-11-73 - Rush - fc

Own child's birth certif on file in Idaho (fiel No. 279051) gives child's name as Michael David Conway born April 29, 1939. Gives mother's name as Lois Lorraine Crawford and father's name as Edward Owen Conway. Viewed by V. S.

JAN 17 1973

High School Diploma from Caldwell gives name as Lois Lorraine Croawford. Dated May 22, 1931. Viewed by V. S.

535-116029-391

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

Registration District No. ____ File No. 25281

No. ____ St.

Primary Registration District No. 2148 Registered No. ____

Hospital ____

FULL NAME OF CHILD Donald Elvy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—		—	yes.	June 16 1913

FATHER		MOTHER	
FULL NAME	Philip Elvy	FULL MAIDEN NAME	Lola M. Crawford
RESIDENCE	Juliaetta Ida.	RESIDENCE	Juliaetta Ida.
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wash	COLOR	W.
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Wash
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Philip Elvy
Parent
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Juliaetta, Ida

Filed Oct. 10 1914 S. A. Rae
Registrar

..... Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

26008

County of Fremont

City of Victor

No. 349-128-022-386, St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Owen Clarence Curtis

CLARENCE OWEN CURTIS

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	May 28, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Owen Clarence Curtis	May THOMPSON
RESIDENCE	Victor Idaho	Victor
COLOR	White — AGE AT LAST BIRTHDAY 26 (Years)	White — AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Newton Cache, Co	Henriville, Garfield, Co, Utah
OCCUPATION	Farming	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lizabeth B Curtis

Midwife (Physician or Midwife)

Given names added from a supplemental report

Address Victor Idaho

..... 19.....

Filed 11-18 [signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 26008

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Owen Clarence Curtis (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on May 28, 1912 (DATE OF EVENT)
in Victor, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 17, 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Owen Clarence Curtis	Clarence Owen Curtis
Date of birth	May 1912	May 28, 1912
Maiden name of Mother	May [illegible]	May Thompson

Subscribed and sworn to before me this 17th
day of January, 19 42
Mary E. Orr

Notary Public, residing at Boise Idaho
My commission expires 6-24-45
(SEAL)

Signed Mary Clevenger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT, IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 8 1971

217-005-022-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Victor

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 26009

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Bagley

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
		yes.	Sep. (Month) 9th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George Henery Bagley	FULL MAIDEN NAME	Annie Gennetta Petterson
RESIDENCE	Victor Idaho	RESIDENCE	Victor Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Colage Ward. Utah
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 113 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth B. Curtis

Midwife (Physician or Midwife)

Given names added from supplemental report

C. Cherrington

Address Victor Cherrington

Filed Sept. 1913 19

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 5 1973

DELAYED

415-111-022-259

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 26010

Primary Registration District No. 2176 Registered No. .....

FULL NAME OF CHILD Brainard Curtis Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	E. Curtis Davis	FULL MAIDEN NAME	E. Blanche Keith
RESIDENCE	Milner	RESIDENCE	Milner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:25 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Driggs

C. C. Herrington 19 Nov. 18 1913 M. P. Crisler

Registrar Registrar

S-Y CO.-24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 1-8-1941. D.P.

962-228-022-232

[redacted]

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

26-11

26011

County of Fremont

City of Felt

No. ....., ... St.

Hospital .....

Registration District No. 77 — File No. .....

Primary Registration District No. 2176 — Registered No. .....

FULL NAME OF CHILD Joseph ~~Sive~~ Leve Robinson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct. 28, 1913

FATHER		MOTHER	
FULL NAME	Chas. Francis Robinson	FULL MAIDEN NAME	Bertha Susannah Schrock Schwek
RESIDENCE	Felt, Idaho.	RESIDENCE	Felt Idaho
COLOR	White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Olivia Minn.	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) ~~alive~~ at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Born at Felt Idaho

Mrs. Fannie Hendrickson (Physician or Midwife) midwife

Address Felt, Idaho.

Filed Nov. 3 - 1913 M O Crisler Registrar

Given names added from a supplemental report

C. Cherrington, 19..

Registrar

SYMS - YORK CO., PTRS. & BDRS. 1326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 25, 1940. E.W.

695-218-022-249

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

P. S. No. 11-C—25m-1-1-13

26012

County of Fremont

City of Driggs

Registration District No. 77 File No.

No. St.

Primary Registration District No. 2176 Registered No.

Hospital

FULL NAME OF CHILD Eva Jeanette Winger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Nov 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. D. Winger	FULL MAIDEN NAME	Lilly Smith
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Hyrum, Utah
OCCUPATION	Realestate	OCCUPATION	housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bonne alive at 11 45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

Physician (Physician or midwife)

Given names added from supplemental report.

C. C. Merrington Registrar

Address Driggs, Ida.

Filed Nov 24 1913 M. P. Crisler Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 26012
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Fremont (b) City Driggs, Idaho
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home: Own home
e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Eva Jeanette Winger

5. Date of Birth of Child (Month, day, year) Nov 18-1925

Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 2d

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Harold David Winger

12. Color or Race White

12. Age at time of THIS birth 37 yrs.

Birthplace Preston (City or town) Idaho (State or foreign country)

Exact Occupation Real Estate

Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Sophia Smith

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Bingham (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

~~Name prophylactic used to prevent Ophthalmia Neonatorum~~ Argyrol

Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Attendant's OWN signature Dr Crisler M.D. / Midwife Address Driggs, Idaho Date

State of Utah } ss.
City of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 47 years of age, that I have known this person for 28 years, and that Dr. Crisler (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chap. 139, 1937 Session Laws.

Mrs Lilly Sophia Smith Winger Signature

P. O. Address

Subscribed and sworn to before me this 8 day of May, 1942

(SEAL) Lorraine Martin Notary Public, residing at Salt Lake City, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 11 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-217-022-418

[redacted]

U. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Felt

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

26013

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Wilma Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Dec. 17 1913

FATHER		MOTHER	
FULL NAME	Charles J Matthews	FULL MAIDEN NAME	Ada Hayley
RESIDENCE	Felt	RESIDENCE	Felt
COLOR	white	AGE AT LAST BIRTHDAY (Years)	33
COLOR	white	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Grouse Creek Utah	BIRTHPLACE	Basin
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at ____ M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Henderickson (Physician or Midwife)

Address C. Merrington

Given names added from a supplemental report

____, 19____

____ Registrar

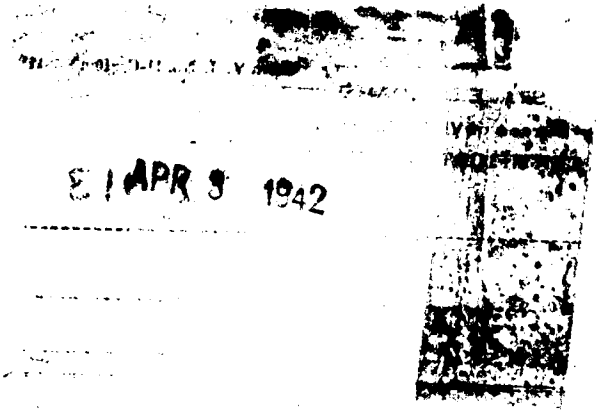
Filed NOV 14 Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of child, in order of birth stated


APR 3 1942

235-222-022-349

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

Registration District No. .....

File No. 26084

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Golda Rubby Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	11 22 1913

FATHER		MOTHER	
FULL NAME	Mathew H. Stevens	FULL MAIDEN NAME	Clarina C. Curtis
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Newton, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth B. Curtis

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Victor, Idaho

Filed Nov. 19 13 C. C. Herrington Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dec. 22. 1913

Dr. Crider

Dear Sir. I haven't blanks. so cant fill out Stevens baby certificate but will send you all and if you want to fill it all right, and if not send me blanks and ~~I will fill it out~~ and send it to you hoping it is satisfactory respectfully

Mrs. A B Curtis

Fremont County
full name of child) (Golda Rubby Stevens) (Legitimate yes)
Date of birth) (month nov) (22 date) (1913) (Born alive at 930 A M)

name of father Nathan H Stevens
resedenct victor Idaho
Color. White (age 31)
Birth Place Huntington. Utah.
Occupation Farmer

madin name of mother Clarina C Curtis
Collor. White (Age 24
Birth Place (Newton, Utah
Occupation House Keeping
(No of children 2)
No of children now living 2
date of birth nov 22

Signature Elizabeth B Curtis Midwife
Victor. Idaho C Merrington

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

29-229
040-154

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26465

Registration District No. 173 File No. 67

Primary Registration District No. 7201 Registered No. .....

FULL NAME OF CHILD Alberta Virginia Barrickman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Oct 29 1913

FATHER		MOTHER	
FULL NAME	Bartholomew Bobunday Barrickman	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Kellogg Ida.	RESIDENCE	Kellogg Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minnesota
OCCUPATION	Miner.	OCCUPATION	Home - wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 50 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M.D.
(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

Filed 10/5 1914 Geo. S. Leahey
Registrar

..... Registrar

S-Y CO. 20174

JAN 20 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

26527

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. 386-224-040-312 St.

Registration District No. 123 File No. 90

Primary Registration District No. 2201 Registered No.

Hospital

FULL NAME OF CHILD ~~Mary~~ Thornhill (Evelyn Mae)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Feb 24 1913

FATHER		MOTHER	
FULL NAME	Merle Conrad Thornhill	FULL MAIDEN NAME	Maud Adelia Taber
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Kennett

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg, Idaho

Filed 4/5 1915 Geo. S. Leslie
Registrar

Registrar

E-Y CO. 24656

PLACE OF [redacted]

nty of [redacted]

of [redacted]

313 S. [redacted]

[redacted] Hospital

born in hospital or in[redacted] give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Evelyn Mae Thornhill

Sex F. | If plural births: 4. Twin, triplet, or other..... 5. Number, in order of birth..... | 6. Premature..... Full term..... | 7. Legitimate?..... | 8. Date of birth Feb 24 1913 (Month, Day, Year)

FATHER

Full name Merle Conrad Thornhill

Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho

Color or race White | 12. Age at last birthday 27 (years)

Birthplace (city or place) (State or country) Marion Oregon

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Mine Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Furniture

16. Date (month and year) last engaged in this work May 10, 1934 | 17. Total time (years) spent in this work 2 Yrs.

MOTHER

18. Full maiden name Maud Faber Thornhill

19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg

20. Color or race white | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or country) Marshall Mo

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Public Schools

25. Date (month and year) last engaged in this work May, 1928 | 26. Total time (years) spent in this work 4 yrs.

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of children of this mother (At time of this birth and including this child) Three (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn .....

If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 4 P.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Name added from supplemental report ..... (Date of)

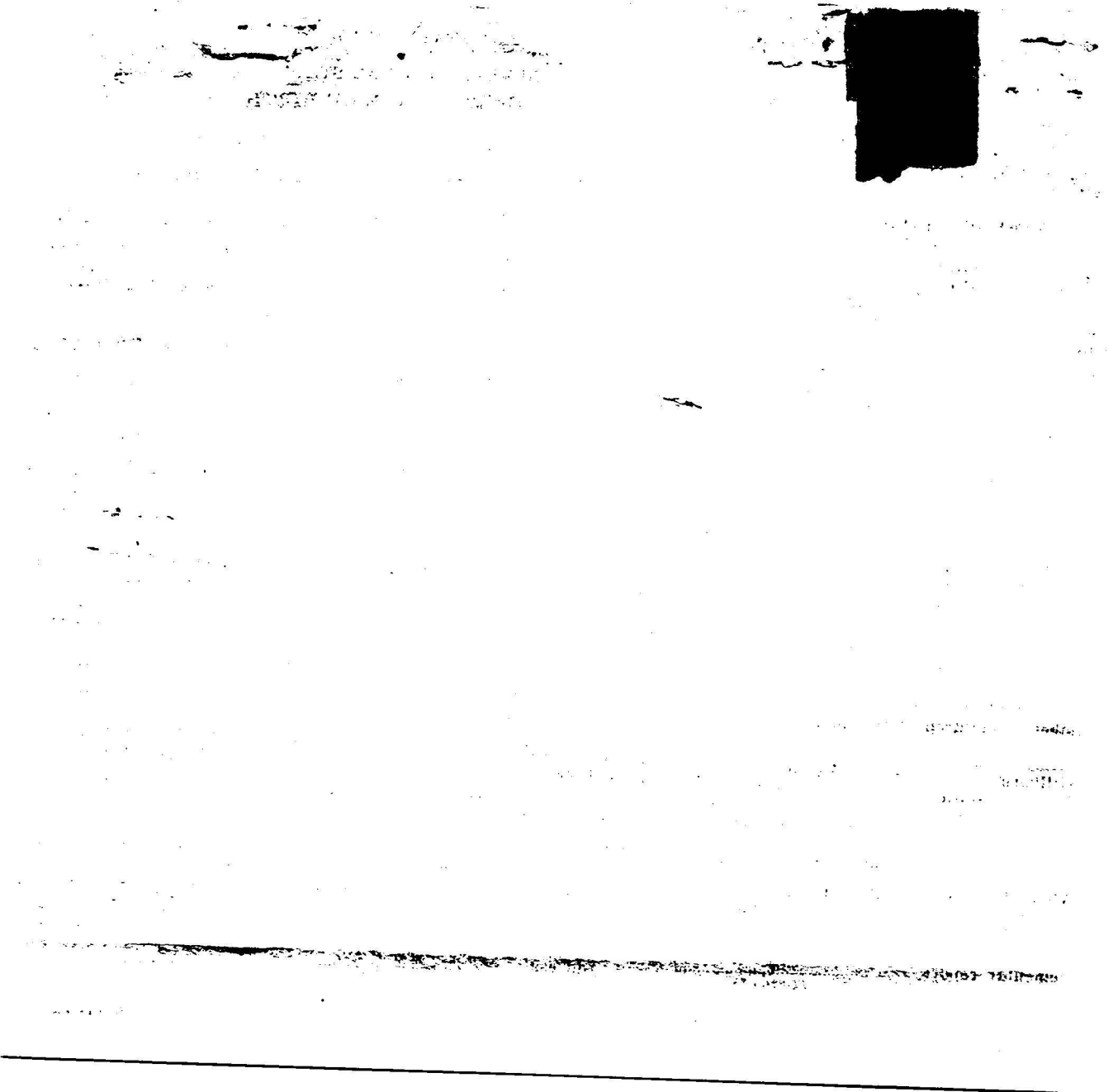
(Signed) Merle Conrad Thornhill, M. D. or Father, Midwife

Address Kellogg, Idaho

Filed ....., 193.....

..... Registrar.

..... Registrar.



238-212-025-758

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand — Registration District No. 105 — 89 — File No. 26622

No. ____ St. ____

Primary Registration District No. 2183 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Elizabeth Mary Schaeffer

Sex of Child: Female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: January 12 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Henry J. Schaeffer

RESIDENCE: Ferdinand

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Tehrung

RESIDENCE: Ferdinand

COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2 — Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Henry J. Schaeffer
Father of child
(Physician or midwife)

Address Ferdinand, Idaho

Filed Dec 24 1914 — H. B. Blake Registrar

2-Y CO. 24656

DELAYED

314-103-009-563

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonner

City of Hope

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 78 File No. 26637

Primary Registration District No. 2153 Registered No. 706

FULL NAME OF CHILD Milan Campbell

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M.		Yes	Sept 3rd 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Campbell	FULL MAIDEN NAME	Mary J. Notske
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Knapp MD.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Hope Ida.

Filed Jan 5 1913 M. McKinnon Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

399-115-009-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

No ....., ... St.

Registration District No. 78 File No. 26638

Primary Registration District No. 2153 Registered No. 707

Hospital .....

FULL NAME OF CHILD Otto Raymond Crisp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Sept 15, 1913

FATHER		MOTHER	
FULL NAME	Benj Crisp	FULL MAIDEN NAME	Ida A Dreik
RESIDENCE	Hope	RESIDENCE	Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ills.
OCCUPATION	Steam Boat Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Knapp M.D.

(Physician or Midwife)

Address Hope

Given names added from a supplemental report

....., 19.....

Filed Jan 5 1915 M. McLennon

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

418-2071-22-236

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 9/27/74

State File No. 27135
Local Reg. No.
Reg. Dist. No. 99

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Roberta
b. (Middle):
c. (Last): Dayley

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) July (Day) 7, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Maine
b. (Middle):
c. (Last): Dayley

8. AGE (At time of this birth): 30 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Oakley, Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Phoebe
b. (Middle): Ann
c. (Last): Stoddard

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Parker, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: St. Anthony, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 9, 1914
22. REGISTRAR'S SIGNATURE: W. B. West
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
Time: 12:30 AM

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 27135

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Evelyn Dayley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 27 1914 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Maine Dayley	FULL MAIDEN NAME	Phoebe Ann Stoddard
RESIDENCE	Parker Ida	RESIDENCE	Parker Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Parker Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M D

St Anthony Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 9 1914 W B West
Registrar

S-Y CO. 24655

JUL 2 5 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 4 11 27 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 27135

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Evelyn Dayley (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1914 (Date of Event) in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Evelyn Dayley	Roberta Dayley
date of birth	Sept. 27, 1914	July 7, 1914. 1913

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/5/74 Idcd

Certificteo fo birth from LDS Church gives name as Roberta Dayley born July 7, 1913 at Parker, Idaho. Father;s name as Marion M. Dayley and mpther's name as Phoebe Stoddard. entered on record Oct. 5, 1913. viewed by V. S. SEP 27 1974

Family Group record fromthe family gives name as Roberta Dayley born July 7, 1913 at Parker, Idaho. viewed by V. S.

JAN 24 1975

381-229-029-963

Idaho

~~WASHINGTON~~ STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. 27505

File No.

Registered No.

PLACE OF BIRTH

County of Latah

City of Viola P O

or

Town of Dist (No. 66 - Primary Registration No 2145 St.; Ward)

FULL NAME OF CHILD Dolly Dell Chaney

{ If child is not yet named, make supplemental report, as directed.

Sex of Child Fem. | Twin, Triplet or other? — } and { Number in order of birth — | Legitimate? Yes | Date of Birth July (Month) 29 (Day) 1913 (Year)

FATHER	MOTHER
Full Name Lewis Carl Chaney	Full Maiden Name Sarah Josephine Rothwell
Residence About 3 miles N.E. of Viola Idaho	Residence About 3 mi. N.E. of Viola Idaho
Color White — Age at last Birthday 21 (Years)	Color White — Age at last Birthday 19 (Years)
Birthplace (State or Country) Troy Idaho	Birthplace (State or Country) Viola Idaho
Occupation Farmer	Occupation Housewife

Number of child of this mother 1st — Number of children, this mother, now living 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, and that it was born alive and occurred on July 29, 1913 *at* about 11 P M.

{ ** When there was no attending physician or midwife, then the father, householder, etc., should make this return.* }

(Signature) W. S. Dartt

M D

(Physician or Midwife)

Give name added from a supplemental report

Address ~~W. S. Dartt~~, Palouse Wn

Filed Dec. 4th, 1914 — Dr. J. W. Thompson

Registrar. — Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

SEP 1 1 1974

469-1-9:044-344

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 27851

Primary Registration District No. 212 Registered No. .....

FULL NAME OF CHILD VERNON IRAL MORGAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 29, 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse S Morgan	Estha Ledington
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. J. A. Ross

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 30 1915 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Washington)

Certificate No. 27851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for (Name on original certificate) who Was Born (was born or died) on June 29-1914 (Date of event) in Weiser Idaho (Place of event) ~~are erroneous~~ or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by (Bible record, insurance plcy.etc.) prepared on (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Vernon Iral Morgan
Vernon Iral Morgan	Born at Weiser	
Idaho Washington County	June 29 1913	

Subscribed and sworn to before me this day of 26 Sep 1941

Signed Jess S Morgan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mr A Baz
Notary Public
Residing at Camas

Rt #2 Box 270 Washougal Wash
(Street address, City, State)

My commission expires Sep 8-44

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Wash)
)ss
County of Clark)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Sep 1941

Signed Esther A. Morgan mother
(Signature of any credible person other than the previous affiant.)

Mr A Baz
Notary Public
Residing at Camas

Rt #2 Box 270 Washougal Wash
(Street address, City, State)

My commission expires Sep 8-44
(SEAL)

693-22-0347-962

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [illegible] 5m-1-1-18

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

Registration District No. 19 File No. 27964

No. ..... St.

Primary Registration District No. ..... Registered No. 19

Hospital .....

FULL NAME OF CHILD Pauline Francis ~~Cleora~~ Wilcox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	First	Yes	8-20-13 191...

FATHER	MOTHER
FULL NAME: Frank Wilcox	FULL MAIDEN NAME: Clara Robertson
RESIDENCE: Heyburn	RESIDENCE: Heyburn
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 p. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott

Physician
(Physician or midwife)

Address Rupert

Given names added from a supplemental report.

..... 19...

Filed 8-22-13 19... C. H. SCOTT

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OF IDAHO
ITAL STATISTICS

MADE FROM 13-1545Z.

DuPont 1913-33806

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 15452

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Paul Franklin Wilcox (BIRTH OR DEATH)
for Paul Franklin Wilcox (NAME ON ORIGINAL CERTIFICATE) who was born Sept 20 1913 (WAS BORN OR DIED) on Sept 20 1913 (DATE OF EVENT)
in Paul, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Christine Stollen (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 20 - 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Frank & Clara (twins)	Paul Franklin Wilcox and
Paul Franklin Wilcox		Pauline Frances Wilcox
Pauline Frances Wilcox Kenefick		

Subscribed and sworn to before me this 24
day of February, 19 43

Notary Public, residing at Rupert Idaho
My commission expires Mar 22 1943
(SEAL)

Signed Mrs. Clara Wilcox
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Paul, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of February, 19 43

Notary Public, residing at Rupert, Ida.
My commission expires Mar 22 - 1943
(SEAL)

Signed Mrs. Clara Wilcox
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 2 4 1991

383-220-008517

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28953

County of Bonner

City of Clarkfork

No. ____, ____ St.

Hospital ____

Registration District No. 78 File No. ____

Primary Registration District No. 2155 Registered No. 771

FULL NAME OF CHILD Helen Louise Tyler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Aug. 20, 1913

FATHER		MOTHER	
FULL NAME	Geo. H Tyler	FULL MAIDEN NAME	Alice Nagle
RESIDENCE	Clarkfork	RESIDENCE	Clarkfork
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	(Maine) U.S.	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm M Knapp

(Physician or Midwife)

Address Hope

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 7 19 13 W M McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 1982

NOV 22 1968

CANCELLED

917-127-009-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

28954

County of Bonner

City of Clarkfork

No. ____, ____ St.

Hospital ____

Registration District No. 78 File No. ____

Primary Registration District No. 2153 Registered No. 772

FULL NAME OF CHILD Ragan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Aug. 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Boehle	Lulu Barkett
RESIDENCE	Clarkfork	Clarkfork
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	Mich	Mich
OCCUPATION	Laborer	House wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Knapp

(Physician or Midwife)

Address Hope

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 7 1913 M. McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELAYED

713-130-032-693

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 16

File No. 30859

No. ....., ... St.

Primary Registration District No. 2016

Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Clarence Palmer

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Dec. 30, 1913

FATHER		MOTHER	
FULL NAME	F. L. Palmer	FULL MAIDEN NAME	Julia A. Wickline
RESIDENCE	Dietrich Idaho	RESIDENCE	Dietrich Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Gerrard Ill.	BIRTHPLACE	Cedar Mountain Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:00 P. M. on the date above stated.

was unattended at this birth

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or Midwife)

Given names added from a supplemental report

Cannot locate Mr Palmer to Supply Agency

Address .....

J. L. Fuller Registrar

Filed Jan 1914 J. L. Fuller Registrar

9-Y OCT 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 13 1966

FILED JUNE 1915

DELAYED

ed States
artment of Commerce
eau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 9 1942

State File No. 3485
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:

(a) County [illegible] (b) City [illegible]

(c) Street Address or R.F.D. No. One

(d) Name of Hospital of Maternity Home: None

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home None Days
In **THIS** county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County [illegible]

(c) City [illegible]

(d) Street Address or R.F.D. No. One

(e) How long has **MOTHER** lived in Idaho? One – yr

(f) Mother's mailing address (For registration notice):

[illegible]
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) [illegible]

FULL NAME OF CHILD Leslie Clarence Palmer –

5. DATE OF BIRTH (Month, day, year) Dec 30 1941

Sex Male

7. Twin or Triplet No **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Fred Lee Palmer –

Color or Race White

12. Age at time of THIS birth 38 yrs.

Birthplace Girard (City or Town) Illinois (State or foreign country)

Exact Occupation Farmer

Industry Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME [illegible]

17. Color or Race White

18. Age at time of THIS birth 30 yrs

19. Birthplace Dallas (City or Town) Texas (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 – 1

(c) Born alive and now dead 3. (d) Stillborn One Died at 6 wks.

I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at [illegible] M. on the dat

and at the place stated above, and that personal particulars were furnished by Jessie Palmer [illegible] (First name) (Last name), who i

related to this child as Mother. (Mother, etc.)

(a) JAN 23 1976 FEB 9 1942 (Date received) (b) (Registrar's signature)

Given name added on (Registrar's signature) by

25. Attendant's OWN signature [illegible] M.D (D.O., Midwife, etc.)

and address [illegible] Date Feb 2

MAR 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which th as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the chil householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public o institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of su having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less inte 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any oth charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse proper certificate of birth with the local registrar, within the time required by this article, shall be deemed gu misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before

Yes..... No..... Pos..... N

(e) Signature of Physician:

.....

855-119-044-469

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31099

County of Washington

City of Meiser

No. Liberty St. St.

Registration District No. 86 File No.

Primary Registration District No. 1010 Registered No. 61

Hospital

FULL NAME OF CHILD Carrol Beason Hendricks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9 19 1913

FATHER	MOTHER
FULL NAME Loal Hendricks	FULL MAIDEN NAME Elsie Morris
RESIDENCE Meiser Idaho	RESIDENCE Meiser Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Lewiston Utah	BIRTHPLACE Mississippi
OCCUPATION Cattle Man.	OCCUPATION House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carrol C. Conant - L

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address

Filed 5-26 1915 W. P. Hamilton Registrar

L

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

Correction made from cert. of blessing 10-13-43

OCT 1 3 1943

OCT 8 1943

443.114.002.619

PLACE OF BIRTH

Form V... No. 11-C-25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31156

County of Adams

City of Goodrich

No. ..... St.

Hospital .....

Registration District No. 71 File No. .....

Primary Registration District No. 248 Registered No. 215

FULL NAME OF CHILD Howard Bertrand Mulvihill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	6 (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Richard H Mulvihill	FULL MAIDEN NAME	Mayrene C Farnham
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	Whe	COLOR	Whe
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ny	BIRTHPLACE	Ny
OCCUPATION	Electrician	OCCUPATION	Hwf

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 39 M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R H Mulvihill
Father
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19....

Address .....

Filed 7-1-1915 Frank E. Brown
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

693-214-040-365

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31549

County of Shoshone

City of Stewart

Registration District No. 123 File No. 65

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD Gertrude Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	2	Yes	6 (Month) 1st (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Homer E. Wilson	FULL MAIDEN NAME	Jennie Long
RESIDENCE	Stewart	RESIDENCE	Stewart
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/24 1915 Geo. D. Lesher
Registrar

Registrar

8-Y CO. 24638

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

243-222-040-168

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

31561

Registration District No. 123 File No. 77

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Barbara Beryl Buchanan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	3	Yes	2 22 1913

FATHER	MOTHER
FULL NAME J. Carl Buchanan	FULL MAIDEN NAME Gail Tale Johnson
RESIDENCE Wardner.	RESIDENCE Wardner.
COLOR W AGE AT LAST BIRTHDAY [illegible] (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Kansas.
OCCUPATION Grocery Clerk	OCCUPATION House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/24 1915 Geo S Leeber
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1965
NOV 19 1959
FEB 26 1975
DELAYED

356-104-040-493

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-[illegible] 31565

31565

Registration District No. 123 File No. 81

Primary Registration District No. 2201 Registered No. .....

~~Moved away~~

FULL NAME OF CHILD ~~No Name~~ LESTER EMMETT LEONARD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	yes	NOV. 4, 1913

FATHER		MOTHER	
FULL NAME	Lester A. Leonard	FULL MAIDEN NAME	Katharyn Miller
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/24 1913 Geo. S. Fisher
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada, } ss.
County of Washoe. }

Certificate No. 31565

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lester Emmett Leonard (Name on Original Certificate) who was born (Was Born or Died) on November 4, 1913 (Date of Event) in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Lester Emmett Leonard
Date	Sept. 30th	November 4, 1913

Subscribed and sworn to before me this 25th day of May 1942.

E A Beemer, Clerk
Notary Public, residing at Reno Nev.
~~My commission expires~~ By M. David, Dep.
(Seal)

Signed Katherine Leonard (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

210 Maple St Reno, Nev.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Washoe }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of May 1942.

E A Beemer, Clerk
Notary Public, residing at Reno Nev.
~~My commission expires~~ By M. David, Dep
(Seal)

Signed Marie Jensen
(Signature of Any Credible Person Other Than Previous Year)

480 Granite St. Reno Nevada
(Street Address, City, State)

MAY 26 1942

194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

423-[illegible]-040-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [illegible]

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. 123

Primary Registration District No. 2201

File No. 82

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	10	yes	12 (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Mason Spencer McCoy	FULL MAIDEN NAME	May Hacker
RESIDENCE	Beeler, Ida	RESIDENCE	Beeler, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Washington	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 110

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed 6/24 1913 Geo. S. Lesher

Registrar

Registrar

S-Y CO. 24656

DELAYED

469-130-040-493

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

~~CERTIFICATE OF BIRTH~~

31567

County of Shoshone

City of Kingston

Registration District No. 123 File No. 83

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m	5	yes	10 (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Arthur C. Morbeck	FULL MAIDEN NAME	Bessie Dickey
RESIDENCE	Kingston	RESIDENCE	Kingston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Wis
OCCUPATION	Merchant.	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Kellogg

Filed 6/24 1913 Geo S Lesher

Registrar

Registrar

8-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1961

DELAYED

666-101-028 645

PLACE OF BIRTH

County of Kootenai

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

33938

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD William Travis Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	Mar 1 1918

FATHER

FULL NAME: John T. Wood

RESIDENCE: Coeur d Alene

COLOR: White

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: England.

OCCUPATION: Physician

MOTHER

FULL MAIDEN NAME: Margaret Odeal Wood.

RESIDENCE: Coeur d Alene Ida

COLOR: W.

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Canada.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2.

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John T. Wood

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed Oct 30 1918 Mary A. Dorland Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1969
FEB 5 1971

[redacted] 1944

APR 7 1944

DELAYED

397-1191016-689

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 170 File No. 111 **34802**

Primary Registration District No. 799 Registered No. 104

FULL NAME OF CHILD Eldon E Tipton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	June 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ezekiel Z Tipton	FULL MAIDEN NAME	Hettie Whitaker
RESIDENCE	Oakley	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E M Oldham

registrar
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 12/5 1915 E M Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

866-215008-817

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of McCall

Registration District No. 15

File No. 34919

No. ..... St.

Primary Registration District No. .....

Registered No. 52

Hospital .....

FULL NAME OF CHILD Irma Marie Hoff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Theodore Hoff	FULL MAIDEN NAME	Hannah Hagebak
RESIDENCE	McCall	RESIDENCE	McCall
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Saw Mill Owner	OCCUPATION	H Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ida Wilson by J. S. H.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address McCall

Filed Dec 12 1915 Ruth McDonald Deputy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 4 1983

DELAYED

296-130-028-063

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

37024

County of Kootenai

City of Coeur d Alene

Registration District No. 39 File No. 4

No. City Coeur d Alene St.

Primary Registration District No. 1150 Registered No. 15

Hospital

FULL NAME OF CHILD Alfred Lyon Buffington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	T	1st	Yes	11-30-1913

FATHER

FULL NAME Lyon Alfred Buffington

RESIDENCE Coeur d Alene Ida

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lelly Estella Wheeler

RESIDENCE Coeur d Alene Ida

COLOR W AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Ohio

OCCUPATION None

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child born alive at 12:30 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) C. C. Buffington Father

(Physician or midwife)

Address

Filed 2/29 1916 Mae A. Dorland Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 27 1941

DELAYED

695-121-006-418

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... *St.*

Hospital .....

Registration District No. 69 **File No.** 37124

Primary Registration District No. 24 **Registered No.** 622

FULL NAME OF CHILD Arvel Willis Fielding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec 21 1913

FATHER		MOTHER	
FULL NAME	Jas. Fielding	FULL MAIDEN NAME	Eliza Mayberry
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	Vo AGE AT LAST BIRTHDAY 40 (Years)	COLOR	Vo AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Wish	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Robbins
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Shelley

Filed 3/10 1916 Edwin Cutler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

JUN 2 2 1944

366-227-008-753

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-3-15

CERTIFICATE OF BIRTH

City of McCall

Registration District No. 15 File No. 38301

No. St.

Primary Registration District No. Registered No. 61

Hospital

FULL NAME OF CHILD Ruth Carolyn Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Feb. (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Warren Edgar Cook	FULL MAIDEN NAME	Helga M. Peterson
RESIDENCE	McCall, Ida.	RESIDENCE	McCall, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Dayton Wash.	BIRTHPLACE	Whitehall, Mich.
OCCUPATION	Forest Ranger	OCCUPATION	House wife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P.M. on the date above stated.

(Signature) Warren E. Cook

Father (Physician or midwife)

Dr. Houston E. Snyder attended.

Address

Filed Apr. 20 1916 Ruth McDonald Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

OCT 1 1957

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

128-103-[redacted]-236 Registration District No. 90 File No. 38578

No. ..... St.

Primary Registration District No. 2168 Registered No. 20

Hospital .....

FULL NAME OF CHILD Earle William Ashley

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	X		X	Yes	4/3/13, 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Harry Ashley	FULL MAIDEN NAME	Hazel Scott
RESIDENCE	Near Orofino	RESIDENCE	Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle M Horswell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Orofino

Filed 5/1 1916 J M Faulty Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Form V. S. No. 11-D—10m-8-41

STATE OF IDAHO

Bureau of Vital Statistics

DELAYED

865-221-002-165

PLACE OF BIRTH

[redacted]rm V. S. No. 11-C—15m-6-20-11

Bureau of [redacted]

CERTIFICATE OF BIRTH

38610

County of Adams

City of New Meadows

No. ____, ____ St.

Hospital ____

Registration District No. 72 File No. 1

Primary Registration District No. 2149 Registered No. 2

FULL NAME OF CHILD Hermie Yoakum

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 21st 1913

FATHER		MOTHER	
FULL NAME	Marvin Yoakum	FULL MAIDEN NAME	Elsie Jones
RESIDENCE	New Meadows Ida.	RESIDENCE	New Meadows
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address New Meadows, Ida.

Filed Aug. 28th 1913 T E Martin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

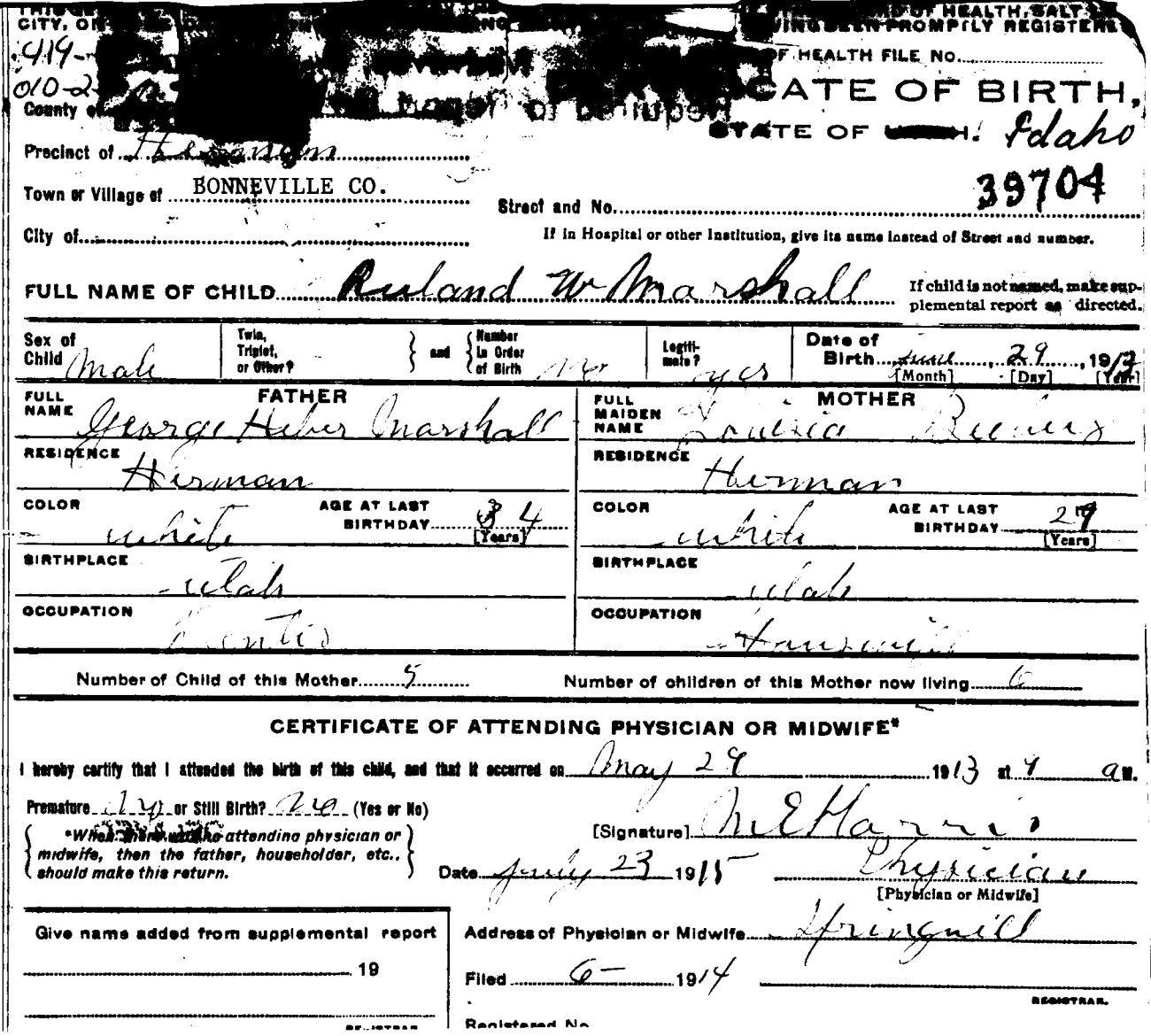
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELIVERED

[redacted]

DELAYED



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. SEE INSTRUCTIONS ON OTHER SIDE.

THIS [illegible] CITY, OR [illegible] NO [illegible] OF HEALTH, SALT [illegible] VING BEEN PROMPTLY REGISTERED

419-[illegible] OF HEALTH FILE No. .....

010-2-[illegible]

County of [illegible]

[illegible]CATE OF BIRTH,

STATE OF [illegible]H. Idaho

Precinct of Herman

Town or Village of BONNEVILLE CO.

Street and No. 39704

City of .....

If in Hospital or other Institution, give its name instead of Street and number.

FULL NAME OF CHILD Ruland W Marshall

If child is not named, make supplemental report as directed.

Sex of Child	Twin, Triplet, or Other?	and	Number in Order of Birth	Legitimate?	Date of Birth
Male			No	yes	June [Month] 29 [Day] 1913 [Year]

FATHER		MOTHER	
FULL NAME	George Heber Marshall	FULL MAIDEN NAME	Louisa Beeney
RESIDENCE	Herman	RESIDENCE	Herman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 [Years]	AGE AT LAST BIRTHDAY	29 [Years]
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of Child of this Mother 5 Number of children of this Mother now living 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, and that it occurred on May 29 1913 at 9 a.m.

Premature No or Still Birth? No (Yes or No)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

[Signature] M E Harris

Date July 23 1915 Physician [Physician or Midwife]

Give name added from supplemental report

..... 19

REGISTRAR

Address of Physician or Midwife Springhill

Filed 6 1914

REGISTRAR

Registered No.

1-7-10-5M.

Information for Physicians, Midwives, P[redacted]id Others Required to Report Birt[redacted]

FEB 2 6 1976

Section 2036x3, Compiled Laws of Utah, 1907. That all births that occur in the State shall be immediately registered i the district in which they occur, as hereinafter provided.

REPORTS.

Sec. 2036x4. Compiled Laws of Utah, 1907. That it shall be the duty of the Attending Physician or Midwife to file certificate of birth, giving all the particulars required by this Act, with the local registrar of the district in which the birt occurred, within ten days after the date of birth. And if there be no attending physician or midwife, then it shall be th duty of the Father of the child, Householder or Owner of the premises, Manager or Superintendent of Institution in whic the birth occurred, to file said certificate of birth with the local registrar within three days after the birth.

EVERY ITEM OF INFORMATION IS IMPORTANT AND MUST BE SUPPLIED.

The Full Name of the child is necessary for identification. If the child is not named when the report is made, get a blanl from local registrar and make return of name as soon as child is named.

DO NOT OMIT ANY FACTS RELATING TO THE PARENTS OF THE CHILD.

Section 2036x8, Compiled Laws of Utah, 1907, provides that: * * * "All Physicians, Midwives, Informants * * * con nected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such informatio as they may possess regarding any birth or death, upon demand of the State Registrar, in person, or by mail, or through th local registrar." * * * The State Registrar will not accept as complete a certificate with this data omitted without satisfac tory explanation for failure to report same.

When no physician or midwife attended a birth, the persons required to make the report in the order specified in Sec 13 shall strike out the words "I hereby certify that I attended the birth of above child," and write in lieu thereof the word "No Physician or Midwife," filling out the remainder of the certificate as the law requires and sign as parent, householder, etc., a the case may be, with his address.

INSTRUCTIONS TO LOCAL REGISTRARS.

Read carefully the law relating to the registration of births and do not allow your supply of blanks to become exhauste before requesting more.

Carefully examine each certificate as soon as it is filed and if the facts required by law are not all supplied, return sam for complete report. Enter the date of filing in your office immediately; give the certificate its proper registered number an make a copy of the original certificate for your local record. If the name of the child is not reported give the person who mad the return a blank for supplemental report of name and direct that it be sent you as soon as the child is named.

Send all original certificates to the State Board of Health on or before the fifth of the month. If the supplementa report of name of child has not yet been filed, send the certificate and forward the later report as soon as received after enter ing name or other fact on your copy. If the child died before being named, the report should be made with the statemen "died unnamed."

PENALTY.

DELAYED

Sec. 2036x12. Compiled Laws of Utah, 1907. And any physician or midwife in attendance upon a case of confinement, o any other person charged with responsibility for reporting births, in the order named in Sec. 13 of this Act, who shall neglec or refuse to file a proper certificate of birth with a local registrar within the time required by this Act, shall be deemed guilt of a misdemeanor. * * * And any registrar, or deputy registrar, who shall neglect or fail to enforce the provisions of thi Act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this Act or by the instruction and direction of the State Registrar, shall be deemed guilty of a misdemeanor. * * * Any person convicted of a misde meanor under the provisions of this Act, shall be fined in any sum not less than ten dollars nor more than two hundred dollars

Blank birth certificates may be obtained from Local Board of Health, Local Registrars or the State Board of Health.

963-112-005-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of St Maries

Registration District No. 32 File No. 39991

No. ..... St.

Primary Registration District No. 2049 Registered No. .....

Hospital .....

FULL NAME OF CHILD Johnnie Philip Rochat

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	11	Yes	Aug (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Paul Rochat	FULL MAIDEN NAME	Leah Jacot
RESIDENCE	Ranch	RESIDENCE	Ranch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Minn.	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Paul Rochat

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Maries

Filed June 20 1916 H. E. Hunt Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED
ALL 3

DELAYED

Dupof 13-347765 and
13-164153

16 1942

ited States
)artment of Commerce
'eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Philip Johnnie Rochat
5. Date of Birth of Child (Month, day, year) Aug. 12, 1913
Sex male
7. Twin or Triplet single
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Paul Rochat
Color or Race White
12. Age at time of THIS birth 46 yrs.
Birthplace St. Paul (City or town) Minnesota (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Jacot
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia ~~Neonatorum~~
Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Attendant's **OWN** signature | M.D. Midwife | Address | Date

te of Idaho }
inty of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears tem 4, above, that I am now 74 years of age, that I have known this person for 29 years, and that IO ATTENDANT (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

Paul Rochat Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of June, 1942
(SEAL) Jessie M. Lahmidt Notary Public, residing at St. Maries, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on JUN 4 1942 by M. I. Fiedler, Registrar.

JUN)) 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-101 CO-381

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1620 Ada St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 42012

Registered No. 321

FULL NAME OF CHILD Carleton Harwood Chapman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Sept 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. C. Chapman	Lora G. Chapman
RESIDENCE	1620 Ada St.	1620 Ada St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	33
BIRTHPLACE	Minneapolis, Minn	Jordan, N.Y.
OCCUPATION	Merchant	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Sullenger

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9/17 19 16 E. F. Eaton Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1942

AUG 23 1976

DELAYED

212-112-006-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE [redacted]
BUREAU OF [redacted]STICS
CERTIFI[redacted]

County of Bingham

City of Thomas Ward

Registration District No. 121 File No. 42250

No. ..... St.

Primary Registration District No. 2194 Registered No. 169

Hospital .....

FULL NAME OF CHILD Desmond Lincoln Baker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	2 (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Harry Baker	FULL MAIDEN NAME	Sarah Elizabeth Hennifer
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife Mother

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot B. F. D. No 2

Filed Sept 7 1916 W. C. Patrick
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 6/10/41. w.h.

514-221-006-259

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Ranch 3 mile N. & E. Wapello

Registration District No 121 File No. 42253

No ....., ... St.

Primary Registration District No. 2194 Registered No. 172

Hospital .....

FULL NAME OF CHILD Unnamed Vaugh

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	6	yes	8 21 1913

FATHER		MOTHER	
FULL NAME	James Alexander Vaugh	FULL MAIDEN NAME	Lillian Bernard
RESIDENCE	Ranch near Wapello Ida	RESIDENCE	Ranch near Wapello
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	3	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cr. H. Hower M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Blackfoot Ida

Filed Sept 7 1916 W. E. Patrick

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DELAYED

719-130-029-792

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of

No. St.

Hospital

Registration District No. 65 File No. 44977

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD Clyde Franklin Parnell.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	March 30 1913

FATHER	MOTHER
FULL NAME Frank Parnell	FULL MAIDEN NAME Bertha Gibbs
RESIDENCE East Deep Creek-10 m. N of Potlatch-(Garfield, Wash. #3)	RESIDENCE East Deep Creek-10m. N of Potlatch (Garfield, Wash. #3)
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 52 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Iowa
OCCUPATION Sawmill and Lumberman	OCCUPATION Housewife (School teacher before marriage)

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 30 1913, at M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

(Signature) W S Dartt

M D
(Physician or midwife)

Address Palouse Wn

Filed Aug 18 19 16 Jno. Thompson
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-111-028-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

48850

County of Kootenai

City of Coeur d'Alene Registration District No. 29 File No. 9

No. ..... St.

Primary Registration District No. 1050 Registered No. 6

Hospital ..... CLAIR DOMINIE

FULL NAME OF CHILD ~~Claire Dominie~~ Freeman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	1		1	Yes	Mar 11 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dave Freeman	FULL MAIDEN NAME	Maude Dominie
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Liverpool Nova Scotia
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. a (Born alive or stillborn) at 7:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John D Wood (Physician or ~~midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene

Filed 4 30 1913 A Hughes

Registrar Registrar

S-Y-CO 38071

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai

Certificate No. 48850

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 11th 1913 (DATE OF EVENT)

in Coeur d'Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and ~~that~~, to the best of his knowledge, the true facts as shown by Personal Knowledge of Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 20th 1943 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Clairie	Clair Dominie Freeman

Subscribed and sworn to before me this 20th day of February, 1943

Signed David Freeman Father
Elva Maude Dominie Freeman Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires Sept. 20th 1945
(SEAL)

410 Foster Ave Coeur d'Alene, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 8 1943

FEB 24 1943

912-207-039-235

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am Falls

Registration District No. 25 File No. 49509

No. _____ St.

Primary Registration District No. 2072 Registered No. _____

Hospital _____

FULL NAME OF CHILD Anna Raber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl			June 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed Robe	FULL MAIDEN NAME	Margarita Weingrive
RESIDENCE	Am Falls	RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY 33 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Christina Nuft

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed June 4 1917 Rt. Worth Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

669-108-037-249

Form V. S. No. 11—25M-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of

No. St.

Hospital

Registration District No. 74 File No. 50415

Primary Registration District No. 215-1 Registered No.

FULL NAME OF CHILD Ernest Alvin Foreman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 8 1913

FATHER

FULL NAME Delos J. Foreman

RESIDENCE Castle Creek

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Jack Co. Texas

OCCUPATION Farmer + Stock raiser

MOTHER

FULL MAIDEN NAME Nellie A. Burkholder

RESIDENCE Castle Creek

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Lee Co. Iowa Denmark

OCCUPATION Teacher

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Delos J. Foreman

(Physician or midwife)

Address Oreana, Idaho.

Filed June 15 19 17 Geo. R. Proctor
Registrar

Y CO. 24656

FEB 7 1942

MAY 27 1954

NOV 1 1976

742-231-003-252

PLACE OF BIRTH

Form V. S. No. 11-C —25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kamock

City of Chesterfield

No. _____ St.

Hospital _____

Registration District No. 84

File No. 50774

Primary Registration District No. 2161

Registered No. 92

FULL NAME OF CHILD Daphne Gustaveson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
f		Yes	Mar 31 1913

FATHER		MOTHER	
FULL NAME	Carl R. Gustaveson	FULL MAIDEN NAME	Lucina Sissions
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R. Davids

Midwife (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 6/24/ 1917

D R J Smith
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 0 1967

DELAYED

363.113.237-548

PLACE OF BIRTH

Form V. S. No. 11—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Bruneau

Registration District No. 44

File No. 54738

No. ____ St.

Primary Registration District No. 24

Registered No. ____

Hospital ____

FULL NAME OF CHILD Leandro Totoricaguena

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	March 13 1913

FATHER	MOTHER
FULL NAME: Jose Totoricaguena	FULL MAIDEN NAME: Leandra Erquiaga
RESIDENCE: Bruneau, Idaho	RESIDENCE: Bruneau, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Arbacegui, Vizcaya, Spain	BIRTHPLACE: Yspaster, Vizcaya, Spain
OCCUPATION: Sheepman	OCCUPATION: Housekeeping

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

No attending Physician
(Physician or midwife)

Address ____

Given names added from a supplemental report.

____ 19____

____ Registrar

Filed Dec 5 1917 J. A. Bartlett Registrar

S-Y-CO. 36071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1947

JAN 9 1975

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-120
037-215

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of ..... Owyhee

City of ..... South Mountain Registration District No. ..... File No. 62005

No. ..... St. Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD ..... Eugenio Corta

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	April 20 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jose Miguel Corta	Petra Sangroniz
RESIDENCE	South Mountain	South Mountain
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No attending physician

W. H. Becker
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address South Mountain, Idaho

Filed Sept. 6 1918 W. H. Becker
Registrar

DELAYED

649-231-001-673

PLACE OF BIRTH

County of Ada

City of

No. St.

Hospital

Form V. S. No. 1—25m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

62849

Registration District No.

File No.

Primary Registration District No.

Registered No.

Full Name of Child Avelina, Blanca, Narcisa Odiaga.

SEX OF CHILD	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	DATE OF BIRTH
Female			Yes	July 31st 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Domingo Odiaga	FULL MAIDEN NAME: Paula Fresnedo
RESIDENCE: Boise, Ada CO. Idaho.	RESIDENCE: Boise, Ada Co., Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Lequeitio, Vizcaya, Spain.	BIRTHPLACE: Lequeitio, Vizcaya, Spain.
OCCUPATION: Sheepman.	OCCUPATION: Houswife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

*CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address

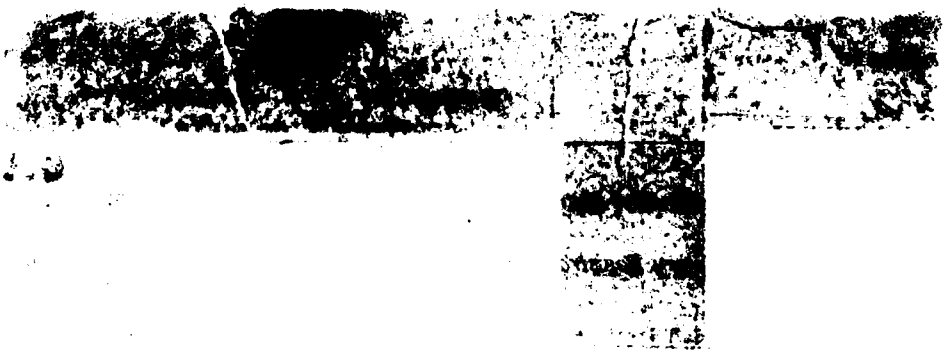
Filed 8/19 1918 L. P. Firman

Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 26 1956

OCT 28 1957

DELAYED

032-215-009-453

PLACE OF BIRTH

County of Bonners

City of Westmond

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-6-8-17

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 62989

Primary Registration District No. 2155 Registered No. 1449

FULL NAME OF CHILD Thaya Marguerite Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) Aug (Day) 15 (Year) 1913

FATHER

FULL NAME Earl Thomas Olson

RESIDENCE Westmond Ida

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Grace Pearl Delbridge

RESIDENCE Westmond

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Brant Lake S. D.

OCCUPATION Housewife

Number of child of this mother, including present birth [redacted] Number of children of this mother now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10. A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. E. Kirkpatrick

Westmond (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed Oct 2 1918 M. McKinnon Registrar

(by mrs BH)

JUL 7 1975

DELAYED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. 457-215-014-391 St.

Registration District No. [illegible]

File No. 63802

Primary Registration District No. 2007

Registered No. 76

Hospital

Full Name of Child Mabel Jane Dexter

SEX OF CHILD Fem.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	DATE OF BIRTH Jan 15 1918 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Chancy Dexter	FULL MAIDEN NAME Lama Ann Cramer
RESIDENCE Parma	RESIDENCE Parma
COLOR W — AGE AT LAST BIRTHDAY 36 (Years)	COLOR W — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mich	BIRTHPLACE Mo
OCCUPATION farmer	OCCUPATION H. W.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Folwell

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar

Filed Nov. 1 19 [illegible] Registrar

(over)

These parents want this child registered and the mid wife who attended at birth is deceased - but record is correct according to my knowledge.

Lucy Nathrop Reg Dist 4 3

AUG 4 1939

DELAYED

249119.003-363

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

65516

County of Bannock

~~City of~~ 2 miles west of Pocatello

No. ..... St.

Registration District No. 84 File No. 43

Primary Registration District No. 2161 Registered No. 2073

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	✓		✓	yes	Dec 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ira W. Smith	FULL MAIDEN NAME	Rosa C. Tolman
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rochester N Y	BIRTHPLACE	Star Valley Wy
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Freely

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Pocatello Idaho

Filed Sep. 20, 1918 O. B. Freely

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

512.102.028-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur D'alene

No. 721 Mil Dr. St.

Hospital

Form V. S. No. 11-C—25m-9-8-17

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 66645

Primary Registration District No. 1050 Registered No. 14

FULL NAME OF CHILD Glen Erik Naslund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Feb 2 1919

FATHER		MOTHER	
FULL NAME	John Julius Naslund	FULL MAIDEN NAME	Ester Charl. Johnson
RESIDENCE	721 Mil Dr. C D'Alene	RESIDENCE	721 Mil Dr C D Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Julius Naslund
Father of Child
(Physician or midwife)

Address Coeur D'Alene

Filed Feb 4 1919 Gust Nelson
Registrar

FEB 6 1990

MAR 17 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-226-028-793

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

-C—25m-9-8-15

6851

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 126 File No. 2

Primary Registration District No. 2204 Registered No. 39

FULL NAME OF CHILD Edith Damiano

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Apr 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Damiano	FULL MAIDEN NAME	Mary Piciano
RESIDENCE	Harrison Ida	RESIDENCE	Harrison, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	60 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at ..... P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Damiano

Father (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Harrison Ida

Filed Mar 1 19 19 Jm Ferrary

Registrar

Registrar

S-Y-CO 38071

MAR 1 5 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

360-213-003-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

67157

County of Bannock

City of Pocatello

No. 755 South 5th St.

Registration District No. 84 File No. 47

Primary Registration District No. 2161 Registered No. 2280

Hospital

FULL NAME OF CHILD Myrtle Marie Cooper

Sex of Child Female

Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Mch (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Roy Cooper	FULL MAIDEN NAME	Fanny Belle Hunt
RESIDENCE	755 South 5th	RESIDENCE	755 South 5th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE		BIRTHPLACE	Red Rock Ida
OCCUPATION	Train man	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 21 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address 407-11 Kane Bldg

Filed Apr 2, 1919 P. B. Steely
Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—[illegible]

PLACE OF BIRTH

253-294-008-663

County of Boise

~~City of~~ Spring Valley

No. ..... St.

Hospital Residence Olive

FULL NAME OF CHILD Olive Martha Beck

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 72849

Primary Registration District No. 2005 Registered No. 174

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Oct. 4 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leroy Carr Beck	FULL MAIDEN NAME	Alice Martha Wolcott
RESIDENCE	Spring Valley	RESIDENCE	Spring Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Buffalo, Missouri	BIRTHPLACE	Buffalo, Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leroy Beck

Father
~~(Physician or midwife)~~

Given names added from a supplemental report.

..... 19....

Address .....

Registrar

Filed 9-11-1919 John S. Meyer
Registrar

APR 27 1950

[redacted]

Form V. S. No. 11—20m-7-[redacted]

[redacted]ARE

[redacted]

199-119-1001-419

County of Ada

CERTIFICATE OF BIRTH

City of Boise

Registration District No. 2 File No. 76428

No. St.

Primary Registration District No. 1004 Registered No. 182

Hospital

FULL NAME OF CHILD Jesus Telesforo Arrasate

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Decbr. 19 1913

FATHER		MOTHER	
FULL NAME	Telesforo Arrasate	FULL MAIDEN NAME	Maria Marques
RESIDENCE	Boise, Idaho.	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Leoueitio, Vizcaya, Spain.	BIRTHPLACE	Leoueitio, Vizcaya, Spain.
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Telesforo Arrasate

Father

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 4/20 1920 L. Hofman

Registrar.

Registrar.

[redacted]

SEP 9 1971

965-228-028-557

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene Registration District No. 29 File No. 78057

No. ..... St.

Primary Registration District No. 1050 Registered No. 18

Hospital .....

FULL NAME OF CHILD Hazel Olive Ronning

Sex of Child Female | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Sep. 28 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Christian Ronning

RESIDENCE Coeur D'Alene Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Norway

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Inga Nelson

RESIDENCE Coeur D'Alene Ida

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Norway

OCCUPATION Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Elwood

Gus (Physician or midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report.

..... 19.....

Registrar

Filed March 10 1920 Gus Nelson

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1965

863-207-025-396

1

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

~~City of~~ White Bird

No. —— St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 104 File No. 86814

Primary Registration District No. 2182 Registered No.

FULL NAME OF CHILD Claudina Louise Holden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	Jan	7	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claud Orchard Holden	Emma Grace Crooks
RESIDENCE	White Bird - Ida	White Bird - Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

——— 19—

Registrar

(Signature) W. A. Foskett

Physician

(Physician or ~~midwife~~)

Address White Bird - Ida

Filed FEB 19 21

W. A. Foskett
Registrar

JUL 24 1962

APR 12 1944

635-126-009-413

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUN 10 1921
BUREAU OF VITAL STATISTICS

County of Bonner

City of Clark Fork

Registration District No. 80.

File No. 1 90300

No. _____ St.

Primary Registration District No. 2157.

Registered No. 43.

Hospital _____

FULL NAME OF CHILD John Robert Fleming

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes.	Sept. 26th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Rourke Fleming	FULL MAIDEN NAME	Clara Shepard Macrery.
RESIDENCE	Clark Fork, Idaho.	RESIDENCE	Clark Fork, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	State of Maine	BIRTHPLACE	Bessemer Alabama.
OCCUPATION	N. P. Switchman	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. X on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. W. Macrery

Grandmother (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address At that time of Clarks Fork Idaho

Filed 5-28 1921 John Larson

Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1943

294-22-33212

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 9 1921
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg. Registration District No. 100 File No. 90901

No. St.

Primary Registration District No. 2178. Registered No. 100.

Hospital

FULL NAME OF CHILD Yukiko Kimura.

Sex of Child Female. Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth. Legitimate? yes. Date of Birth 12-27-1913 (Month) (Day) (Year)

FATHER

FULL NAME Kozaburo Kimura.

RESIDENCE Rexburg, Ida.

COLOR Jap. AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Japan.

OCCUPATION Smelterman

MOTHER

FULL MAIDEN NAME Hideyo Sasaki

RESIDENCE Rexburg, Ida.

COLOR Jap. AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Japan.

OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Photostat copy 5/30/42

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at Dec. 27th 1913 at 4 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. 19

Registrar.

(Signature) K Kozaburo Kimura Father

(Physician or ~~midwife~~)

Address P O Box 41. Rexburg Idaho

Filed 5/11/21 19

G L Caspe
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-126-027-319

Form V. S. No. 11-C--25m-7-21-19

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Jerome

City of Jerome

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 101369

Primary Registration District No. 1017 2017 Registered No. .....

FULL NAME OF CHILD George R Carr

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	June 26 1913

FATHER		MOTHER	
FULL NAME	Emery B Carr	FULL MAIDEN NAME	Blanche Carr
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Clerk M. S. Landa Water Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

(Signature) .....

(Physician or midwife)

Address Jerome Idaho

Filed May 26 19 22 L. D. Piper M.D.

Registrar

DUP OF 1914-24963

396-216-007-155

PLACE OF BIRTH

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

102071

County of Blaine

City of Bellevue Registration District No. 451 File No.

No. St.

Primary Registration District No. 2452 Registered No. 51

Hospital

FULL NAME OF CHILD Vivian Lola Crone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female			Yes	11	16	1918

FATHER		MOTHER	
FULL NAME	Charles William Crone	FULL MAIDEN NAME	Eva Jessop
RESIDENCE	Bellevue Idaho	RESIDENCE	Bellevue Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pratt Center Kansas	BIRTHPLACE	Park City Utah
OCCUPATION	Stock raising	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Crone
Father
(Physician or midwife)

Address Bellevue Ida.

Given names added from a supplemental report.

19

Registrar.

Filed 6-20 1922 Robert A. Wright
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1957

DECEASED

942-23-032-6

PLACE OF BIRTH

[redacted]

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Hazelton

No. ____ St.

Registration District No. ____ File No. 103168

~~Hospital~~ Home

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Lillian Maurine Russell
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
girl	Single	4	yes	Mar. 31, 1922 (Month) (Day) (Year)

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	David Gilmer Russell	FULL MAIDEN NAME	Etta Margaret Webb
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Rockland
OCCUPATION	Riding Ditch	OCCUPATION	Housework

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at ____ M. **on the date above stated.**
(Born alive ~~or still~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Etta M. Russell
MOTHER

[redacted]

Address Emmett, Idaho.

Give names added from a supplemental report.

____, 19____

____
Registrar.

Filed July 31 1922 F. W. Gilman M.D.
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 1 1 1969

215-119-040-397

PLACE OF BIRTH

RECEIVED
JUL 31 1922
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Enaville

No. ..... St.

Registration District No. 70 File No. 103378

Hospital ..... Primary Registration District No. 1611 Registered No. 76

FULL NAME OF CHILD Dulo Eukew Santti
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Feb 19 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Antti Santti	FULL MAIDEN NAME	Johanna L. Lippoven
RESIDENCE	Enaville	RESIDENCE	Enaville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Rancher	OCCUPATION	Hse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician or midwife
(Physician or midwife)

Give names added from a supplemental report.

....., 192....

..... Registrar.

Address .....

Filed June 20 1922 F L Tenney
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942

554.204.022.432

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED DEC 7 1922 BUREAU OF VITAL STATISTICS

County of Fremont

City of Ora

No. R.F.D. No. 1 St.

Registration District No. 9 File No. 106545

Hospital

Primary Registration District No. 9 Registered No.

FULL NAME OF CHILD Ruth Ethelyn Nedrow
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	April 4 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Simon Albert Nedrow	FULL MAIDEN NAME	Mamie Ethelyn McBee
RESIDENCE	Ora, Idaho	RESIDENCE	Ora Idaho
COLOR	White AGE AT LAST BIRTHDAY 33 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Abilene Kansas	BIRTHPLACE	Webb City Missouri
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Christena Hill nurse
(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address Ashton, Idaho R.F.D.1.

Filed DEC 7 1922 192 J. Walmund M.D. State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

212-122-007-854

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED JAN 6 1923 BUREAU OF VITAL STATISTICS

County of Blaine

City of Corral

No. ..... Registration District No. ..... File No. 107434

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Thomas Hedden Babington
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 22 1923

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 5 Number of child of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph Babington	FULL MAIDEN NAME	Lois Olive Hedden
RESIDENCE	Corral	RESIDENCE	Corral
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	farming	OCCUPATION	housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Joseph Babington

(Physician or midwife)

Address Corral

Filed Jan 6 1923 J. E. Almond M.D. State Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-201-005-295

PLACE OF BIRTH

REC[redacted]
JAN 27 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
[redacted]RTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Benewah

City of Ferrell

No. ..... St.

Registration District No. .....

File No. 108330

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Genevieve Mary Hill
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Dec 1st 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1st Number of child of this mother now living, including present birth One

FATHER		MOTHER	
FULL NAME	Ralph Harrison Hill	FULL MAIDEN NAME	Leonia Mary King
RESIDENCE	Ferrell	RESIDENCE	Ferrell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nebraska Fay County	BIRTHPLACE	Iron Mt. Michigan
OCCUPATION	Miner	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonia Mary Hill (Mother)

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address .....

Filed Jan. 30 1923 Geo Almond State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469 230 006 456

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
FEB 10 1923
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 108392

County of Bingham
City of Shelly
No. Farm. St.
Registration District No. State File No. 108392
Hospital
Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD Kazu Morimoto.
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	———		———	yes	Apr. 30, 1913

(To be answered only in event of plural births)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth I
Number of child of this mother now living, including present birth I

FATHER	MOTHER
FULL NAME: Riyunkichi Morimoto.	FULL MAIDEN NAME: Katsue Uno.
RESIDENCE: Shelly Idaho.	RESIDENCE: Shelly Idaho.
COLOR: Japanese	AGE AT LAST BIRTHDAY: 37. (Years)
BIRTHPLACE: Japan	COLOR: Japanese
OCCUPATION: Farmer	AGE AT LAST BIRTHDAY: 24. (Years)
	BIRTHPLACE: Japan
	OCCUPATION: Hsw f

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 7 P.M. on the date above stated.

(Signature) Edwin Cutler M.D.
Dr. Cutler.
(Physician or midwife)
Address Shelly

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.
1 Photostat copy 12/18/41

Filed Feb. 10 1923 J. W. Almond M.D. State Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 18 1941

JUN 21 1955

DECEASED

556-131-044-265

PLACE OF BIRTH

RECEIVED
JUN 26 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington
City of Weiser
No. ____ St.
Hospital ____

Registration District No. 67
Primary Registration District No. 2112

File No. 113349
Registered No. 27

FULL NAME OF CHILD Sylvester Melvin Newman
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	and	2	Yes	3-31-19[illegible]

What bacterieidal solution was used in eyes? Boric acid

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	William Harvey Newman	FULL MAIDEN NAME	Margaret Sweet
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~31~~ (Years)	AGE AT LAST BIRTHDAY	~~27~~ (Years)
BIRTHPLACE	Idaho Washington Co.	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) Elsie J. Newman

(Physician or midwife)

Address Weiser Idaho

Filed 5/26 1923 W. R. Hamilton
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 19.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In the case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 113349
Date Filed May 26, 1923

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Sylvester Melvin Newman (Name on original certificate) who was born (Was born or died) on March 31, 1913 (Date of event)
in Weiser (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Mother's age	36	27
Father's Age	40	31

Subscribed and sworn to before me this 22
day of July, 1941

E. R. Barrett
Notary Public, residing at Weiser Idaho
My commission expires 12/10/1942
[SEAL]

Signed Margaret Fosse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1110 S.W. Washington St. Portland, Ore.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho
County of Washington } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of July, 1941

E. R. Barrett
Notary Public, residing at Weiser Idaho
My commission expires 12/10/1942
[SEAL]

Signed Martha Ernest
(Signature of any credible person other than the previous affiant)
Weiser Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

962-206 029-469

Form V. S. No. 11-C—25m-9-8-17

PLACE OF BIRTH

RECEIVED AUG 9 1923 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62 File No. 113855

No. ..... St.

Primary Registration District No. 2142 Registered No. 1

Hospital .....

FULL NAME OF CHILD Maxine Janet Rosenau

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	Yes	7-6-1923

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G D Rosenau	FULL MAIDEN NAME	Anna Morscheck
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Minn	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Eehem

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 7-7-1923 W H Eehem

Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO.

DEPARTMENT OF PUBLIC WELFARE.

Boise, Idaho 8/13 1923.

Dear Madam:

The name of your baby was not filled in on the birth certificate sent to this office. It is of vital importance to have the full name included in the record. Kindly fill in the information requested in the blank below and return this sheet at your earliest convenience in the enclosed self-addressed envelope.

BUREAU OF VITAL STATISTICS.

* * * * * * * * *

Place of Birth (CITY Genesee

ST. _____

COUNTY Latah

FILE NO. 113855

DATE OF BIRTH July 6, 1923

SEX OF CHILD Female

FATHER Gustave D. Rosenau

MOTHER Anna Moroscheck
(Maiden Name)

RECEIVED
NOV 10 1923
BUREAU OF VITAL STATISTICS

I HEREBY CERTIFY that the child herein described has been named:

Maxine Janet

G. D. Rosenau

Signature of Father or Mother

JUN 26 1942

OCT 12 1945

DEC 7 1

ROSENAU

PLACE OF BIRTH

RECEIVED
SEP 8 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise.

No. 438 114001 693 St.

Registration District No. 2

File No. 114038

Hospital St Alphonsos

Primary Registration District No. 1004

Registered No. #

FULL NAME OF CHILD Robert Wads McQueen
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes.	Feb 14 1923

What bactericidal solution was used in eyes? Yes.

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME Thomas Wade McQueen	FULL MAIDEN NAME Robbie Etta Wilson
RESIDENCE Boise, Idaho.	RESIDENCE Boise, Idaho.
COLOR White. AGE AT LAST BIRTHDAY 31. (Years)	COLOR White. AGE AT LAST BIRTHDAY 24. (Years)
BIRTHPLACE N.C.	BIRTHPLACE Boise, Idaho.
OCCUPATION Electrician	OCCUPATION Housewife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at ..... M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Callister

(Physician or midwife)

Give names added from a supplemental report.

....., 19....

Registrar.

Address

Filed Sept 4 1923 R. H. Pratt
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 4 1942

FEB 27 1964

DELAYED

165716019,281

Form V. S. No. 11-C—25m-9-8-15

PLACE OF BIRTH

County of Custer

City of Challis

No. _____ St.

Hospital _____

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114344

Registration District No. 108 File No. _____

Primary Registration District No. 2186 Registered No. _____

FULL NAME OF CHILD Val Jones

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Nov. (Month) 16 (Day) 1923 (Year)

FATHER		MOTHER	
FULL NAME	Ward Jones	FULL MAIDEN NAME	Nova Shank
RESIDENCE	Challis Ida	RESIDENCE	Challis Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M. on the date above stated. (Born alive or stillborn)

(Signature) C. L. Kirtley M.D.

(Physician or midwife)

Address Challis Ida

Filed SEP 10 1923 19

F. W. Almond M.D.
State Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19

_____ Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 9 1969

DECLASSIFIED

795-122019-995

PLACE OF BIRTH

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

County of Custer

City of Clayton

Registration District No. _____ File No. 104353

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Mario Piva

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Peter Piva	FULL MAIDEN NAME	Louisa Piva
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Kirtley M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Challis, Ida.

SEP 10 1923

Filed _____ 19____ Fred Almond M.D. State Registrar

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-226 919-291

PLACE OF BIRTH

RECEIVED
SEP 10 1923
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-9-8-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

114356

County of Custer

City of Challis

Registration District No. 108 File No.

No. St.

Primary Registration District No. 2186 Registered No.

Hospital

FULL NAME OF CHILD Doris Nadine Gardiol

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe.		Yes	July 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Gardiol	FULL MAIDEN NAME	Sadie Bradshaw
RESIDENCE	Challis Ida	RESIDENCE	Challis Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

(Signature) C. L. Kirtley MD

(Physician or midwife)

Address Challis Ida

Filed SEP 10 1923 19 F. W. Almond MD State Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y-CO 38071

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 2 8 1975

DELAYED

215-201-022-814

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 117957

Primary Registration District No. 2177 Registered No. 194

FULL NAME OF CHILD Hatsuye Kaneko
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Mar 1 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	T Kaneko	FULL MAIDEN NAME	Takeyo Yamamato
RESIDENCE	Parker Ida	RESIDENCE	Parker Ida
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Give names added from a supplemental report.
1 Photostat copy 12/17/41 19

Address .....

Registrar.

Filed 12/23 1923 W. W. Hansen
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 17 1941

215-122-022-612

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 117958

County of Fremont JAN

City of Parker

No. ____ St.

Registration District No. 99 File No. ____

Hospital ____ Primary Registration District No. 2177 Registered No. 195

FULL NAME OF CHILD Seiki George Kaneko

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 22 1923

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth ____ Number of child of this mother now living, including present birth ____

FATHER		MOTHER	
FULL NAME	Koy Kaneko	FULL MAIDEN NAME	Yone Matsumoto
RESIDENCE	Parker Ida	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	farming	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W R Wren

(Physician or midwife)

Address ____

Give names added from a supplemental report.

1st copy issued, 11-19-41 19....

2nd copy issued, 1-29-42

Registrar.

Filed 12/23 1923 [illegible]

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]
[illegible] 7 1949

DEC 15 1941

State of Idaho,)
: ss.
Bannock County,)

Sueichi Kaneko, also known as Roy Kaneko, and Tomi Wakamatsu Kaneko, husband and wife, of lawful age, residents of Pocatello, Bannock County, State of Idaho, being first duly sworn, upon oath depose and say: We are the father and mother, respectively, of John Kaneko, whose true and correct name is John Seiki Kaneko, and whose name appears on his birth certificate as Seiki George Kaneko when it should have appeared as John Seiki Kaneko as John and not George is the name he has used and been known by and is his correct name and John or Seiki Kaneko is the name used by him during his school days and John Kaneko is the form of his name he has used in business; this affidavit refers to Certificate of Birth, Registration District No. 99, File No. 117958, Primary Registration District No. 2177, Registered No. 195, Bureau of Vital Statistics, State of Idaho.

Sueichi Kaneko
Roy Kaneko
Tomi Wakamatsu Kaneko

Subscribed and sworn to before the undersigned, a Notary Public in and for the State of Idaho, by the above named affiants, who are personally known to me to be the persons they represent themselves to be, at Pocatello, Idaho, this 11th day of December, A. D., 1941.

Notary Public as aforesaid.
Residence, Pocatello, Idaho.

My commission expires:
October 15th, 1944.

JAN 29 1942
APR 7 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. 734 19 011 744 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

124920

CERTIFICATE OF BIRTH

Registration District No. State File No. 124918

Primary Registration District No. Local Registrar's No.

FULL NAME OF CHILD James Veat Plunkett
(Certificate of no value without full name of child)

Sex of Child male

Twin Triplet or other? and Number in order of birth
(To be answered only in event of plural births)

Legitimate? Yes

Date of birth June 19th 1913
(Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3d Number of child of this mother now living, including present birth 3d

FATHER		MOTHER	
FULL NAME	Thomas Bertram Plunkett	FULL MAIDEN NAME	Blanche Adelade Gudbaur
RESIDENCE	Copeland, Idaho	RESIDENCE	Copeland, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Trenton, N. J.	BIRTHPLACE	Grey Eagle Mine, Mont.
OCCUPATION	Miner	OCCUPATION	His wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

, 192

Registrar.

(Signature) Mrs Leona Chapen
Midwife
(Physician or midwife)

Address Bonners Ferry Idaho

Filed Oct. 9, 1924 F. W. Almond M.D.
Registrar.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF B[redacted]

RECEIVED DEC 20 1934 BUREAU OF VITAL STATISTICS

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

128447

County of Owyhee

City of

No. 545 713 037 796 St.

Registration District No.

File No.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Harry Carl Emery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Dexter Emery	FULL MAIDEN NAME	Mae Anna Proud
RESIDENCE	Owyhee County Idaho Payette & Bandon Ore	RESIDENCE	Owyhee County Idaho Bandon Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~28~~ 27 (Years)	AGE AT LAST BIRTHDAY	~~24~~ 23 (Years)
BIRTHPLACE	Payette Idaho	BIRTHPLACE	Manton Michigan
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Jones M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Address Jordan Valley

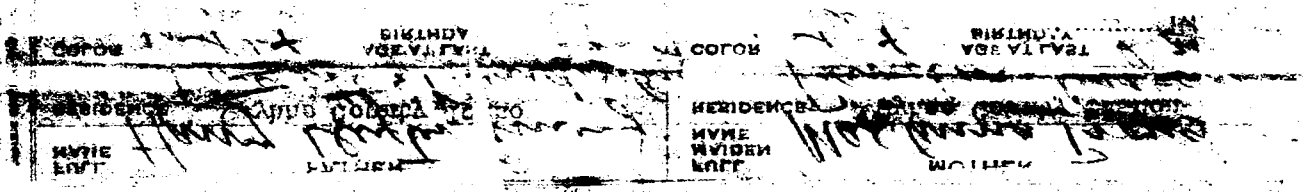
Filed Dec 24 1934 F W Almond M.D. State Registrar

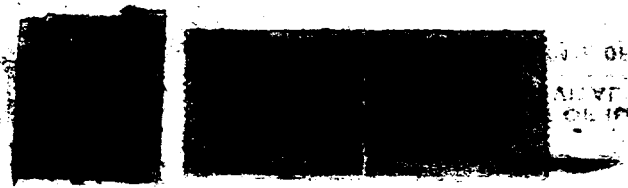
Registrar

S-Y CO. 24655

Certified Copy issued Dec. 20, 1940. E.W.

" " " 2 17 41 EW





STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

128447

(Correction)

STATE OF Oregon.)
) SS.
COUNTY OF Klamath)

AFFIDAVITS FOR CORRECTION OF A RECORD

C. T. Sample of Klamath Falls, Oregon.

Being first duly sworn, deposes and says that he is Friend of
(if related, specify degree,

Harry Carl Emory of Klamath Falls, Oregon.
if friend or otherwise, so state)

who Was born in the city of _____, County of Owyhee, Idaho.
(was born, died) 1½ miles east of Sheaville, Oregon.

on the 13th day of October, 1913, as stated in a certificate of birth
birth or

_____ filed by W. W. Jones, M. D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Boise, County of Ada

Idaho, on the 24th day of December 1924.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Mothers age, born May 5th, 1890; Fathers age, born April 2, 1886; Fathers residence Owyhee County, Idaho; Mother born in Town of Manton, Michigan.

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, Said facts are as stated above and said certificate should be corrected as above.

(SEAL)

Affiant Mae A. Emery

Address 319 Washington, Klamath Falls

Subscribed and sworn to before me this 5th day of February, 1941.

Clarice Crowson

Notary Public for Oregon
My commission expires 6/3/41.

STATE OF Oregon.)
) SS.
COUNTY OF Klamath)

C. T. Sample of Klamath Falls, Oregon

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

RECEIVED
FEB 7 1

Affiant C. T. Sample

Address c/o Police Department
Klamath Falls, Oregon.

Subscribed and sworn to before me this 5th day of February, 1941

Clarice Crowson

(Seal)

Notary Public for Oregon
My commission expires 6/3/41.

313-125-042-367

PLACE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

130273

CERTIFICATE OF BIRTH

Registration District No. Idaho 86 State File No. 130273

Primary Registration District No. 2484 Local Registrar's No. .....

FULL NAME OF CHILD Luster Eugene Callen

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	April 25 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth: two

Number of child of this mother now living, including present birth: .....

FATHER		MOTHER	
FULL NAME	Luster C. Callen	FULL MAIDEN NAME	Eva H. Cox
RESIDENCE	Murtaugh Idaho	RESIDENCE	Murtaugh Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Viola Mo.	BIRTHPLACE	Berryill Ark.
OCCUPATION	farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Luster C. Callen
Father

(Physician or midwife)

Attending physician now ceased

Address .....

Filed Apr. 28 1925 F. W. Almond, M.D. State Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1958

APR 4 1959

417-103-036-366

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

130963

CERTIFICATE OF BIRTH

County of Oneida

City of Preston, Idaho

No. ..... St. Registration District No. ..... State File No. 130962

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Jerome B Magnes
(Certificate of no value without full name of child)

Sex of Child: Male | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 3, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Harold B. Magnes	FULL MAIDEN NAME	Carmeleta Marie Cooper
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Cleveland, Ohio.	BIRTHPLACE	Denver Colorado.
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) G. W. Sites

Physician
(Physician or midwife)

Address Preston, Idaho.

Filed May 9 1913 F. W. Almond Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/3/41 L. B.

DEC 31 1946

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED
JUL 10 1925
BUREAU OF VITAL STATISTICS

[redacted] IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Austin

No. 254 123 007 693 St. Registration District No. 31 State File No. 132578

Hospital ..... Primary Registration District No. 31 Local Registrar's No. .....

FULL NAME OF CHILD Nathan William Knutsen
(Certificate of no value without full name of child)

Sex of Child Boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? | Date of birth Mar 23 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? Non

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Eric Peter Knutsen	FULL MAIDEN NAME	Phebe Fullmore
RESIDENCE	~~White~~ Austin	RESIDENCE	Austin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Stockholm Denmark	BIRTHPLACE	Waldsburg Utah
OCCUPATION	Rancher	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Neither one

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address .....

Filed JUL 10 1925 F. W. Almond M.D. State Registrar.

[redacted]

AUG 8 1975

769-65-034 769

PLACE OF BIRTH

RECEIVED
OCT 21 1925
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

135064

County of Minidoka

City of Heyburn

No. ..... St. Registration District No. 19 State File No. .....

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Walter Howard Parker

(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			Yes	March 15 1923

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME	Walter Parker	Alice Mary Parker
RESIDENCE	Heyburn	Heyburn
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	32 (Years)
BIRTHPLACE	Cornwall Eng.	London Engs
OCCUPATION	Engineer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

.....
Registrar.

(Signature) Alice Parker
mother

(Physician or midwife)

Address 2623 Elm St. Butte Mont

Filed Oct. 21 1925 David Burrell
State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

County of Nezperce

City of Lewiston

No 156 228035 495 St.

Hospital

RECEIVED DEC 10 192

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96

File No. 136793

Primary Registration District No. 1009

Registered No.

FULL NAME OF CHILD Fern Lee Jeffreys

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 28 1913

FATHER		MOTHER	
FULL NAME	Fred S Jeffreys	FULL MAIDEN NAME	Grace Olive Dinkins
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Washington	BIRTHPLACE	Mo
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F Hurbut Died Feb 22-1914

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Lewiston Idaho

Filed Dec 2 1925 Susan E Bruce

Registrar

Registrar

S-Y CO. 24656

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

7 1955

JUL 1 6 1974

Special

926-212-005-462

PLACE OF BIRTH

County of Benewah

City of St Maries

No. 214 Main St. Registration District No. State File No. 140935

Hospital Primary Registration District No. Local Registrar's No.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

140935

CERTIFICATE OF BIRTH

FULL NAME OF CHILD Josephine Mary Tasakina
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 12th 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Kusata Tasakina	FULL MAIDEN NAME	Chiyono Makino
RESIDENCE	St Maries, Ida.	RESIDENCE	St Maries, Ida.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Okayama, Japan	BIRTHPLACE	Okayama, Japan
OCCUPATION	Laundry	OCCUPATION	Laundry

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / [redacted]} at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) A S Platt MD

(Physician or midwife)

Address

RECEIVED JUN 2 - 1926

Filed 5-31- 1926 David Burnell State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z DELAYED

649-236-237-695

PLACE OF BIRTH

RECEIVED
SEPT 3 1926

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

144349

County of Owyhee

City of .....

No. ..... St. Registration ..... State File No. 10712

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Abelina Blanca Marina Ortega Fresnedo

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 31, 1926

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of child of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Domingo Ortega	FULL MAIDEN NAME: Paula Fresnedo
RESIDENCE: Bruneau, Owyhee Co. Idaho	RESIDENCE: Bruneau, Owyhee Co. Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Leguetio, Vizcaya, Spain	BIRTHPLACE: Leguetio, Vizcaya, Spain
OCCUPATION: Sheepman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING RHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Geo Calvert

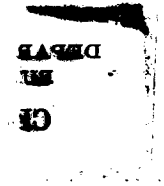
(Physician or midwife)

Address .....

Filed 12/15 1926 H. L. Almond State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DELAYED

DUP OF 13-14584

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH RECEIVED NOV 13 1926

813 223 819 665

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Clayton

No. ..... St. Registration District No. 108 State File No. 146224

Hospital ..... Primary Registration District No. 2186 Local Registrar's No. 100

FULL NAME OF CHILD Mary Celesta Yacomella
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	April 23 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Marco Yacomella	FULL MAIDEN NAME	Celesta Fontana
RESIDENCE	Idaho	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

..... Registrar.

(Signature) Mrs. F. Lenzinger
(Physician or midwife)

Address .....

Filed Oct 23 1926 Edna McKenney
Registrar.

K

DECEASED

DELAYED

[redacted]

[redacted]ington State Board of Health

County } Harrison Kootenai
City } ~~SPOKANE~~
719-227, 028-793
Registration District No. 2

BUREAU OF VITAL STATISTICS

Registered No. 148318

CERTIFICATE OF BIRTH

(Give name of hospital here if born in hospital.) (No. ..... St.,

FULL NAME OF CHILD Jeanette Lovine Park

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female					July (Month) 27 (Day) 1913 Year

FATHER		MOTHER	
Full Name	Rupert Edmond Park	Full Maiden Name	Lenore Gilbert
Residence	Harrison, Idaho	Residence	Harrison, Idaho
Color	White	Color	White
Age at last Birthday	29 (Years)	Age at last Birthday	22 (Years)
Birthplace (State or Country)	Kansas ~~Oregon City, Oregon~~	Birthplace (State or Country)	Latah, Wash.
Occupation	Civil Engineer	Occupation	Housewife

Number of child of this mother 2

Number of children, this mother, now living 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { born alive / ~~stillborn~~ } † and that it occurred on July 27th, 1913, at ..... A.M. / P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

Registrar.

Signature E. L. Riger

(Physician or ~~Midwife~~)

Address 417 Paulsen Bldg. Spokane

Filed November 26, 1926

David Burrell
State Registrar.

NOTE: Please write all names distinctly, with their correct spelling.

DELAYED

MAY 13 1953

MAY 20 1975

812-276-082-892

[redacted]CE OF BIRTH

Fremont

[redacted] Anthony

RECEIVED FEB 4 - 1927

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 148320

No. ..... St. Registration District No. ..... State File No. 148320

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Suzu Hashimoto

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		Yes	May 16, 1918

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Asataro Hashimoto	FULL MAIDEN NAME	Mikiyo Hisadomi
RESIDENCE	St. Anthony, Idaho	RESIDENCE	St. Anthony, Idaho
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Farmer

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

1 Certified copy 5/22/34

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated. 1 Photostat copy 12/29/41

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asataro Hashimoto

Father

~~(Physician or midwife)~~

Give names added from a supplemental report.

Address Pocatello, Idaho

....., 192...

Filed FEB 4 1927 192... David Burrell

State Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

First Certificate issued May 22, 1934.

DEC 30 1941

Dup of 1913 - 13991

DELAYED

233-202-001-819

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

149174

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St. Registration District No. ..... State File No. 149174

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD ADONNA MAYBELLE ST. CLAIR
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.		Yes	March 2 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth first Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Henry St. Clair	FULL MAIDEN NAME	Susie Hartwell
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	California	BIRTHPLACE	Atlanta, Idaho
OCCUPATION	Hardware Salesman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at Home M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) W S Titus MD

(Physician or midwife)

Address Boise, Idaho

Filed 1925 David Burrell State Registrar.

....., 192...

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B.—In case of more than one child at birth a SEPARATE RETURN must be mad[illegible] each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

RECEIVED APR 6 1927

No. ..... St. Registration District No. 123 State File No. 150659

Hospital Wardner Primary Registration District No. 1201 Local Registrar's No. 16

FULL NAME OF CHILD Elizabeth Ann Calloway

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F			Yes	Dec	11	1926

What bactericidal solution was used in eyes? Argyrol 20% eq. ont

Number of child of this mother, including present birth 4 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Fred William Calloway	FULL MAIDEN NAME	Bessie Cain
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Indiana
OCCUPATION	Mining Engineer	OCCUPATION	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Geo. H. Kennett, M.D.

(Physician or midwife)

Address Kellogg, Idaho

Filed Mar. 31 1927 Mrs. Helen McBride Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1972

PLACE OF BIRTH

Ada

[illegible]

499.216001 425 St.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

151380

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 151380

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Santa Antolina Urresti

(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			second	yes	Dec. 16th 1923

(To be answered only in event of plural births)

What bactericidal solution was used in eyes? None

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Hilario Urresti	FULL MAIDEN NAME	Petra Uberuaga
RESIDENCE	~~White~~ Boise Stone Quarry	RESIDENCE	Boise Stone Quarry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	~~stonemason~~ Beriatua Spain	BIRTHPLACE	Lequeitio .Spain
OCCUPATION	stonemason	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 3 - A.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) born without aid of Dr. Mrs. Hilario Urresti mother

(Physician or midwife)

Address Boise Stone Quarry

Filed Dec 1923

..... , 192

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B.—In case of more than one child at birth a SEPARATE RETURN must [illegible] each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED DEC 8 1927

County of Minidoka

City of Minidoka

No. ..... St.

386-107034-212

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 State File No. 156780

Prim. Registration District No. 2015 Local Registrar's No. 198

FULL NAME OF CHILD Robert Craig Lyson

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Mar (Month) 7 (Day) 1913 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Wm E Lyon	FULL MAIDEN NAME	Ruby Basom
Residence (Usual place of abode)	Minidoka	Residence (Usual place of abode)	Minidoka
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White Age at last Birthday 30 (Years)	Color or race	White Age at last Birthday 21 (Years)
Birthplace	Minn (City and State or Country)	Birthplace	Cole (City and State or Country)
Occupation	School Teacher	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at 2 a. M. on the date above stated.

(Signature) Laurence F Baird

midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed 12-5 1927 Att Elmore
Registrar.

MAR 26 1942

MAY 3 1955

OCT 7 1955

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF RECEIVED JUL 11 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 162611

County of Benewah
City of St. Maries
No. 366-122-005-753 St. Registration District No. 32 State File No.
Hospital Primary Registration District No. 2049 Local Registrar's No. 33

FULL NAME OF CHILD Frank Harlan Coon
(Certificate of no value without full name of child)

Sex of Child boy | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Feb. 22 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Hiram Arthur Coon	FULL MAIDEN NAME	Signa M. Peterson
RESIDENCE	St. Maries, Idaho	RESIDENCE	St. Maries, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Owatonna, Minn.	BIRTHPLACE	Stockholm, Sweden
OCCUPATION	Farmer	OCCUPATION	Mother, Farming

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Coon

(Physician or midwife)

Address St. Maries, Idaho

Filed July 8 1928 [signature]
Registrar.

Give names added from a supplemental report.

, 192

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 3 1928

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

769 11 7028 168
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 163633

Registration District No. 30 State File No. .....

Prim. Registration District No. 105 Local Registrar's No. 14

FULL NAME OF CHILD Lawrence Henry Goodhew
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	July 17 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME John Goodhew	FULL MAIDEN NAME Anna Johnson
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If nonresident, give place and State	If nonresident, give place and State .....
Color or race W Age at last Birthday 35 (Years)	Color or race W Age at last Birthday 23 (Years)
Birthplace Nova Scotia (City and State or Country)	Birthplace Sweden (City and State or Country)
Occupation Carpenter	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6 P. M. on the date above stated.

(Signature) J. C. Myer

Phys.
(Physician or midwife)

Address Coeur d'Alene Idaho

Filed 7/3 1928 D. P. Brennan
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

SEP 9 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF RECEIVED AUG 7 1928
RECEIVED AUG 10 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power
City of Neeley
No. 231 116-039845 St.
Registration District No. 25 State File No. 163825
Hospital
Primary Registration District No. 2072 Local Registrar's No. 62

FULL NAME OF CHILD Oscar Woodrow Stanger
(Certificate of no value without full name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of birth May (Month) 16 (Day) 1913 (Year)

What bactericidal solution was used in eyes? Silver nitrite

Number of child of this mother, including present birth 1 Number of child of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	John Rudger Stanger	FULL MAIDEN NAME	Alta Pearl Hunt
RESIDENCE	Neeley, ~~American Falls~~	RESIDENCE	Neeley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Downey, Idaho,
OCCUPATION	Teamster	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) Alta Pearl Hunt Stanger

(Physician or midwife)

Address American Falls Ida.

Filed AUG 7 1928 192... Genevieve Roth B

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
626-213-010-493
County of Bonneville
City of Idaho Falls
No. R.F.D. St.
Hospital Fuller's

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 State File No. 164783
Primary Registration District No. 2115 Local Registrar's No. 419

FULL NAME OF CHILD Ethel Lucille Oswald.
(Certificate of no value without full name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	October 13 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of child of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	August G. Oswald	FULL MAIDEN NAME	Zoe A. Mill
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Payson, Utah.	BIRTHPLACE	Schaller, Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at eleven A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192...

Registrar.

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Filed Dec. 31 192 A [illegible]

Registrar.

Wm Kinnard

SEP 26 1947

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 457-204-003-314 St.

Home

(If born in hospital or institution give name.)

RECD DEC 26 1928

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

166754

Registration District No. 28 State File No. [illegible]

Prim. Registration District No. 2161 Local Registrar's No. 8970

FULL NAME OF CHILD Elvira De Gregory

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Girl

Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: April, 4, 1913 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 6 (a) Born alive and now living Five

Born alive but now dead One Stillborn —

FATHER	MOTHER
FULL NAME: Nickolas DeGregory	FULL MAIDEN NAME: Gertrude Campanella
Residence (Usual place of abode): Pocatello Ida.	Residence (Usual place of abode): Pocatello Idaho.
If nonresident, give place and State:	If nonresident, give place and State:
Color or race: White Age at last Birthday: 36 (Years)	Color or race: White Age at last Birthday: 33 (Years)
Birthplace: Boiano Italy (City and State or Country)	Birthplace: Boiano Italy (City and State or Country)
Occupation: Helper	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at ..... M. on the date above stated.

(Signature) Pasqualina her mark Mariano

midwife

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Pocatello

Filed 12/7 1928 [signature] Registrar.

MAR 6 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED FEB 12 1929

PLACE OF BIRTH
County of Custer
City of Clayton
No. ..... St.
364 131 019 754
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 168052

Registration District No. 108 State File No. .....
Prim. Registration District No. 2186 Local Registrar's No. 172

FULL NAME OF CHILD Fabio Cominetti
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Mar. (Month) 31 (Day) 1913 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Antonia Cominetti	FULL MAIDEN NAME Giovanna Pedrini
Residence (Usual place of abode) Clayton, Ida	Residence (Usual place of abode) Clayton, Ida
If nonresident, give place and State	If nonresident, give place and State .....
Color or race Italian Age at last Birthday 56 (Years)	Color or race Italian Age at last Birthday 35 (Years)
Birthplace Villa Di Chiavenna Italy (City and State or Country)	Birthplace Villa Di Chiavenna Italy (City and State or Country)
Occupation Rancher	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5 a M. on the date above stated.

(Signature) Saidie Bradshaw

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Clayton, Idaho

Filed Jan. 11 1929 [illegible] McKinney
Registrar.

JUN 2 1942

CARMINATTI

1913 - 1963

DELAYED

294-221 011-453

PLACE OF BIRTH

RECEIVED MAR 7 1929

Form V. S. No. 11—20m-7-26-19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168440

County of Boundary

City of Eastport Ida

Registration District No. ..... File No. 1 40

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Elise Sims

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Dec (Day) 21st (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	John Sims	FULL MAIDEN NAME	Myrtle Melby
RESIDENCE	Eastport Idaho.	RESIDENCE	Eastport Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	E Menton Sidelli
OCCUPATION	Custom Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was December 21st at 1913—5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. A. M. Beach (Mother)

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Registrar.

Filed MAR 7 1929 19..... C. K. Macey State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED FEB 21 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

168442

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. 145 207 07 253 St. Registration District No. 57 State File No. 1[illegible]19

Hospital ..... Primary Registration District No. 7137 Local Registrar's No. .....

FULL NAME OF CHILD Stella Mae Munn

(Certificate of no value without full name of child)

Sex of Child: Girl | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth: May 2 (Month) (Day) 19[illegible] (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth: First Number of child of this mother now living, including present birth: One.

FATHER

FULL NAME: Archie Munn.

RESIDENCE: Bellevue, Idaho.

COLOR: White. AGE AT LAST BIRTHDAY: 21. (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Florence Ann Bellinger

RESIDENCE: Bellevue Idaho.

COLOR: White AGE AT LAST BIRTHDAY: 19 (Years)

BIRTHPLACE: Boise Idaho.

OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

..... Registrar.

(Signature) Mrs. L. Stitt

Bellevue Idaho

(Physician or midwife)

Address .....

Filed FEB 21 1929 192.... C. K. Massey State [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1974

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

K

PLACE OF BIRTH

County of Ada

City of Boise

No. 569-211001-454 St.

St Alphonsus

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

MAY 8 1929

CERTIFICATE OF BIRTH 170214

Registration District No. 2 State File No.

Prim. Registration District No. 1004 Local Registrar's No. Filed

FULL NAME OF CHILD Barbara Jeanne Morton

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes	Dec. 11 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? 20% Argyrol

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER

FULL NAME Wm Earle Morton

Residence (Usual place of abode) Caldwell Idaho

If nonresident, give place and State

Color or race W Age at last Birthday 31 (Years)

Birthplace Wheatland Illinois (City and State or Country)

Occupation Printer

MOTHER

FULL MAIDEN NAME Ida Maybel Demerest

Residence (Usual place of abode) Caldwell Idaho

If nonresident, give place and State

Color or race W Age at last Birthday 28 (Years)

Birthplace Caldwell Idaho (City and State or Country)

Occupation Nurse

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 8 P. M. on the date above stated.

(Signature) M. Callaway-Japlin

Physician

(Physician or midwife)

Address Boise Idaho

Filed 4-13-1929 Paula McDonald

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEC 8 1971

461-266-028-312

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

RECEIVED JUN 8 1929

County of Kootenai

City of Dudley

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. 170929

Prim. Registration District No. 1050 Local Registrar's No. 99

FULL NAME OF CHILD Peggy Delane Doak
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 6 1929

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth iii (a) Born alive and now living iii

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Gardie Lee Doak	FULL MAIDEN NAME	Myrtle Casey
Residence (Usual place of abode)	Dudley	Residence (Usual place of abode)	Dudley -
If nonresident, give place and State		If nonresident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	32	Age at last Birthday (Years)	24
Birthplace (City and State or Country)	Clayton Co Iowa	Birthplace (City and State or Country)	Ark.
Occupation	Machinist	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 9 P. M. on the date above stated.

(Signature) Mrs Bessie Henderson
Midwife
(Physician or midwife)

Address Spokane Wash

Filed May 10 1929 N. J. Sturges
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

AUG 1 8 1969

DELAYED

615-129-030-238

PLACE OF BIRTH RECEIVED JUN 22 1929

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St. Registration District No. ..... State File No. 171693

Hospital ..... Primary Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Donald Billie Waetzig.
(Certificate of no value without full name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		yes	Oct 29th 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2. Number of child of this mother now living, including present birth 2.

FATHER		MOTHER	
FULL NAME	George Aronald Waetzig	FULL MAIDEN NAME	Viola M. Schultz.
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Carbondale Kansas	BIRTHPLACE	Carbondale Kansas
OCCUPATION	Farmer.	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lona H. Schultz

(Physician or midwife)

Give names added from a supplemental report.

....., 192...

Registrar.

Address .....

Filed June 1929

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-204 66-381

RECEIVED JUL 27 1929

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

173060

County of Cassia

City of Malta, Idaho

No. At home St.

(If born in hospital or institution give name.)

Registration District No. 119 State File No.

Prim. Registration District No. 2198 Local Registrar's No.

FULL NAME OF CHILD Saddie Jean Jones

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	—	—	Yes	April 4 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

Number of child of this mother, including present birth Three (a) Born alive and now living Yes Three

Born alive but now dead None Stillborn None

FATHER	MOTHER
FULL NAME Geo. Roy Jones	FULL MAIDEN NAME Mary Mary Chadwick
Residence (Usual place of abode) Standrod Ida	Residence (Usual place of abode) Standrod Ida
If nonresident, give place and State	If nonresident, give place and State
Color or race White Age at last Birthday 29 (Years)	Color or race White Age at last Birthday 27 (Years)
Birthplace Salt Lake City Utah (City and State or Country)	Birthplace North Ogden Utah (City and State or Country)
Occupation farmer	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 2 4 M. on the date above stated.

(Signature) C. L. Sater MD

(Physician or midwife)

Address Malta Idaho

Filed July 15 1929 C. L. Sater

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 2 4 1945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County RECEIVED AUG 17 1929

City of Jerome, Idaho

No. 565 215 027 515 St.

At home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 173506

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Dora Elizabeth Noel
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
girl		Yes	Jan. 15th 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Dallas D. Noel	FULL MAIDEN NAME Ethel Adelle Van Epps
Residence (Usual place of abode) Jerome, Idaho	Residence (Usual place of abode) Jerome, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 28 (Years)	Color or race White Age at last Birthday 33 (Years)
Birthplace Peck, Kansas (City and State or County)	Birthplace Attica, New York (City and State or County)
Occupation Farmer	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) E. D. Piper M. D.

Jerome Idaho
(Physician or midwife)

Present address Sheridan

Address .....

Filed ..... 19 ..... Wyo
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

STATE OF OHIO
DEPARTMENT OF HEALTH

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Registrar's Office in District No. _____ Local Registration District

Please answer questions in ink. Make no mark (—) or cross (×) where none is called for. Where there is no entry, write none. Do not abbreviate. If unknown, supply approximate date if possible. Underscore the word "calculated" for ages or dates calculated.

1. NAME OF CHILD

2. SEX | 3. THIS BIRTH | Was child single, twin, triplet, etc.? | 4. If not single birth, was child first, second, third, etc.? | 5. DATE OF BIRTH (Month, day, year)

6. PLACE OF BIRTH (If in hospital or institution, give its name instead of street address)

7. If mother was married, or has been married, give husband's name

8. MAIDEN NAME OF MOTHER

9. RESIDENCE OF MOTHER (If same as place of birth, write "same")

10. AGE OF MOTHER at last birthday (Years)

11. BIRTHPLACE OF MOTHER (State or foreign country)

12. COLOR OR RACE OF MOTHER

13. NUMBER OF CHILDREN OF THIS MOTHER

Now living	Now dead	Total born

14. NAME OF FATHER

15. AGE OF FATHER at last birthday (Years)

16. BIRTHPLACE OF FATHER (State or foreign country)

17. COLOR OR RACE OF FATHER

18. I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Signature)

Address

19. If there was no attending physician or midwife, then the father, householder, or other responsible person must make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

STATE OF OHIO
DEPARTMENT OF HEALTH

CERTIFICATE OF BIRTH

Registration District No. _____ File No. _____

Registrar's Office in District No. _____ Local Registration District

Please answer questions in ink. Make no mark (—) or cross (×) where none is called for. Where there is no entry, write none. Do not abbreviate. If unknown, supply approximate date if possible. Underscore the word "calculated" for ages or dates calculated.

1. NAME OF CHILD

2. SEX | 3. THIS BIRTH | Was child single, twin, triplet, etc.? | 4. If not single birth, was child first, second, third, etc.? | 5. DATE OF BIRTH (Month, day, year)

6. PLACE OF BIRTH (If in hospital or institution, give its name instead of street address)

7. If mother was married, or has been married, give husband's name

8. MAIDEN NAME OF MOTHER

9. RESIDENCE OF MOTHER (If same as place of birth, write "same")

10. AGE OF MOTHER at last birthday (Years)

11. BIRTHPLACE OF MOTHER (State or foreign country)

12. COLOR OR RACE OF MOTHER

13. NUMBER OF CHILDREN OF THIS MOTHER

Now living	Now dead	Total born

14. NAME OF FATHER

15. AGE OF FATHER at last birthday (Years)

16. BIRTHPLACE OF FATHER (State or foreign country)

17. COLOR OR RACE OF FATHER

18. I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Signature)

Address

19. If there was no attending physician or midwife, then the father, householder, or other responsible person must make this report. A stillborn child is one that neither breathes nor shows any other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
RECEIVED JAN 16 1930
County of Bannock
City of Pocatello
No. 122 So. 1st Ave. St.
154 107 203 246
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 177776
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Takuo Ando
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	July 7 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 1 (a) Born alive and now living 4
Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Jake Ando	FULL MAIDEN NAME Saw Suwa
Residence (Usual place of abode) Dead	Residence (Usual place of abode) Dead
If non-resident, give place and State	If non-resident, give place and State
Color or race Yellow Age at last Birthday 33 (Years)	Color or race Yellow Age at last Birthday 24 (Years)
Birthplace Japan (City and State or County)	Birthplace Japan (City and State or County)
Occupation He was Pool Hall Prop.	Occupation She was housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 6:00 A. M. on the date above stated.

(Signature) T. L. Hayakawa sec.
The Idaho Japanese Association
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address アイダホ日本人會
P. O. BOX 556 IDAHO FALLS, IDAHO

Filed Jan. 16 1930 Bessie N. Lepper
By H.H. State Registrar.

Amended 8-20-57

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 178515

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dorothy Elaine Roach

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 30, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ross Roach	Mainnetta R. Russell
RESIDENCE	St. Maries, Idaho	St. Maries, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Wisconsin	Minnesota
OCCUPATION	Physical director Y.M.C.A.	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Owen D. Platt, M. D.

(Physician or midwife)

Address St. Maries, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Feb. 11, 1930

Bessie N. Lepper
St. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wisconsin } ss.
County of Waupaca }

Certificate No. 178515

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Dorothy Elaine Roach (Name on Original Certificate) who born (Was Born or Died) on 12-30-13 (Date of Event)
in St. Maries (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father's own birth cert (Bible Record, Insurance Policy, Etc.) prepared on St. of Wisconsin 8-28-40 (Give Date), are:
viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Age	18	30

Subscribed and sworn to before me this 7th day of
August, 1945
Notary Public, residing at Manawa, Wis.
My commission expires March 30, 1950
(Seal)

Signed Robert Fischer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Clintonville, Wisconsin
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin } ss.
County of Waupaca }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
August, 1945
Notary Public, residing at Manawa, Wis.
My commission expires March 1953
(Seal)

Signed Amos W. Schuh
(Signature of Any Credible Person)
Clintonville, Wisconsin
(Street Address, City, State)

FORM DPH 55. 155

WRITE PLAINLY WITH UNFADING INK—THIS IS A [illegible]
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Benewah

City of St. Maries

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 178515

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD DOROTHY ELAINE ROACH
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 30 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Ross Roach	FULL MAIDEN NAME	Mainnetta R. Russell
Residence (Usual place of abode)	St. Maries, Idaho	Residence (Usual place of abode)	St. Maries, Idaho
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last Birthday (Years)	18	Age at last Birthday (Years)	27
Birthplace (City and State or County)	Wisconsin	Birthplace (City and State or County)	Minnesota
Occupation	Physical director Y.M. C.A.	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~[illegible]~~ at ..... M. on the date above stated.

(Signature) Owen D. Platt M.D.

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address St. Maries, Idaho

Filed Feb 11, 1930 Bessie N Lipper St. Registrar

RECEIVED FEB 10 1930

EPH C. TOPE

IRA B. LA

LANGDON & TOPE

ATTORNEYS AND COUNSELORS AT LAW

218-220 FIRST NATIONAL BANK BUILDING
32 N. SAN JOAQUIN STREET

PHONE 672

STOCKTON, CALIFORNIA

12/9/29 -

This is to certify that Dorothy Elaine Roach was born at my Hospital in St Maries, I d n Dec 30th 1913 to Mr and Mrs R. M. Roach nd that I was the attending physician —

Owen D Platt, M D.

AUG 2 8 1957

RECEIVED MAR 10 1930

PLACE OF BIRTH

Form V. S. No. 11-C--25m-7-21-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of ~~Iona~~ Ammon

No. ..... St.

Registration District No. ..... File No. 178536

Hospital .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Noriko Nakao

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			1	Yes	Dec 25 1913

FATHER		MOTHER	
FULL NAME	Yonejiro Nakao	FULL MAIDEN NAME	Kiyono
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Japanese Association

(Physician or midwife)

Address Ida. Falls, Ida.

Given names added from a supplemental report.

K ..... 19.....

Registrar

Filed March 16 1930 Bessie N Lepper State Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon Washington

City of Weiser RECEIVED APR 4 1930

No. ..... St.

066 44 0446 547

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 179227

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Morris Zollinger

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	July 14 1913

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Ag NO3

Number of child of this mother, including present birth 4th (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

	FATHER	MOTHER
FULL NAME	Fred Zollinger	FULL MAIDEN NAME Laura Edgington
Residence (Usual place of abode)	Waterloo Weiser	Residence (Usual place of abode) Waterloo Weiser
If non-resident, give place and State	Iowa Ida.	If non-resident, give place and State Iowa Idaho
Color or race	White Age at last Birthday 51 (Years)	Color or race White Age at last Birthday 41 (Years)
Birthplace	Polo Illinois (City and State or County)	Birthplace Cedar Falls Iowa (City and State or County)
Occupation	Traveling Salesman	Occupation Home Keeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 6 P M. on the date above stated.

(Signature) C C Lamont MD

(Physician or midwife)

Address Weiser Idaho

Filed April 4 1930 Bessie M Lepper Registrar.
State

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

NOV 18 1942

NOV 23 1942

DELAYED

DUP OF 1916 - 359556.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont RECEIVED APR 11 1930

City of Burton

No. ..... St.

199-127-022-611

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 179237

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Yoshio Aizawa
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
boy				yes	1 (Month) 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? none

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Rikichi Aizawa	FULL MAIDEN NAME	Fueno Oda
Residence (Usual place of abode)	Burton	Residence (Usual place of abode)	Burton
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Japanese	Color or race	Japanese
Age at last Birthday	44 (Years)	Age at last Birthday	38 (Years)
Birthplace	Japan (City and State or County)	Birthplace	Japan (City and State or County)
Occupation	Farmer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / ~~Stillborn~~ at 3-53 P M. **on the date above stated.**

(Signature) Almira M Nelson
Midwife
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Rexburg

Filed April 9 1930 Bessie N Lepper
State Registrar.

DELAYED

DUP OF 1913-11453

882-112-RECEIVED 814-469 APR 17 1930

PLACE OF BIRTH

County of Canyon

City of So. of Nampa

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 State File No. 180045

Prim. Registration District No. 2006 Local Registrar's No. 74

FULL NAME OF CHILD Ralph Douglas Hyslop
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 12 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Dr. Frederick R. Hyslop	FULL MAIDEN NAME Lillian B. Morton
Residence (Usual place of abode)	Residence (Usual place of abode) .....
If non-resident, give place and State Nampa Ida	If non-resident, give place and State Nampa Ida
Color or race W Age at last Birthday 48 (Years)	Color or race White Age at last Birthday 28 (Years)
Birthplace Chester Minn (City and State or County)	Birthplace White Water Wis (City and State or County)
Occupation Doctor	Occupation H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at 8 P. M. on the date above stated.

(Signature) Dr. Hyslop
Physician
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Nampa Idaho

Filed 4-15 1930 Bertha Conway
Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1959

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

847130042997

PLACE OF BIRTH JUN 26 1930

County of Twin Falls

City of Filer

No. ..... St.

at home.

(If born in hospital or institution give name.)

STATE OF [redacted]
DEPARTMENT OF P[redacted]FARE
BUREAU OF VIT[redacted]S

CERTIFICAT[redacted]

181730

Registration District No. ..... ~~State~~ File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Verne L. Hughes

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male					July 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living 3

Born alive but now dead 1 ~~Stillborn~~

FATHER	MOTHER
FULL NAME Linus O Hughes	FULL MAIDEN NAME Clara Ripley
Residence (Usual place of abode) Filer - Idaho.	Residence (Usual place of abode) Filer Idaho.
If non-resident, give place and State	If non-resident, give place and State .....
Color or race White Age at last Birthday 43 (Years)	Color or race White Age at last Birthday 36 (Years)
Birthplace Table Grove - Ill. (City and State or County)	Birthplace Williams Iowa. (City and State or County)
Occupation Optometrist	Occupation House wife.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 6 P.M. on the date above stated.

(Signature) Chas. Wetherbee

Physician

(Physician or midwife)

Address Twin Falls Ida

Filed June 26 1930 Bessie N Lepper State Registrar

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

12/30.40 I. B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AUG 1 1930

County of Idaho,

City of Woodland

No. ..... St.

353-14625 [illegible]

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 182783

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Carol Bertie Collins
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth June 14 1913 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Lysol

Number of child of this mother, including present birth 5 (a) Born alive and now living 5

Born alive but now dead 0 Stillborn 0

FATHER	MOTHER
FULL NAME George Huse Collins	FULL MAIDEN NAME Daisy Mamie Frazier
Residence (Usual place of abode) Woodland, Idaho	Residence (Usual place of abode) Woodland, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race white Age at last Birthday 36 (Years)	Color or race white Age at last Birthday 32 (Years)
Birthplace Elk Point, South Dakota (City and State or County)	Birthplace Moscow, Idaho (City and State or County)
Occupation Farmer,	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 3, P. M. on the date above stated.

(Signature) X Hattie E Collins

(~~Physician~~ or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Woodland, Idaho.

Filed Aug 1 1930 Bessie N Lepper State Registrar.

JUN 30 1970

NOV 15 2016 fg

DEC 19 2016 LH

214 121 038 367

PLACE OF BIRTH

RECEIVED AUG 12 1930

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Payette

City of Fruitland

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. 182785

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Lyle Ray Kauffman

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	April 21 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? AgNO3

Number of child of this mother, including present birth 1 (a) Born alive and now living 1

Born alive but now dead 0 Stillborn 0

FATHER		MOTHER	
FULL NAME	Clarence Amman Kauffman	FULL MAIDEN NAME	Marie Elizabeth Cope
Residence (Usual place of abode)	Fruitland Ida	Residence (Usual place of abode)	Fruitland Ida
If non-resident, give place and State		If non-resident, give place and State	
Color or race	white Age at last Birthday 23 (Years)	Color or race	white Age at last Birthday 21 (Years)
Birthplace (City and State or County)	Indiana	Birthplace (City and State or County)	Indiana
Occupation	Farming	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 1 00 A. M. on the date above stated.

(Signature) O. H. Avey

Physician

(Physician or midwife)

Address Payette, Idaho

Filed Aug. 1930

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

215-16-080-693

PLACE OF BIRTH

RECEIVED AUG 6 1980

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

183365

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No.

Hospital ..... Primary Registration District No. 2201 Registered No. 78

FULL NAME OF CHILD Bert Carter Banks

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 26 1913

What bactericidal solution was used in eyes? Argyrol

Number of child of this mother, including present birth 3 Number of child of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Amos Carter Banks	FULL MAIDEN NAME: Kitty May Wilcox
RESIDENCE: Kellogg, Idaho	RESIDENCE: Kellogg, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Neosho, Missouri	BIRTHPLACE: Spokane, Wash
OCCUPATION: Farmer	OCCUPATION: House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo H Kennett MD

(Physician or midwife)

Address Kellogg, Idaho

Filed 7/30 1980 Miss Helen M Bird

Registrar.

Give names added from a supplemental report.

....., 19.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED DEC 8 1930

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 213107 042-693

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Carl C. Ball

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			3	yes	March 7 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 50 20 %

Number of child of this mother, including present birth 3 (a) Born alive and now living 3

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Aaron Ball	FULL MAIDEN NAME	Hattie Lota Williams
Residence (Usual place of abode)	Hansen	Residence (Usual place of abode)	Hansen
If non-resident, give place and State	Idaho	If non-resident, give place and State	Idaho
Color or race	White	Color or race	White
Age at last Birthday (Years)	24	Age at last Birthday (Years)	25
Birthplace (City and State or County)	Colorado	Birthplace (City and State or County)	Dakota
Occupation	Common Laborer	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 7 A. M. on the date above stated.

(Signature) Dr John R Morgan

Twin Falls Idaho

(Physician or ~~midwife~~)

Address .....

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Filed Dec. 8 1930 Bessie M. Lepper Registrar.

State

RECEIVED
BOISE, IDAHO
NOV 28 1930
U. S. VETERANS' BUREAU

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 185986
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Carl C. Ball (Name on original certificate) who was born (Was born or died) on March 7, 1913 (Date of event)
in Hansen, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance policy (Bible record, insurance policy, etc.) No. 40899281 prepared on May 26, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Carl Ball	Carl C. Ball

Subscribed and sworn to before me this 13th
day of December, 19 41

Notary Public, residing at Twin Falls, Idaho

My commission expires January 9, 19 43
[SEAL]

Signed Hattie Hawkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of December, 19 41

Notary Public, residing at

My commission expires January 9 1943
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

219-17-008-249 RECEIVED SEP 4 1931 193494

1. PLACE OF BIRTH

County of Bonner

City of Clarksfort

No. _____ St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

193495

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* Henry Albert (Boehle) Bailey

3. Sex Male | *If plural births* 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term X | 7. Legitimate? Yes | 8. Date of birth Nov. 17, 1931 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Albert Gustave (Boehle) Bailey	18. Full maiden name Lulla Burkitt
10. Residence (usual place of abode) (If non-resident, give place and State) Flint, Mich.	19. Residence (usual place of abode) (If non-resident, give place and State) Flint, Mich.
11. Color or race W	20. Color or race W
12. Age at last birthday 51 (years)	21. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Wayne Co. Mich.	22. Birthplace (city or place) (State or country) Kingsley, Mich.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. for Contractors	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work same now, 19__	25. Date (month and year) last engaged in this work now, 19__
17. Total time (years) spent in this work 15	26. Total time (years) spent in this work 18

27. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6: PM on the date above stated.
(BORN ALIVE OR STILLBORN)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lula Burkitt, Mother

or _____, Midwife

Address 1255 Poplar St. Flint, Mich.

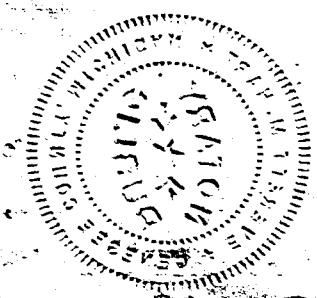
Filed My Commission Expires June 5, 1934

Give name added from a supplemental report _____ (DATE OF)

Registrar. Sworn to before this 31st day of August 1931. Everett M. Hart Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

JAN 15 1947



DELAYED

238-222-005-239

RECEIVED SEP 8 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 193668

1. PLACE OF BIRTH
County of Benewah
City of Tekoa, Wash. R.F.D.
No. _____ St.
_____
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Mildred Ellen Slye

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term yes | 7. Legitimate? yes | 8. Date of birth March 22, 1913 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Claude Edwin Slye	18. Full maiden name Daisy Ellen Strange
10. Residence (usual place of abode) (If non-resident, give place and State) Tekoa, Wash. R.F.D.	19. Residence (usual place of abode) (If non-resident, give place and state) Tekoa, Wash. R.F.D.
11. Color or race White 12. Age at last birthday 33 (years)	20. Color or race White 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Wisconsin	22. Birthplace (city or place) (State or country) Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work 15	25. Date (month and year) last engaged in this work _____, 19__ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (BORN ALIVE OR STILLBORN) at 6:15A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) _____, M. D.
or Mrs. D. L. Shawgo (mother), Midwife
Address Tekoa Wash. R. F. D.
Filed _____, 193__ _____ *Registrar.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine — Now Ca[illegible]

City of Fairfield

No. 396 118 007-619 St.

at Home

(If born in hospital or institution give name.)

STATE OF IDAHO

DEPARTMENT OF [illegible] WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 194354

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Ralph Warner Croner

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth Oct. 18, 1913 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name Frank Croner	18. Full maiden name Harriet Louella Warner
10. Residence (usual place of abode) (If non-resident, give place and State) Fairfield Ida	19. Residence (usual place of abode) (If non-resident, give place and state) Fairfield
11. Color or race White 12. Age at last birthday 39 (years)	20. Color or race White 21. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or country) Illinois	22. Birthplace (city or place) (State or country) Nebr.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19__	25. Date (month and year) last engaged in this work _____, 19__
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at One P.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

(Signed) Mrs. F. Croner ~~M.D.~~

or _____, Midwife

Address Fairfield

Filed Sep 19, 1931

_____ *Registrar.*

DEC 29 1948
JUN 6 1972

DELAYED

864 104 42.243

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195141

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. 38 Oak Ridge Ave St.
Idaho
(If born in hospital or institution give name.)

Registration District No. _____ State File No. _____
Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Vernit Duane Hodge

3. Sex Male | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term _____ | 7. Legitimate? Yes | 8. Date of birth Jan 4th, 1928 (MONTH, DAY, YEAR)

FATHER

9. Full name George W. Hodge
10. Residence (usual place of abode) (If non-resident, give place and State) Oneonta N.Y.
11. Color or race White 12. Age at last birthday 65 (years)
13. Birthplace (city or place) (State or country) Oneonta N.Y.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. at Brick work
16. Date (month and year) last engaged in this work Sept, 1931
17. Total time (years) spent in this work 45

MOTHER

18. Full maiden name Cecelia Daley
19. Residence (usual place of abode) (If non-resident, give place and state) ID
20. Color or race White 21. Age at last birthday 50 (years)
22. Birthplace (city or place) (State or country) Albert Lea Minn

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housework
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work Sept, 1931
26. Total time 30 (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____
28. If stillborn, period of gestation _____ months or weeks
29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (BORN ALIVE OR STILLBORN) at _____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

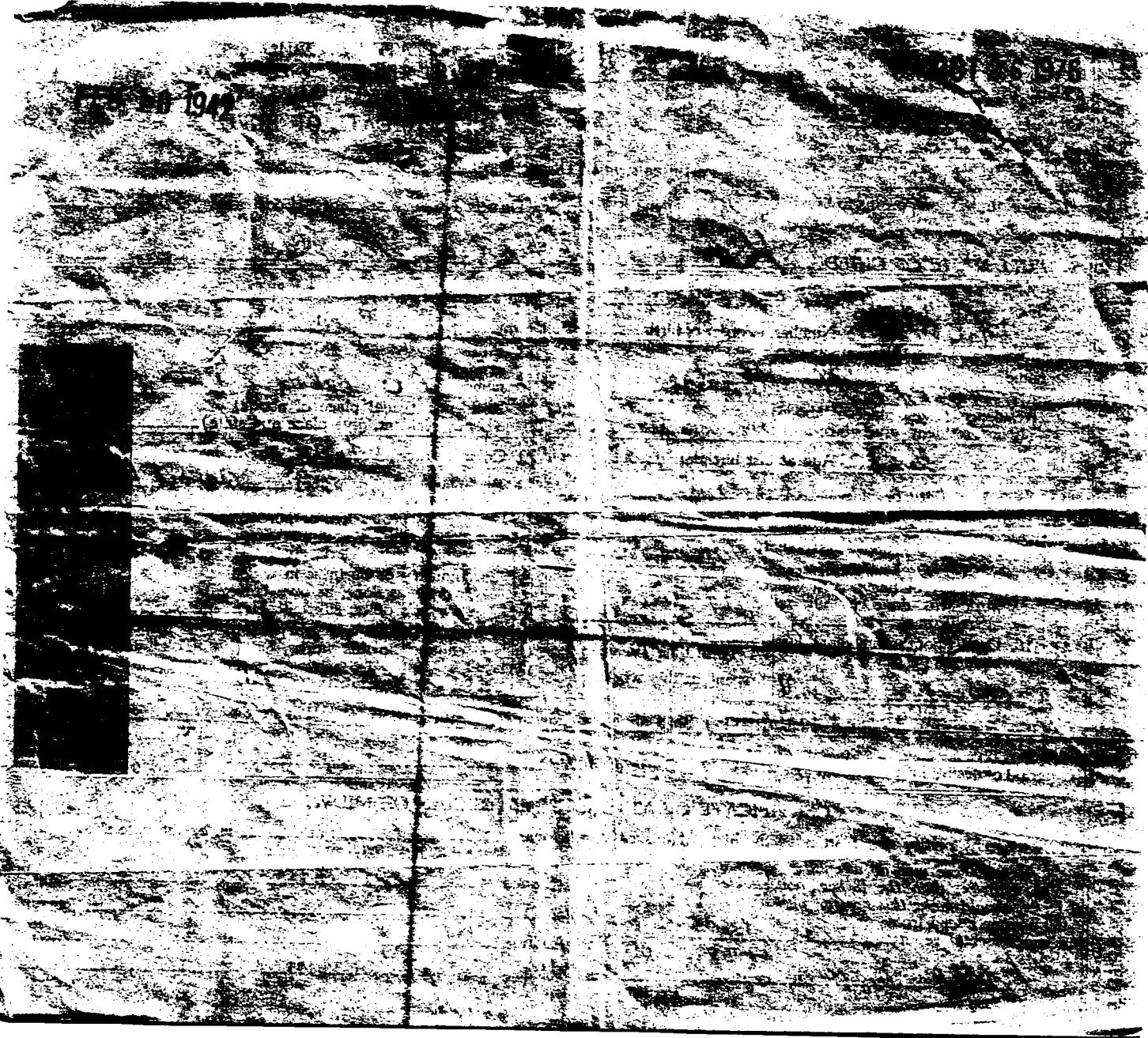
(Signed) Geo W. Hodge, M. D.
Father, Midwife

Give name added from a supplemental report The Late Doctor

Address _____

(DATE OF) Pike Twin Falls Idaho Filed Sept 20, 1931

Registrar. Registrar.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED NOV 10 1931

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195196

PLACE OF BIRTH

County of Madison

City of Sugar

No. 359 209 033 579 St. Registration District No. 100 State File No.

Hospital Primary Registration District No. 2178 Local Registrar's No. 264

FULL NAME OF CHILD Joshi Terazawa

(Certificate of no value without full name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 4/9 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth Number of child of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	R. Terazawa	FULL MAIDEN NAME	Chiyo Narumi
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	U. I. Sugar Co Agent	OCCUPATION	House Wife

1 Photostatic copy
5-7-42

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

(Signature) R. Terazawa
Father

(Physician or midwife)

Address Dr. J. R. Shuk

Filed 11/9 1931 Walker H. Young
Registrar.

, 192

Registrar.

MAY 7 1942

APR 25 1952

JUN 10 1960

295-22 2086-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Ammon

No. Idaho St.

at Home

(If born in hospital or institution give name.)

STATE OF IDAHO RECEIVED NOV 30 1931

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 195943 **195943**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Thelma Leona Biser

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.				Oct 22nd 1931.

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 8 (a) Born alive and now living Eight.

Born alive but now dead One. Stillborn —

FATHER	MOTHER
FULL NAME Sylvester August Biser	FULL MAIDEN NAME Fulda Mae Carter
Residence (Usual place of abode) Ammon	Residence (Usual place of abode) Ammon
If nonresident, give place and State Idaho	If nonresident, give place and State Idaho
Color or race White Age at last Birthday 26 (Years)	Color or race White Age at last Birthday 25 (Years)
Birthplace Summerville Missouri (City and State or Country)	Birthplace Joseph Utah (City and State or Country)
Occupation Sheep Herder	Occupation Home-wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Fulda Mae Biser

Dr. John Mallor

(Physician or midwife)

Address Idaho Falls Idaho.

Filed Nov. 30 1931 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

MAY 28 1942

DELAYED

469-213-039-539

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Power RECEIVED MAR 27 1929

City of Am. Falls

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 199382

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mildred Sarah Morris
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept. 13 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 2 (a) Born alive and now living 2

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Parley Morse Morris

Residence (Usual place of abode) Am. Falls

If nonresident, give place and State .....

Color or race White Age at last Birthday 28 (Years)

Birthplace West Portage Utah (City and State or Country)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Sarah Purina Eliason

Residence (Usual place of abode) Am. Falls

If nonresident, give place and State .....

Color or race White Age at last Birthday 23 (Years)

Birthplace Rockland Idaho (City and State or Country)

Occupation Farmers wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at ..... M. on the date above stated.

(Signature) Mrs Frank Zick

Am. Falls
(Physician or midwife)

Address .....

Filed MAR 27 1929 19.....

C. K. Macey
State Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

APR 19 1963

155-126-029-754

FEB 9 1935

PLACE OF BIRTH

County of Latha

City of Potlatch

No. ——— St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 199462

Registration District No. ——— State File No. ———

Prim. Registration District No. ——— Local Registrar's No. ———

FULL NAME OF CHILD Clarence Llewellyn Jenses.

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				yes	May 26 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? ———

Number of child of this mother, including present birth 2 (a) Born alive and now living yes

Born alive but now dead ——— Stillborn ———

FATHER		MOTHER	
FULL NAME	Clarence Roy Jenses	FULL MAIDEN NAME	Emma Hedden
Residence (Usual place of abode)	Potlatch Idaho	Residence (Usual place of abode)	Potlatch Idaho
If non-resident, give place and State	———	If non-resident, give place and State	———
Color or race	white	Color or race	white
Age at last Birthday (Years)	52	Age at last Birthday (Years)	41
Birthplace (City and State or County)	Milwaukee Wisconsin	Birthplace (City and State or County)	Pelican Rapids. Minn.
Occupation	Clerk	Occupation	———

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ——— M. on the date above stated.

(Signature) Dr J S Lepard

(Physician or midwife)

Address Potlatch Idaho

Filed ——— 19 ——— C R Jenses

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dupuy 1913.13719

DELAYED

United States
Department of Commerce
Bureau of the Census

319-124039-675

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 205923
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at own home
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address American Falls

3. RESIDENCE of FATHER (city, state): Am. Falls Idaho

4. FULL NAME OF CHILD William Franklin Lair

5. Date of Birth (Month, day, year) 3/24/1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME William Guy Lair
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lamar (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Juanita Elsie Fields
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wilbur (City or town) Washington (State or foreign country)
20. Exact Occupation
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Juanita E Lair (First name) (Last name), who is related to this child as ..... (Mother, ~~etc.~~)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of WASHINGTON
County of LEWIS } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, JUANITA ELSIE LAIR, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Franklin Lair (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Grayot (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (~~or cannot be located~~)) and that this birth has not been previously recorded.

Juanita Elsie Lair Signature
Ryderwood Wash Box 85 P.O. Address

Subscribed and sworn to before me on this 8th day of March, 1941.

(SEAL) E. W. Leonard Notary Public, residing at Winlock.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

205923

1. PLACE OF BIRTH
County of Power
City of American Falls
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD William Franklin Lair

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (MONTH, DAY, YEAR)
Male						March 24, 1933

FATHER	MOTHER
9. Full name: William Lincoln Lair	18. Full maiden name: Juanita Elsie Field
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race: White 12. Age at last birthday: 19 (years)	20. Color or race: White 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or country)	22. Birthplace (city or place) (State or country)
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work ____, 19__ 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work ____, 19__ 26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn ____

28. If stillborn, period of gestation ____ months or weeks
29. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (BORN ALIVE OR STILLBORN) at 4 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (DATE OF)

(Signed) William Lincoln Lair FATHER, M. D.
or ____, Midwife
Address American Falls Idaho
Filed 9-27-32 193__

____ Registrar.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED NOV 12 1932

207476

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 207476

PLACE OF BIRTH
County of Elmore
City of Mtn. Home Ida.
No. Carry Main St.
293-29-020-712
(If born in hospital or institution give name.)

Registration District No. Six State File No.
Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Maria Concepcion Sillonis
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth April 19 1913 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Sol Neo-Adval

Number of child of this mother, including present birth 2 (a) Born alive and now living Six
Born alive but now dead Stillborn One

FATHER	MOTHER
FULL NAME Nicolas Sillonis	FULL MAIDEN NAME Maria Angela Gabiola
Residence (Usual place of abode) Mtn. Home Ida	Residence (Usual place of abode) Mtn. Home Ida
If non-resident, give place and State	If non-resident, give place and State
Color or race Spanish Age at last Birthday 34 (Years)	Color or race Spanish Age at last Birthday ~~Stern~~ 26 (Years)
Birthplace Espastar Biscaya Spain (City and State or County)	Birthplace Navarish Biscaya Spain (City and State or County)
Occupation Sheepman	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive ~~Stillborn~~ at 15 till 6 A.M. on the date above stated.

(Signature) F E Evans
M D
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mtn Home Ida

Filed Nov. 12 1932

Registrar.

Present at Birth
Mrs. Victor Yturri - Source - As
no one else. [redacted]

JUL 3 1942

DELAYED

RECEIVED NOV 14 1982

DUP OF 1913-13094

853-224-216-796

PLACE OF BIRTH

County of Pacific

City of Oakley

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED DEC 12 1932

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

207503

CERTIFICATE OF BIRTH

207503

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Alice May Helms
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	Mar (Month) 24 (Day), 1913 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4 (a) Born alive and now living 4

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Theodore J. Helms	FULL MAIDEN NAME Alice May Grove
Residence (Usual place of abode) Oakley	Residence (Usual place of abode) Oakley
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 31 (Years)	Color or race White Age at last birthday 22 (Years)
Birthplace Crisman, Ill. (City and State or County)	Birthplace Perkins Okla (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 12 P. M. on the date above stated.

(Signature) Alice May Helms
Mother
(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address (Burby Rt. 1)

Filed Dec 1932 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1970

DECEASED

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 165 107 003-962

County of Bannock

City of Pocatello

No. 134 So. Garfield Ave. St.

(If born in hospital or institution give name.) Idaho

STATE OF IDAHO 20744
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 209769

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Robert Lester Jones
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin / Triplet / or other? { and } Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes. | Date of birth Dec. 7th, 1913 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One. (a) Born alive and now living Yes.

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Eber Wesley Jones

Residence (Usual place of abode) 134 So. Garfield

If non-resident, give place and State Pocatello Idaho

Color or race White Age at last birthday 25 (Years)

Birthplace Marysville Ohio (City and State or County)

Occupation Civil Engineer

MOTHER

FULL MAIDEN NAME Pearl Lillian Roberts

Residence (Usual place of abode) 134 So. Garfield Ave

If non-resident, give place and State Pocatello Idaho

Color or race White Age at last birthday [illegible] (Years)

Birthplace Grand Junction Colorado
Mesa County (City and State or County)

Occupation Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~Stillborn~~ Born alive at ..... M. on the date above stated.

(Signature) .....

(Physician or ~~midwife~~)

Address Pocatello

Filed Dec. 19 13

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 5 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

213612

CERTIFICATE OF BIRTH

County of Shoshone
City of Kellogg
No. 385-104-040 & 699 St.
at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Fredrik Irwin Chelstad
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Feb. 4, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth one (a) Born alive and now living ~~Now living~~ one

Born alive but now dead none Stillborn none

FATHER		MOTHER	
FULL NAME	Anton Chelstad	FULL MAIDEN NAME	Lina Fridlund
Residence (Usual place of abode)	Kellogg	Residence (Usual place of abode)	Kellogg
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	30 (Years)	Age at last birthday	22 (Years)
Birthplace	Norway (City and State or County)	Birthplace	Sweden (City and State or County)
Occupation	Ore mill	Occupation	House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) (See other side)

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Aug 1933 .....
Registrar.

Mrs A Norling
Ponoka
R.4.
alberta
canada.

Mrs A Hendrikson
Edberg
R1.
Alberta
Canada

Mrs A Chelstad
1614. 9th Ave Seattle
Wash.

Mrs A Kurtzweg
(mother)
107½ Fair Drive Susanville California

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED AUG 25 1933

PLACE OF BIRTH

County of Benewah

City of St. Joe

No. —— St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

214327

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Edward Emmett Anderson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male | Twin / Triplet / or other? (To be answered only in event of plural births) | and | Number in order of birth

Legitimate? Yes

Date of birth: 12 (Month) 13 (Day), 1913 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? 2% solution of Silver Nitrate

Number of child of this mother, including present birth 1st (a) Born alive and now living Yes

Born alive but now dead —— Stillborn ——

FATHER	MOTHER
FULL NAME: Edward Anderson	FULL MAIDEN NAME: Minnie Lell Pratt
Residence (Usual place of abode): St. Joe, Idaho	Residence (Usual place of abode): St. Joe, Idaho
If non-resident, give place and State: ——	If non-resident, give place and State: ——
Color or race: White Age at last birthday: 28 (Years)	Color or race: White Age at last birthday: 18 (Years)
Birthplace: Hartford, Wisconsin (City and State or County)	Birthplace: Milan, Wn. Spokane County (City and State or County)
Occupation: Laborer, Millwright	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 12:30 A.M. on the date above stated.

(Signature) Minnie Lell Anderson
mother
(Physician or midwife) Spokane

Address 4507 N Addison

Filed Aug. 25 1933 ..... Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(over)

DELAYED

1. Mrs. George Skyles
St. Joe. Idaho.

JUN 8 1948

2. Mrs. Mason
St. Joe, Idaho

3. Mrs. Maggy
St. Joe, Idaho.

These three people were three neighbors who knew of the birth and knew my mother. The doctor who was present is now dead.

Please send me two copies of my birth certificate. Enclosed find (1.08) one dollar for same.

Ed.

RECEIVED SEP 15 1933

214344.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **214344**

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Boise
City of Roseberry, Idaho
No. ..... St.
23620.6008 - 362
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Helen K. Scott

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth June 6, 1913 (Month, Day, Year)

FATHER

9. Full name: Gilbert K Scott

10. Residence (usual place of abode) Cascade, Ida
(If non-resident, give place and State) .....

11. Color or race .....

12. Age at last birthday 29 (years)

13. Birthplace (city or place) Lewisburg
(State or country) Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Merchant and

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. County Asessor

16. Date (month and year) last engaged in this work Sept 12, 1933

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name: Elizabeth G. Coski

19. Residence (usual place of abode) Deceased
(If non-resident, give place and State) .....

20. Color or race white

21. Age at last birthday 20 (years)
date of death

22. Birthplace (city or place) Roseberry
(State or country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Died July 1923, 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Do not know

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 3 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) XXXXXXXXXXXXXXX, M. D.

or Mrs J. L. McCall, Midwife

Address McCall, Idaho

Give name added from a supplemental report .....
(Date of)

Filed Sept, 1933

Registrar.

Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child of birth a Separate Return must be made for each, and the number of each, in order of birth stated.

K

MAY 4 1955

JUL 14 1955

MAY 14 2008

DELAYED

692-109039-243

216548

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of Rockland, Idaho
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 216548

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Frederick Fisher

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth March 9, 1913 (Month, Day, Year)

FATHER
9. Full name James T. Fisher
10. Residence (usual place of abode) (If non-resident, give place and State) Rockland
11. Color or race M | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or country) Nebraska

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer & Banker
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Edith M. Butler
19. Residence (usual place of abode) (If non-resident, give place and State) Rockland
20. Color or race M | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) V. G. Logan, M. D.
or ..... Midwife
Address Rockland, Idaho
Filed 8-12, 1933

Give name added from a supplemental report .....
(Date of)
..... Registrar.

..... Registrar.

AUG 1 1 1966

DEC 1 7 1968

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DEC 20 1933

217403

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

217403

1. PLACE OF BIRTH
County of Bannock
City of Hawkins Idaho
No. 296-177-003-556
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dean Newbrend Brower

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth June 14, 1913 (Month, Day, Year)

FATHER
9. Full name Joseph L. Brower
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race ..... | 12. Age at last birthday 50 (years)
13. Birthplace (city or place) (State or country) Hawkins Idaho.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farmer
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Emma Newbrend,
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race ..... | 21. Age at last birthday 44 (years)
22. Birthplace (city or place) (State or country) Logan Utah Cash County.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 9 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. L. Brower, M. D.
or (Father), Midwife
Address Hayburn Idaho.
Filed Dec, 1933
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Effie Brower. Hyburn Ida [illegible]
Ross Frost "
Bill [illegible]

Dear Sir;

I enclose fifty cents to secure a certificate of Birth.

Dean
Brower.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-113-1937-275

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 218229

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Frederick Mark Burnham
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
boy				yes	January 13, 1913 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth second (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Harry Clarence Burnham

Residence (Usual place of abode) ~~1613 Main~~ Kuna, Idaho

If non-resident, give place and State ~~Vancouver, Wash.~~

Color or race American Age at last birthday 25 (Years)

Birthplace Alexandra, Nebraska (City and State or County)

Occupation electric welder

MOTHER

FULL MAIDEN NAME Elvira Jane Spencer

Residence (Usual place of abode) ~~1619 N. 1st~~ Kuna, Ida.

If non-resident, give place and State ~~Vancouver, Wash.~~

Color or race American Age at last birthday 25 (Years)

Birthplace Fairfield, Nebraska (City and State or County)

Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive} at 10 A. M. on the date above stated.

(Signature) Mrs T E Spencer (Grandmother)

midwife
(Physician or midwife)

Address 1710 Heron St. Boise City

Filed ..... 1934 .....
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.— In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Adams

City of Council Idaho

No. 316 St.

7-20-002-316

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 218238

Registration District No. ..... State File No. .....

Prim. Registration District No. 1 Local Registrar's No. .....

FULL NAME OF CHILD Frank Edwin Lawrence

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	March 20, 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth second (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER

FULL NAME Jesse Edwin Lawrence

Residence (Usual place of abode) Council Idaho

If non-resident, give place and State .....

Color or race white Age at last birthday 40 (Years)

Birthplace Sturgeon Bay Wis. (City and State or County)

Occupation Section Laborer

MOTHER

FULL MAIDEN NAME Esther M Lawrence

Residence (Usual place of abode) Council Idaho

If non-resident, give place and State .....

Color or race White Age at last birthday 33 (Years)

Birthplace Hubbard Co Indiana (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Jesse Edwin Lawrence father

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed ..... 1934 .....

Registrar.

attendance at Birth

Mrs. Clark Adams

Huntington Ore

People who knew of the birth

Mrs. John Lakey - Boise Idaho.

Mrs N. R. Brown - Council Idaho.

Mrs. Harry McMillan

New Plymouth Ida.

RECEIVED FEB 1 1934

219040

1. PLACE OF BIRTH
County of Madison
City of Salem
No. 389-210-033-St. 994
Idaho
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH 219040

Registration District No. 100 State File No.
Prim. Registration District No. 2178 Local Registrar's No. 18

2. FULL NAME OF CHILD Annie, May, Charlotte, Thrower

3. Sex | If plural births: 4. Twin, triplet, or other 2nd; 5. Number, in order of birth | 6. Premature; Full term | 7. Legitimate? Yes | 8. Date of birth May 10, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank, Duncan, Thrower	18. Full maiden name Edith Catherine Rider
10. Residence (usual place of abode) (If non-resident, give place and State) Salem Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Salem Idaho
11. Color or race	20. Color or race
12. Age at last birthday 24 (years)	21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) East Carlton Norwich Norfolk England	22. Birthplace (city or place) (State or country) Norwich Norfolk England
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Store Clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work May 1913 ~~January~~ May 1913	25. Date (month and year) last engaged in this work , 19
17. Total time (years) spent in this work 9 years	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (Y) Seventh (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 12 P.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.
or Charlotte Rider, Midwife
Address Salem, Fremont Co, Idaho.
Filed Feb 17, 1934 J. R. Young Registrar

Give name added from a supplemental report (Date of)

Registrar.

Number of each in order stated must be made for each, and the

number of each in ... ated ... be made for each, and the

1. PLACE OF BIRTH

County of Madison

City of Salem

No. 389-210-033 St. 994

Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219041

Registration District No. 100 State File No.

Prim. Registration District No. 2178 Local Registrar's No. 17

2. FULL NAME OF CHILD Isabel May Rebecca Thrower

3. Sex Girl | If plural births: 4. Twin, triplet, or other 1st; 5. Number, in order of birth | 6. Premature; Full term | 7. Legitimate? Yes | 8. Date of birth May 10, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frank Duncan Thrower.	18. Full maiden name Edith Catherine Rider
10. Residence (usual place of abode) (If non-resident, give place and State) Salem Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Salem Idaho
11. Color or race White 12. Age at last birthday 37 (years)	20. Color or race White 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or country) East Carlton Norwich Norfolk	22. Birthplace (city or place) (State or country) Norwich Norfolk England
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Store Clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sugar Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ~~January~~ May 1913	17. Total time (years) spent in this work 3 years
25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (6) Sixth (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation months or weeks | 30. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 11.30 P.m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Charlotte Rider, Midwife

Address Salem Fremont Co. Idaho.

Give name added from a supplemental report ..... (Date of)

Filed Feb 17, 1934 J Ryoung Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. -- St.

769 204024 212

(If born in hospital or institution give name.)

= 19816

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 219816

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Maria Dolores Goicoechea

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				yes	May 4, 1913 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth three (a) Born alive and now living three

Born alive but now dead None Stillborn None

FATHER

FULL NAME Euletedio Goicoechea

Residence (Usual place of abode) Gooding, Idaho

If non-resident, give place and State .....

Color or race Spanish Age at last birthday 33 (Years)

Birthplace Basque Legetio, Spain (City and State or County)

Occupation Laborer

MOTHER

FULL MAIDEN NAME Eulalia Zavala

Residence (Usual place of abode) Gooding, Idaho

If non-resident, give place and State .....

Color or race Spanish Age at last birthday 29 (Years)

Birthplace Basque Elanchove, Spain (City and State or County)

Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 9:00 A. M. on the date above stated.

(Signature) Eulalia Goicoechea

mother

(Physician or midwife)

Address #931 Weatherlow, Susanville, Calif

Filed 4-1 1934 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Claudia Cenarrusa- Ficobo, Idaho

Mrs. Estefana Estrada- Stockton, Calif.

Mrs. Gregoria Ascuena, Gooding, Idaho

State of California)
) ss
County of Lassen)

Eulalia Goicoechea, being first duly sworn deposes and states that the foregoing statements are true of her own knowledge.

Eulalia Goicoechea

Subscribed and sworn to before me this 10th day of April, 1934.

E. B. Coffin

Notary Public in and for the County of Lassen, State of California.

Dupf 1913 - 17424

DELAYED

220607

1. PLACE OF BIRTH RECEIVED APR 26 1934

County of Ada

City of Ola Idaho

No. 863-124008-251 St.

(If born in hospital or institution, give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 220607

Registration District No. 6 State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD William Summers Holbrook

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan 24 1913 (Month, Day, Year)

FATHER

9. Full name Frank Holbrook

10. Residence (usual place of abode) (If non-resident, give place and State) Ola Ida

11. Color or race W | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or country) Parma Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Mary Eliza Bead

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 37 (years)

22. Birthplace (city or place) (State or country) Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) 6
(a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. L. Reynolds, M. D.

or ....., Midwife

Address Emmett Idaho

Give name added from a supplemental report

(Date of)

Filed April 25 – 1934 J. L. Reynolds
Registrar.

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

220893

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. 714-223014 [redacted]
(If born in hospital or institution give name.)
Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lucie Adele Gaussoin

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth 6/23/1933 (Month, Day, Year)

FATHER

9. Full name Charles H. Gaussion
10. Residence (usual place of abode) (If non-resident, give place and State) Nampa
11. Color or race W | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Lebanon, Va.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Sarah Genevieve McCarty
19. Residence (usual place of abode) (If non-resident, give place and State) Nampa
20. Color or race W | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or country) Mead, Neb.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. Murray, M. D.
or ....., Midwife
Address Nampa Ida

Give name added from a supplemental report .....
(Date of)

Filed April, 1934

Registrar.

Registrar.

JUN 15 1972

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED MAR 3 1933

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of Nezlperce
City of Culdle Sac
No. none St.
Idaho 469-206 035-469 Registration District No. State File No. 221261
(If born in hospital or institution give name.) home Prim. Registration District No. Local Registrar's No.

FULL NAME OF CHILD Florence Catherine Morris
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
girl		yes	July (Month) 6 (Day) 1913 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of child of this mother, including present birth 2 (a) Born alive and now living yes
Born alive but now dead Stillborn

FATHER	MOTHER
FULL NAME Nathan Anton Morris	FULL MAIDEN NAME Myrtle Mary Morris
Residence (Usual place of abode) Culdle Sac	Residence (Usual place of abode) Culdle Sac
If non-resident, give place and State Idaho	If non-resident, give place and State Idaho
Color or race white Age at last Birthday 32 (Years)	Color or race white Age at last Birthday 23 (Years)
Birthplace Oshkosh Wis (City and State or County)	Birthplace American Ridge Idaho (City and State or County)
Occupation painter	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive / Stillborn at M. on the date above stated.

(Signature) ✓ See other side for signature.
(~~Physician or midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address

Filed Mar. 3 1933

Registrar.

Child was born in care of Mr. Ragsdale of Cul De Sac Idaho. Witness Mrs U. H. Morris grandmother of Greer Idaho. And father.

DEC 12 1968

Nathan A Morris
(Father)

FORMER REJECT

DELAYED

RECEIVED JUN 1934

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 221429

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Moreland
No. ..... St.
551 207 006 213
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Georgia England

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth March 9 1934 (Month, Day, Year)

FATHER

9. Full name: George William England
10. Residence (usual place of abode) (If non-resident, give place and State): Moreland Ida
11. Color or race: White
12. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Plain City, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: painter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Martha Jane Hatch
19. Residence (usual place of abode) (If non-resident, give place and State): Moreland Ida
20. Color or race: White
21. Age at last birthday: 32 (years)
22. Birthplace (city or place) (State or country): Grangeville Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child).
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or X Mary A D Hatch, Midwife
Address Moreland Idaho

Give name added from a supplemental report .....
(Date of)
Filed 6-4, 1934
..... Registrar.
..... Registrar.

FEB 26 1943

JAN 28 1976

DELAYED

352-130-028 314

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene, Idaho.

No. ..... St.

Coeur d'Alene Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 222064

CERTIFICATE OF BIRTH

Registration District No. 30 State File No. .....

Prim. Registration District No. 1050 Local Registrar's No. 245

FULL NAME OF CHILD Maurice Charles Le Blanc

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin ~~Triplet or other~~?	Number in order of birth	Legitimate?	Date of birth
Male	Twin and	2nd	yes	May 30, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? Iodo Ardyral Sol.

Number of child of this mother, including present birth 2nd (a) Born alive ~~and~~ now living yes (2)

Born alive but now dead ✓ Stillborn ✓

FATHER	MOTHER
FULL NAME George Joseph Le Blanc	FULL MAIDEN NAME Rose Campbell
Residence (Usual place of abode) Coeur d'Alene, Idaho	Residence (Usual place of abode) Coeur d'Alene, Idaho
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 27 (Years)	Color or race White Age at last birthday 25 (Years)
Birthplace Crookston, Minn (City and State or County)	Birthplace Minneapolis, Minn. (City and State or County)
Occupation Secretarial. Musician	Occupation House wife. Musician.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 4:25 P. M. on the date above stated.

(Signature) John T. Wood

Physician.
(Physician or midwife)

Address Coeur d'Alene, Idaho.

Filed May-16-1934 E. L. Spohn, M.D.
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. — In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251 106-008-766

PLACE OF BIRTH

County of Boise

City of Ola

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

222356

CERTIFICATE OF BIRTH

222356

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Homer Cooper Beal
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of birth Feb (Month), 6 (Day), 1913 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 3 (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Charles Edwin Beal	FULL MAIDEN NAME Lydia M. Beal Gooden
Residence (Usual place of abode) Ola, Idaho	Residence (Usual place of abode)
If non-resident, give place and State	If non-resident, give place and State
Color or race White Age at last birthday 40 (Years)	Color or race White Age at last birthday 28 (Years)
Birthplace Illinoise (City and State or County)	Birthplace Nelsonville Missouri (City and State or County)
Occupation Farmer	Occupation housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at 8 a.m. on the date above stated.

(Signature) Lydia M. Beal
Mother
~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Ola, Idaho

Filed Feb 1936

Registrar.

NOV 2 5 1975

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine (now Camas)

City of Fairfield

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 224315

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. 58

2. *FULL NAME OF CHILD* James Henry Robinson

3. Sex.	*If plural births* 4. Twin triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Feb. 4, 1913 (Month, Day, Year)
Male				

	FATHER	MOTHER
9. Full name	John Lorr Robinson	18. Full maiden name Elizabeth Annatt Jenkins
10. Residence (usual place of abode) (If non-resident, give place and State)	Farmer	19. Residence (usual place of abode) (If non-resident, give place and State) Farmer
11. Color or race	American	20. Color or race English
12. Age at last birthday	34 (years)	21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or country)	Utah Paragonah	22. Birthplace (city or place) (State or country) Utah Goshen Utah County
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Stock Cattle.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Own Farming 27 Yrs	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19
		26. Total time (years) spent in this work 40 40.

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. If stillborn, period of gestation ..... { months or weeks

29. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3.20 a. m. on the date above stated.
(Born Alive or Stillborn)

[*When there was no attending physician or midwife, then the father, householder, etc., should make this return.*]

(Signed) W. R. Driggs, M. D.

or ....., Midwife

Address Chulivista Calif. 619 Flora

Filed Aug 21, 1934 W. B. Parkinson
Registrar.

DELAYED

DUP OF 1913-11905

235-130-042-411

224685

DEC 12 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 224685

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Twin Falls
City of Twin Falls
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Eugene Victor Blessing

3. Sex: Male

If plural births: 4. Twin, triplet, or other: other; 5. Number, in order of birth: ____

6. Premature: ____ Full term: yes

7. Legitimate? yes

8. Date of birth: May 30, 1913 (~~193~~) (Month, Day, Year)

FATHER

9. Full name: Carl David Blessing

10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls Ida.

11. Color or race: White | 12. Age at last birthday: 27 (years)

13. Birthplace (city or place) (State or Country): Nebraska

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: ____

MOTHER

18. Full maiden name: Bertha Maason

19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls Ida.

20. Color or race: White | 21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or Country): South Dakota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or Bertha Blessing, Mother, Midwife
Address ____

Filed ____, 1935

Registrar. ____ Registrar.

WRITE PLAINLY WITH UNFADING INK. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 2 6 1975

Mrs Harvey Peters Twin Falls
Mrs George Blackburn Twin Falls
Mrs Philip Peterson Twin Falls

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH SEP 25 1934

County of [illegible]

City of Amsterdam

No. [illegible] St.

185-208-042-275

(If born in hospital or institution give name.)

STATE OF IDAHO 224702
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

224702

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Ruth Helen Marie Ahnert
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Female				Yes	April (Month) 8 (Day), 1913 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth One (a) Born alive and now living ~~Yes~~ 1

Born alive but now dead — Stillborn —

FATHER		MOTHER	
FULL NAME	Alfred Ahnert	FULL MAIDEN NAME	Frieda Speisser
Residence (Usual place of abode)	[illegible]	Residence (Usual place of abode)	[illegible]
If non-resident, give place and State	[illegible]	If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday (Years)	32	Age at last birthday (Years)	22
Birthplace (City and State or County)	Altenburg, [illegible]	Birthplace (City and State or County)	Paterson, New Jersey
Occupation	Farmer	Occupation	[illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / [redacted]} at 9 P M. on the date above stated.

(Signature) Alfred Ahnert (Father)

(Physician or midwife)

Address Main St Amsterdam Ida

Filed [illegible] 1934

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Three persons knowing of birth:

C Ahnert (Mrs. [illegible]
Artesian City

Mrs John Peters
Amsterdam Hotel
Amsterdam Ida

Mrs Mary Davis
[illegible]
Amsterdam Ida.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH OCT 5 1934

County of Bannock

City of Bancroft

No. ..... St.

669-210-083-434

(If born in hospital or institution give name.)

STATE OF IDAHO 224

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 224710

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Mary Alene Forbis

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
girl				yes	Jan. (Month) 10 (Day), 1913 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth ..... (a) Born alive and now living yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Thomas Morgan Forbis	FULL MAIDEN NAME Mary Imelda McDermott
Residence (Usual place of abode) Chester field Idaho	Residence (Usual place of abode) Chester field Ida.
If non-resident, give place and State ~~not known~~	If non-resident, give place and State .....
Color or race White Age at last birthday ..... (Years)	Color or race White Age at last birthday 26 (Years)
Birthplace Danville Kentucky (City and State or County)	Birthplace Highland Co. Ohio (City and State or County)
Occupation farmer	Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ..... M. on the date above stated.

(Signature) ~~Mrs Alice Aston~~

~~deceased~~

(~~Physician or~~ midwife)

Address ~~of~~ (mother) Mrs. O. E. Decker

Filed ..... 1934 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs Chris Call Chester Field Ida,
Roe White, Bancroft, Ida,
Forest Cornelison Chester Field
Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

696-121-014-613

OCT 13 1934

224726

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

224726

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Charles Sterling Froman
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
M.				✓	12-21-1913 (Month) (Day), 19 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 1 (a) Born alive and now living .....

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME Jess J. Froman	FULL MAIDEN NAME Lola Wells
Residence (Usual place of abode) Nampa, Idaho	Residence (Usual place of abode) Nampa, Idaho
If non-resident, give place and State	If non-resident, give place and State .....
Color or race W Age at last birthday 27 (Years)	Color or race W Age at last birthday 25 (Years)
Birthplace Caldwell Idaho (City and State or County)	Birthplace Oklahoma (City and State or County)
Occupation Farmer	Occupation Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5 A M. on the date above stated.

(Signature) Jess J. Froman
Father
(~~Physician or midwife~~)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Caldwell Idaho R 1

Filed 11-13 1934

Registrar.

Mrs. Nellie Gillisby
Nampa, Idaho.

Mrs Nancy Prescott
Meridian, Idaho.

Mrs. Sarah Hatton -
Nampa, Idaho.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1934

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. 414-126-010-414 St.

Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 224731

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Kazuoshi Ujiiye

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
male				yes	6/26, 1934 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth (4) (a) Born alive and now living (4)

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Katsutaro Ujiiye	FULL MAIDEN NAME	Uta Ujiiye
Residence (Usual place of abode)	Ogden Utah	Residence (Usual place of abode)	Ogden, Utah
If non-resident, give place and State		If non-resident, give place and State	
Color or race	Japanese	Color or race	Japanese
Age at last birthday	37 (Years)	Age at last birthday	35 (Years)
Birthplace	Japan (City and State or County)	Birthplace	Japan (City and State or County)
Occupation		Occupation	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

L I Photostat copy 3/10/42

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at ..... M. on the date above stated.

(Signature) Katsutaro Ujiiye (Father)

(Physician or midwife)

Address Route 2 Box 24

Filed Oct. 16 1934 .....

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

DEC 21 1951

Heji Kanno
Yki Kanno
Shinji Katayama

Rt 2
Twin Falls
Idaho

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. 100 S. 26 St.
236 113 001 648
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

225701

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lynn W. Kloepfer

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth April 13, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Henry Kloepfer	18. Full maiden name Rachel Elizabeth Fuhriman
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race white 12. Age at last birthday 23 (years)	20. Color or race white 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or country) Butte Montana	22. Birthplace (city or place) (State or country) Providence Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Bricklayer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work April 12, 1913 17. Total time (years) spent in this work 6 yrs	25. Date (month and year) last engaged in this work April 12, 1913 26. Total time (years) spent in this work 2 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at 7 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Wm H. Kloepfer Father, M. D.
or ....., Midwife
Address ~~Wm H. Kloepfer~~ Rupert Idaho
Filed Dec, 1936

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Registrar.

Persons who were present at time of birth

Dr Geo. Handy Boise Idaho

Mrs Geo Handy Boise Idaho APR 12 1968

Mr Philip Kloepfer Kuna Idaho AUG 10 1964

DELAYED

Reply 1913-14137

533-108 005-312

RECEIVED NOV 13 1934

225710

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 225710

1. PLACE OF BIRTH
County of Benewah
City of Tensed
No. ..... St.
(If born in hospital or institution give name.) Born at home

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Vail Elliott

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth June 8th 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jesse Vail Elliott	18. Full maiden name Belle ~~Elliott~~ Cabbage
10. Residence (usual place of abode) (If non-resident, give place and State) Tensed Idaho ~~Hussar Alberta~~	19. Residence (usual place of abode) (If non-resident, give place and State) Tensed Idaho ~~Hussar Alberta~~
11. Color or race White 12. Age at last birthday 50 (years)	20. Color or race White 21. Age at last birthday 50 (years)
13. Birthplace (city or place) (State or country) Tyson Hump Kentucky	22. Birthplace (city or place) (State or country) Cane Creek Kentucky
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work November 1934 17. Total time (years) spent in this work 35 yrs	25. Date (month and year) last engaged in this work November 1934 26. Total time (years) spent in this work 26 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born at ~~Tensed Idaho~~ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~Dr Morris of Tekonsha Now Deceased~~
or J. V. Elliott Father, Midwife
Address Hussar Alberta, Can.
Filed Nov, 1936

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

Mr & Mrs William Armstrong
Jerome Idaho

Mr & Mrs Henry Kerns
Waverly, Wash.

C. B. Elliott
Delavan,
California.

789-118-042-819

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls, Idaho.

No. ..... St.

at home.

(If born in hospital or institution give name.)

STATE OF IDAHO 227496

DEPARTMENT OF PUBLIC WELFARE 227496

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Laurence Alslem Phillips

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Sept (Month) 18 (Day), 1913 (Year)

(To be answered only in event of plural births)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth three (a) Born alive and now living Three

Born alive but now dead Three, One dead Stillborn None

FATHER		MOTHER	
FULL NAME	Frank Raymond Phillips	FULL MAIDEN NAME	Mary Dessie Harvey
Residence (Usual place of abode)	Twin Falls, Idaho	Residence (Usual place of abode)	Twin Falls, Idaho
If non-resident, give place and State		If non-resident, give place and State	~~Seward County, Kansas~~
Color or race	White	Color or race	White
Age at last birthday	about 30 (Years)	Age at last birthday	17 (Years)
Birthplace	Unknown (City and State or County)	Birthplace	Seward County, Kansas (City and State or County)
Occupation	Farmer	Occupation	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / Stillborn} at ..... M. on the date above stated.

(Signature) (over)

(Physician or midwife)

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address .....

Filed Sept 1913

DEC 1934

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of Kansas)
) SS
Seward County.)

The affiant, A. B. Harvey, being first duly sworn upon his oath states that to the best of his knowledge and belief he is the grandfather of Lawrence Abslem Phillips, who was born to Frank Raymond Phillips (father) and Mary Dessie Phillips (nee Harvey) on the 18th day of September, 1913. Affiant states that during the year 1916, and when said Lawrence Abslem Phillips was 3 years old, his mother (affiant's daughter) died, and that the Father of said Lawrence Abslem Phillips) brought him, together with two younger children, then aged about 18 months and 3 months respectively, and left the said children with this affiant, their grandfather, in Seward County, Kansas, where the said Lawrence Abslem Phillips has remained ever since; that the father of said children has not seen by or heard from by this affiant ever since that time, and affiant has no knowledge whatever as to his whereabouts or whether he, the said father of said children is alive or dead. Affiant states that this affidavit is made for the purpose of establishing facts concerning vital statistics concerning the said Lawrence Abslem Phillips; that the record of the time and place of birth was taken from the family bible procured from Frank Raymond Phillips, the father of said children, at the time of the death and burial of their mother (this affiant's daughter) whose body was brought from Idaho to Seward County, Kansas, for interment. Further affiant sayeth not.

A B Harvey

Sworn to and subscribed before me this 27th day of December, 1934.

Com Expires Aug 22-1936.

NOTARY PUBLIC.

993-111619-691

PLACE OF BIRTH

County of Custer

City of Antelope Creek

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

227984

CERTIFICATE OF BIRTH

Registration District No. 76 State File No. .....

Prim. Registration District No. 2153 Local Registrar's No. 2131

FULL NAME OF CHILD Melvin Richardson
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		Yes	July (Month) 11" (Day) 1913 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? Nit Silver

Number of child of this mother, including present birth 2 (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER	MOTHER
FULL NAME George Richardson	FULL MAIDEN NAME Bertha Franklin
Residence (Usual place of abode) Antelope Creek	Residence (Usual place of abode) Antelope Creek
If nonresident, give place and State	If nonresident, give place and State .....
Color or race White Age at last Birthday 33 (Years)	Color or race White Age at last Birthday 28 (Years)
Birthplace Utah (City and State or Country)	Birthplace Houston Idaho (City and State or Country)
Occupation Farmer	Occupation .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 5-30 P M M. on the date above stated.

(Signature) Chas Baker

~~(Physician or midwife)~~

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address Mackay Idaho

Filed Dec. 29 1934 Rose Nowacki
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 19

SEP 2 1 198

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH
County of Fremont
City of Driggs
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

228564

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Harvey Rendell Durrant
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
Male				Yes	Dec. 24, 1913 (Month) (Day) (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 5th (a) Born alive and now living 4

Born alive but now dead 1 Stillborn None

FATHER		MOTHER	
FULL NAME	William Rendell Durrant	FULL MAIDEN NAME	Mary Elizabeth Horne
Residence (Usual place of abode)	Driggs, Ida.	Residence (Usual place of abode)	Driggs, Ida.
If non-resident, give place and State		If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	36 (Years)	Age at last birthday	41 (Years)
Birthplace (City and State or County)	Vernon, Utah	Birthplace (City and State or County)	Salt Lake City, Utah
Occupation	Merchant	Occupation	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at 11:00 P.M. M. on the date above stated.

(Signature) Ora O Keith M.D.
Physician
(Physician or midwife)
Address Driggs, Idaho.
Filed Feb 2 1914
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonners

City of near Sweet

No. 255-206-008 St. 666

in home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 228788

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Lena Blanche Seelin

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
girl			1		Yes	April 6, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Oliver Seelin	18. Full maiden name: Winnifred Woods
10. Residence (usual place of abode) (If non-resident, give place and State):	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: white 12. Age at last birthday: 31 (years)	20. Color or race: White 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or country): Kansas	22. Birthplace (city or place) (State or country): Rantoul Kansas Franklin Co
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work: 7	26. Total time (years) spent in this work: 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Sunday alive at 11 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Mrs Hammond (dead), Midwife

Address .....

Give name added from a supplemental report .....

Oliver Seelin (Father) (Date of)

Registrar.

Filed 1-31, 1935

Registrar.

JUN 22 1967

APR 24 1962

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Plummer

No. None St.

643-127-228-643

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229108

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD Orville George Fuller

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				✓	April 27, 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? Boric

Number of child of this mother, including present birth Sixth (a) Born alive and now living Yes

Born alive but now dead ..... Stillborn .....

FATHER		MOTHER	
FULL NAME	Joseph Fuller	FULL MAIDEN NAME	Sarah Matilda Fuller
Residence (Usual place of abode)	Plummer Idaho	Residence (Usual place of abode)	Plummer, Idaho
If non-resident, give place and State	~~Naughton, P.C. Canada~~	If non-resident, give place and State	
Color or race	White	Color or race	White
Age at last birthday	39 (Years)	Age at last birthday	34 (Years)
Birthplace	Lisbonville, Maine (City and State or County)	Birthplace	Whitney, Ont. Canada (City and State or County)
Occupation	Laborer	Occupation	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / Stillborn } at 2 P.M. on the date above stated.

(Signature) Harriet Turner

midwife

(Physician or midwife)

Address Plummer Idaho

Filed Feb 19 35

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

RECEIVED MAR 4 1935

229396

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bingham
City of Malad
No. ____ St.
649-113-036-381
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229396

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Alma Grayce Hurd

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term	7. Legitimate	8. Date of birth (Month, Day, Year)
Male					yes	yes	Nov. 13, 1913

FATHER		MOTHER	
9. Full name	John James Hurd	18. Full maiden name	Ida Chandler
10. Residence (usual place of abode) (If non-resident, give place and State)	Malad	19. Residence (usual place of abode) (If non-resident, give place and State)	Malad Idaho
11. Color or race	white	20. Color or race	white
12. Age at last birthday	49 (years)	21. Age at last birthday	44 (years)
13. Birthplace (city or place) (State or country)	Snowville Utah	22. Birthplace (city or place) (State or country)	Logan Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work	____, 19____	25. Date (month and year) last engaged in this work	____, 19____
17. Total time (years) spent in this work	life	26. Total time (years) spent in this work	life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) two
(a) Born alive and now living yes (b) Born alive but now dead ____ (c) Stillborn no

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

Pearl Dillingham
Registrar.

(Signed) ____, M. D.
or Mary Stewart, Midwife
Address Malad Idaho

Filed March 1, 1935.

Registrar.

cc 3/5/41 rmf

DELAYED

RECEIVED MAR 8 1985

281-210-040-281

229400

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229400

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH.

County of Shoshone

City of Wallace

No. Smith's Private Hosp. St.

Idaho

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Lela Pearl Shaffer - Smiths Private Hospital

3. Sex Female

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 }

6. Premature Full term X

7. Legitimate? yes

8. Date of birth Oct 10, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Clayton David Shaffer	18. Full maiden name Anna Mae Smith Shaffer
10. Residence (usual place of abode) (If non-resident, give place and State) 1142 Conjon St	19. Residence (usual place of abode) (If non-resident, give place and State) 1142 Conjon St.
11. Color or race White | 12. Age at last birthday 34 (years)	20. Color or race White | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Sunfield Mich	22. Birthplace (city or place) (State or Country) Frankford Ontario Canada
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lumber Co.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work March, 1914 | 17. Total time (years) spent in this work 6	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks }

30. Cause of stillbirth ..... { Before labor ..... During labor ..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) (Mother) Anna Mae Smith Shaffer

or ....., Midwife

Address .....

Filed March, 1985

Registrar.

Persons knowing of the birth of Lela Mae Shaffer

Turner Lumber Co. – Wallace Idaho

Anderson Lumber Co. – " "

Eugene Smard " "

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

229412

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 229412

1. PLACE OF BIRTH
County of Kootenai
City of Post Falls
No. ..... St. .....
RECEIVED MARCH 1935
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Anna Mae Christine Brinkman

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female			X	yes	Oct 30 1913

FATHER

9. Full name Geo. A. Brinkman
10. Residence (usual place of abode) (If non-resident, give place and State) Post Falls Ida
11. Color or race W | 12. Age at last birthday 37 (years)
13. Birthplace (city or place) (State or country) Post Falls Ida Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm Laborer
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 15 yrs

MOTHER

18. Full maiden name Daisy E. Baker
19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls Ida
20. Color or race W | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 7 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ..... M. D.
or Minnie Miller Midwife
Address 924 W. Kiernan

Filed ....., 193..... Registrar.

FEB 23 1945

JUL 30 1953

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Givens Springs

No. ____ St.

239-124-237-466

(If born in hospital or institution, give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS 230071

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

FULL NAME OF CHILD James Thomas Blick

(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	June 24, 1913

What prophylactic was used to prevent Ophthalmia Neonatorum? None

Number of child of this mother, including present birth 2 (a) Born alive and now living ____

Born alive but now dead yes - Dead Stillborn ____

FATHER

FULL NAME Harry Blick

Residence (Usual place of abode) Givens Springs, Ida

If non-resident, give place and State ____

Color or race White Age at last birthday 35 (Years)

Birthplace Winston-Salem N. C. (City and State or County)

Occupation Farmer

MOTHER

FULL MAIDEN NAME Eugenia Gertrude Moore

Residence (Usual place of abode) Givens Springs - Ida

If non-resident, give place and State ____

Color or race White Age at last birthday 26 (Years)

Birthplace Baker Baker Co. Oregon (City and State or County)

Occupation House wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was {Born alive / ~~Stillborn~~} at ____ M. on the date above stated.

(Signature) Harry A Blick

(Physician or midwife)

Address Melba Idaho

Filed Jul 1935

Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Mrs. Martha Walker
Mrs. G. F. Yanke
Tim Shirley

Melba
Idaho

462-209-044-669. APR 8 1935

230193

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Washington
City of Midvale
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 230193

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Essiemae Dosser

3. Sex Girl. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate yes | 8. Date of birth Oct 9, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Thomas H Dosser	18. Full maiden name Ethel Bell Ford.
10. Residence (usual place of abode) (If non-resident, give place and State) Midvale	19. Residence (usual place of abode) (If non-resident, give place and State) Midvale
11. Color or race White 12. Age at last birthday 24 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or country) Granger Texas	22. Birthplace (city or place) (State or country) Ill.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work 8 yrs.	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? silver nitrate

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Breeding at 4 a m. on the date above stated. (Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Fatshmeg, M. D.
or ....., Midwife
Address Weiser Idaho
Filed 4-4, 1935

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

DELAYED DUP OF 1913-17028

863-110
018-796

RECEIVED APR 8 1935

231012

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Clearwater
City of Orofino
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Carson Holsclaw.

3. Sex MALE
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth March 10, 1913 (Month, Day, Year)

FATHER
9. Full name Allen Alexander Holsclaw
10. Residence (usual place of abode) (If non-resident, give place and State) Orofino, Idaho
11. Color or race White | 12. Age at last birthday 44 (years)
13. Birthplace (city or place) Vilas (State or Country) North Carolina, Watauga Co.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work March, 1913
17. Total time (years) spent in this work 6 years

MOTHER
18. Full maiden name Sarah Caroline Proffit
19. Residence (usual place of abode) (If non-resident, give place and State) Orofino Idaho
20. Color or race White | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) Mast (State or Country) N Carolina

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 7 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Sarah Caroline Holsclaw (mother) ~~M.D.~~
or ....., Midwife
Address 3 N. S. E. Lincoln St Portland Oreg
Filed ....., 1934 ..... Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Dr. James Fairley and Father Allen A. Holsclaw now deceased.
(Attending Physician)

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Dr. E. W. Horswill - Spokane, Wash.
Mrs. John Henager, N. Monroe St. Spokane, Wash.
Mrs. Ada Holmberg, Orofino, Idaho.

Enclosed please find 50¢ for certified copy of this certificate. Would appreciate an early reply.

Mrs. C. Holsclaw.

DELAYED

DUP 06 1913-12439

RECEIVED MAY 3 1935

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

231804

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Shoshone
City of Larson
No. ..... St.
915 703 040 914
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Toivo Jack Rantanen

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature — Full term — | 7. Legitimate? Yes | 8. Date of birth 8-3-13, 193.. (Month, Day, Year)

FATHER

9. Full name Emi Rantanen ~~(deceased)~~ 6-5-25
10. Residence (usual place of abode) (If non-resident, give place and State) Larson Ida
11. Color or race W | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Finland

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Butte Mines Mullan Ida Mines
16. Date (month and year) last engaged in this work March, 1918
17. Total time (years) spent in this work 20 yrs

MOTHER

18. Full maiden name Mary W. Rautio, Larson Ida
19. Residence (usual place of abode) (If non-resident, give place and State) ~~Kingston Ida~~
20. Color or race W | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Finland 27 yrs.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work 8-3-13, 19..
26. Total time (years) spent in this work 28 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead — (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor — Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) Wesanna Yeetila - MIDWIFE, ~~M.D.~~
or X ....., Midwife
Address Mullan, Idaho
Filed May 3, 1935 Pearl Dillingham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD, N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

RECEIVED MAY 27 1935

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. **231933**

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of **Ada**

City of **Collister**

No. 3445 25th St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD **Alice Helen Turner**

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	**yes**	**May 25**, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name **Wilburn C. Turner**	18. Full maiden name **Effa Maynes**
10. Residence (usual place of abode) (If non-resident, give place and State) **Collister**	19. Residence (usual place of abode) (If non-resident, give place and State) **Collister**
11. Color or race **W** | 12. Age at last birthday **33** (years)	20. Color or race **W** | 21. Age at last birthday **35** (years)
13. Birthplace (city or place) (State or Country) **Mills Co. Iowa**	22. Birthplace (city or place) (State or Country) **Mills Co. Iowa**
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman** 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. **Housewife** 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks } 30. Cause of stillbirth..... { Before labor / During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hosholder, etc., should make this return.

(Signed) Mrs Effa Maynes Turner (Mother) ~~or~~

or ..... Midwife

Address 837 Chestnut St Oakland, Calif.

Give name added from a supplemental report.....

(Date of)

Filed ....., 1935

.....
Registrar.

.....
Registrar.

Mrs. Geo. Galloway, Macedonia, Iowa

Mrs. Jennie Turner, Mt. Vernon, Wash.

Mrs. Ira L. Barnett, Mt. Vernon, Wash.

966 230 007 362

231 936

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Priest River
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 231936

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Grace Barbara Koffel

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date birth June 30 1913 (Month, Day, Year)

FATHER

9. Full name: Marion Leroy Koffel
10. Residence (usual place of abode) (If non-resident, give place and State): Priest River
11. Color or race: White 12. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or country): Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Woodsman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Woods
16. Date (month and year) last engaged in this work: June 30 1913
17. Total time (years) spent in this work: 4

MOTHER

18. Full maiden name: Josephine Losh
19. Residence (usual place of abode) (If non-resident, give place and State): Priest River
20. Color or race: White 21. Age at last birthday: 17 (years)
22. Birthplace (city or place) (State or country): Priest River Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: June 30th 1913
26. Total time (years) spent in this work: 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child): (a) Born alive and now living: One (b) Born alive but now dead: 0 (c) Stillborn: 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10.30 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

(Signed) ..... M. D.
or Josephine Koffel mother Midwife
Address Priest River

Filed June, 1913

Registrar.

Mr. H. H. Doffel, Bonners Ferry Ida
Mrs. W. H. Shaw, Priest River Ida
Mr. Charles Campbell, Priest River Ida.

942-102 028-249

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d Alene
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

232520

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 51

2. FULL NAME OF CHILD Paul James Rust

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	7. Legitimate	8. Date of birth (Month, Day, Year)
M			Full term yes	yes	June 2, 1913

FATHER

9. Full name Henry Judson Rust
10. Residence (usual place of abode) (If non-resident, give place and State) CdA
11. Color or race Wh. | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or country) Ft Sanders Wyoming

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Painter & Decorator
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work still at it 19.....
17. Total time (years) spent in this work 15 yrs

MOTHER

18. Full maiden name Lillian Pauline Burnside
19. Residence (usual place of abode) (If non-resident, give place and State) CdA
20. Color or race Wh. | 21. Age at last birthday 22 (years)
22. Birthplace (city or place) (State or country) Beaver Idaho.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ~~Protargol~~ 3 drops
28. Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Henry J Rust M. D. Father Midwife
or .....
Address 420 Coeur d'Alene Ave

Give name added from a supplemental report .....
(Date of) .....
Registrar.

Filed 5-22-35, 193.... E. L. Spalm M.D.
Registrar.

998-103-042-793 JUL 10 1935 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

234641

1. PLACE OF BIRTH
County of Twin Falls
City of Buhl Idaho
No. ..... St.
(If born in hospital or institution give name)

Registration District No. 37 State File No. .....
Prim. Registration District No. 2085 Local Registrar's No. 962

2. FULL NAME OF CHILD John Riha

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth June-3-1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Peter Riha	18. Full maiden name Apolena Pricikova
10. Residence (usual place of abode) (If non-resident, give place and State) Buhl Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Buhl Idaho
11. Color or race W	20. Color or race W
12. Age at last birthday 39 (years)	21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Hovarany Austria	22. Birthplace (city or place) (State or Country) Hovarany Austria
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clover	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Hswife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Peter Riha Father
or ....., Midwife
Address .....
Filed 6-21-35, 193.... [signature]
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

NOV 1 0 1942

316-12-2042-339

238405

1. PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 328 3rd Ave So St.

(If born in hospital or institution give name.)

JAN 2 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 238405

Registration District No.____ State File No.____

Prim. Registration District No.____ Local Registrar's No.____

2. FULL NAME OF CHILD James Clifton Lawrence.

3. Sex: Male

If plural births: 4. Twin, triplet, or other____ 5. Number, in order of birth____

6. Premature____ Full term____

7. Legitimate?____

8. Date of birth Aug 22, 1913 (MONTH, DAY, YEAR)

FATHER

9. Full name James Samuel Lawrence

10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Ida

11. Color or race White 12. Age at last birthday 38 (years)

13. Birthplace (city or place) (State or country) Lavaca Ark.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Machine Shop

16. Date (month and year) last engaged in this work Aug 22, 1913

17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Myrtle Clifton Lawrence

19. Residence (usual place of abode) (If non-resident, give place and state) Twin Falls Ida

20. Color or race White 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or country) Salem Springs Ark.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc School Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Public Schools Fort Smith Ark

25. Date (month and year) last engaged in this work May, 1909

26. Total time (years) spent in this work 7

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead____ (c) Stillborn____

28. If stillborn, period of gestation____ months or weeks

29. Cause of stillbirth____ Before labor____ During labor____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (BORN ALIVE OR STILLBORN) at 8 A.M. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report____ (DATE OF)

(Signed) H. W. Wilson by M. Lawrence M. D.

or ____, Midwife

Address Twin Falls, Idaho

Filed 1/2/36, 193___

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

Names of Three persons who knew of the birth of James Clifton Lawrence on August 22 - 1913.

(1) Mrs Frank Ham
752 2nd Ave N Twin Falls Idaho

(2) Mrs Lee Doss
Twin Falls Idaho.

(3) Mrs Mary Gillette
Twin Falls Idaho

313-101-001-689

238415

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

238415

RECEIVED JAN 6 1936

1. PLACE OF BIRTH
County of Ada
City of Kuna
No. ..... St. .....
(If born in hospital or institution give name)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Melbourne Tallman

3. Sex	If plural births	4. Twin, triplet, or other	5. Number in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male					yes	Jan 1, 1913

FATHER

9. Full name George Molyneaux Tallman
10. Residence (usual place of abode) Kuna
(If non-resident, give place and State)
11. Color or race American | 12. Age at last birthday 27 (years)
13. Birthplace (city or place) Bloomer Wis.
(State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Barber
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Steady, 19....
17. Total time (years) spent in this work 6 yrs

MOTHER

18. Full maiden name Elva Mae (Whited) Tallman
19. Residence (usual place of abode) Kuna
(If non-resident, give place and State)
20. Color or race American | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) Six Mile Run
(State or country) Penna

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 1.15 m. on the date above stated.
(Born Alive or Stillborn)

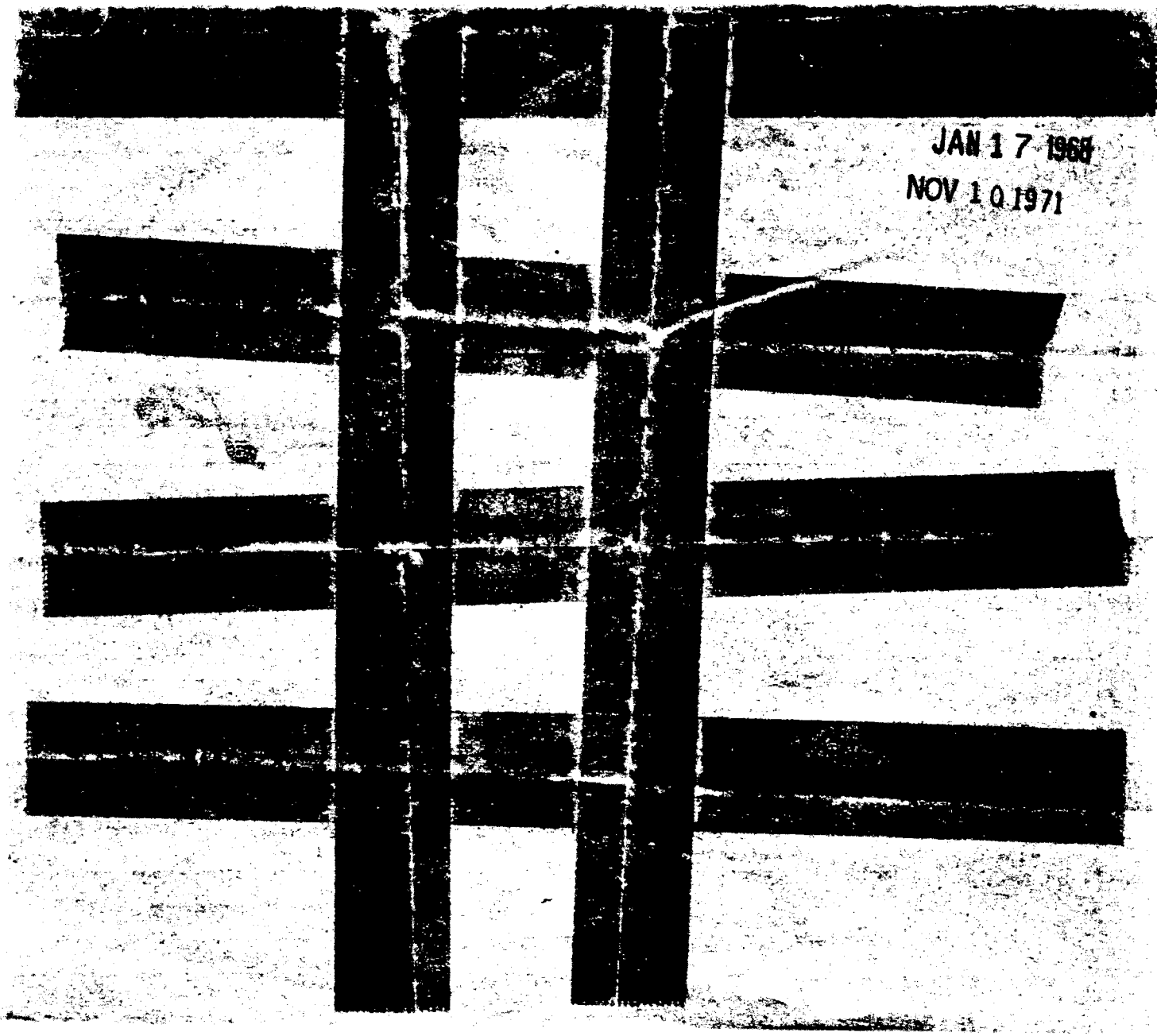
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Mrs E. G. May, Midwife
Address Kuna

Give name added from a supplemental report Jan 1 - 1913
(Date of)

Filed 1/6/36, 193.....

Registrar. Registrar.


JAN 17 1968
NOV 10 1971

869-110-016-457

239204

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

JAN 21 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 239204

1. PLACE OF BIRTH
County of Cassia
City of Sublett
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. 119 State File No. .....
Prim. Registration District No. 2198 Local Registrar's No. .....

2. FULL NAME OF CHILD Charles Christian Horn

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 10 1913 (Month, Day, Year)

FATHER

9. Full name Christian O Horn
10. Residence (usual place of abode) Sublett Idaho (If non-resident, give place and State) .....
11. Color or race W | 12. Age at last birthday 41 (years)
13. Birthplace (city or place) Reed City Michigan (State or country)

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc At home
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Bertha Unger
19. Residence (usual place of abode) Sublett Idaho (If non-resident, give place and State) .....
20. Color or race W | 21. Age at last birthday 38 (years)
22. Birthplace (city or place) Yakima (State or country) Wash

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn No
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) ....., M. D.
or Mrs Persis Horn, Midwife
Address .....
Filed Jan 12, 1936 C J Eaton
Registrar.

P.C. 4744/41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 632-14-8005-7571

PLACE OF BIRTH

JAN 27 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

239215

CERTIFICATE OF BIRTH 239214

County of Benewah
City of St. Joe
No. Rural St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Gustav Vernon Olson

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term ____
7. Legitimate? Yes
8. Date of birth Dec 14, 1913 (Month, Day, Year)

FATHER

9. Full name: Gustav Olson
10. Residence (usual place of abode) (If non-resident, give place and State): St. Joe, Idaho
11. Color or race: White
12. Age at last birthday: 46 (years)
13. Birthplace (city or place) (State or Country): Dannyland Sweeden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm
16. Date (month and year) last engaged in this work: Dec 14, 1913
17. Total time (years) spent in this work: 5

MOTHER

18. Full maiden name: Ellen Marie Pearson
19. Residence (usual place of abode) (If non-resident, give place and State): St. Joe, Idaho
20. Color or race: White
21. Age at last birthday: 27 (years)
22. Birthplace (city or place) (State or Country): Lindeborg Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
25. Date (month and year) last engaged in this work: Dec. 14, 1913
26. Total time (years) spent in this work: 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 4 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Gustav Olson Father
or ____, Midwife
Address Box 13 — St. Joe, Idaho

Give name added from a supplemental report ____
(Date of)

Filed 1/27/36, 193 ____

Registrar. Registrar.

1. Mr. A.D. Read
St. Joe, Idaho.

2. Mr. Geo. Rose
St. Joe, Idaho.

3. Mr. Frank Scott
St. Joe, Idaho

692-106 04K-714

239238

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 13 1936 RECEIVED

CERTIFICATE OF BIRTH

239238

1. PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold Lionel Fisher

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Feb. 6, 1913 193.. (Month, Day, Year)

FATHER	MOTHER
9. Full name Theodore James Fisher	18. Full maiden name Martha Paulson
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Weiser, Ida.
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Lyra Ohio Scioto county	22. Birthplace (city or place) (State or Country) Cambridge Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Theo J Fisher (FATHER), M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed 2/13/36, 193.. .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Miss C E Payne - Weiser Idaho
Bama Robinson " "
Mattie Wisdom " "

OCT 25 1972

342-1-30-028-314 FEB 6 1936 RECEIVED

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 239799

1. PLACE OF BIRTH
County of Kootenai,
City of Coeur d' Alene, Idaho.
No. ..... St.
Coeur d' Alene Hospital.
(If born in hospital or institution give name.)

Registration District No. 30 State File No. .....
Prim. Registration District No. 1050 Local Registrar's No. 10

2. FULL NAME OF CHILD George Louis Le Blanc.

3. Sex Male | If plural births: 4. Twin, ~~XXXXXXXXXX~~ 5. Number, in order of birth 1 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth May 30th 1913. (Month, Day, Year)

FATHER	MOTHER
9. Full name George Joseph Le Blanc.	18. Full maiden name Rose Campbell.
10. Residence (usual place of abode) Coeur d' Alene, (If non-resident, give place and State) Idaho.	19. Residence (usual place of abode) Coeur d'Alene (If non-resident, give place and State) Idaho.
11. Color or race White 12. Age at last birthday 29 (years)	20. Color or race White 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or country) Crookston, Minnesota.	22. Birthplace (city or place) (State or country) Minneapolis, Minnesota.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Clerical.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. County Treasurer's Office.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Musician. Own Home.
16. Date (month and year) last engaged in this work May 30th, 1913. 17. Total time (years) spent in this work 10	25. Date (month and year) last engaged in this work May 30th, 1913. 26. Total time (years) spent in this work 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) Two (a) Born alive and now living Yes (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John O. Wood, M. D.
or ..... Midwife
Address Coeur d'Alene Ida
Filed E. L. Spohn, 1936 Jan. 24-1935
Registrar.

Give name added from a supplemental report ..... (Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

JUN 27 1961

253 127 003-231

242702

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242702

MAY 18 1936

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 628 W Sherman St.
(If born in hospital or institution give name.)

Registration District No. 28 State File No.
Prim. Registration District No. 2161 Local Registrar's No. 1394

2. FULL NAME OF CHILD Norman Blair Beckley

3. Sex male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate yes | 8. Date of birth Aug 27, 1913 (Month, Day, Year)

FATHER

9. Full name Norman Charles Beckley
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Idaho
11. Color or race wh | 12. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or country) Michigan

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc R. R. Brakeman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Minnie Blair
19. Residence (usual place of abode) (If non-resident, give place and State) Same
20. Color or race wh | 21. Age at last birthday 27 (years)
22. Birthplace (city or place) (State or country) Colorado

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 64 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) O B Steely, M. D.
or ..... Midwife
Address Pocatello Idaho
Filed May, 1936 D. C. Ray, Registrar.

Give name added from a supplemental report ..... (Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

[redacted]

NOV 10 1967

JUL 29 1942

JAN 19 1973

MAR 1 1973

2649-219 019-693 JUN 10 1936 REGISTERED 242744

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

242744

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Custer
City of Clayton
No. ..... St. .....
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Marie Smith

3. Sex: Female

If plural births:
4. Twin, triplet, or other: 1
5. Number, in order of birth: 1

6. Premature: Full term: X

7. Legitimate? Yes

8. Date of birth: 2/19/1913, 193.. (Month, Day, Year)

FATHER

9. Full name: George William Smith

10. Residence (usual place of abode) (If non-resident, give place and State): Clayton, Ida.

11. Color or race: White 12. Age at last birthday: 25 (years)

13. Birthplace (city or place) (State or country): Challis, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Forester

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: forester

16. Date (month and year) last engaged in this work: February 1913, 19..

17. Total time (years) spent in this work: 3 years

MOTHER

18. Full maiden name: Mary Fitzgerald

19. Residence (usual place of abode) (If non-resident, give place and State): Clayton, Idaho

20. Color or race: white 21. Age at last birthday: 19 (years)

22. Birthplace (city or place) (State or country): Clayton, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, ~~typist, nurse, clerk~~, etc.: house-wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: February 1913 19..

26. Total time (years) spent in this work: one

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child): one
(a) Born alive and now living: yes (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation: no months or weeks

30. Cause of stillbirth: X — Before labor: X — During labor: X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... p. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or X Mrs. Kitty Pedrini, Midwife
Address Clayton, Idaho

Give name added from a supplemental report .....
(Date of)

Filed June 10, 1936

Registrar.

Registrar.

STATE OF IDAHO,)
: ss.
County of Bingham.)

Mary Fitzgerald Glassburn being first duly sworn deposes and says that she is the mother of Helen Marie Smith and that the statements made on the within Certificate of Birth are true and correct as she verily believes.

Mary Fitzgerald Glassburn

Subscribed and sworn to before me this 8th day of June, 1936.

Earl M. Cory
Notary Public for State of Idaho;
Residing at Blackfoot, Idaho

(S E A L)

767108-005-714

243691

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

243691

1. PLACE OF BIRTH
County of Benwah
City of Miesen
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Reginald Gordon Pope

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Jan 8th 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Pope Henry	18. Full maiden name Evans Pauline ~~Beatrice~~
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday Deceased	20. Color or race White 21. Age at last birthday 42 (years)
13. Birthplace (city or place) Texas (State or country)	22. Birthplace (city or place) Elgin Oregon (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Logger	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Janitress
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Auto Camp
16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work 5 -

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Pauline Pope (Mother) M.D.
or ....., Midwife
Address Vancouver. 13 and Boundry
Filed July 7-1936 B.C. 193 Canada.
Registrar.

Give name added from a supplemental report July-4-1936 (Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs Stanley Goodwin
Mr Stanley Goodwin } Missen Idaho
Mr Albert Bailey

MAR 2 1942
MAR 18 1942
FEB 21 1942

296-126-028-219

24 3694

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Hayden Lake
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 243694

JUL 13 1936 REGISTERED

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Earl Dean Bronson

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term X	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male						Yes	May 26, 1913

FATHER

9. Full name: Russell Bronson
10. Residence (usual place of abode) (If non-resident, give place and State): Hayden Lake
11. Color or race: White | 12. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or country): Diamond Lake Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Stationary Engineer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Pumping plant
16. Date (month and year) last engaged in this work: ....., 1919
17. Total time (years) spent in this work: about 5 yrs

MOTHER

18. Full maiden name: Barbara Agnes Barnett
19. Residence (usual place of abode) (If non-resident, give place and State): Hayden Lake
20. Color or race: White | 21. Age at last birthday: 25 (years)
22. Birthplace (city or place) (State or country): Chandler, South Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own Home
25. Date (month and year) last engaged in this work: ....., 19.....
26. Total time (years) spent in this work: .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) (For mother's signature, see other side), M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed July 13, 1936 .....
Registrar.

Dr J. T. Woods Coeur De Alene
attending Idaho

Agnes Yearout Long. Nurse
Coeur De Alene
1111-3rd St — Idaho

Dr Yearout Coeur De Alene

Barbara Agnes Bronson, Mother of
(Earl D.
West Lebanon
New York

Father is dead.

AUG 9 1961
APR 6 1973

351-205-019-433

246565

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246565

1. PLACE OF BIRTH
County of Custer
City of Clayton
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 76 State File No. .....
Prim. Registration District No. 2153 Local Registrar's No. 477

2. FULL NAME OF CHILD Eva Adrienne Cearley

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Mar. 5, 1913 (Month, Day, Year)

FATHER

9. Full name Edmund Le Roy Cearley
10. Residence (usual place of abode) (If non-resident, give place and State) Clayton Ida
11. Color or race White 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or country) Ellis Ida

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranching
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Minnie Effie McLerrin
19. Residence (usual place of abode) (If non-resident, give place and State) Clayton
20. Color or race White 21. Age at last birthday 24 (years)
22. Birthplace (city or place) (State or country) Dickie Ida

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Homework
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent [redacted]? Boric Acid
28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or Sadie M Bradshaw P.N., ~~Midwife~~
Address Clayton Idaho
Filed Sept. 10, 1936 Rose N. Thibodeau
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mackay Ida.
Oct 15-36.

Pearl Dillingham.
Boise Ida.

Am inclosing 2 Birth Certificates for Correction. No- 246564 should be 1911. and file no 246565 should be 1913. all else are all wright am inclosing no 246543 does not need changing but am sending it so you can see If any extra charges send C.O.D. or let me know.

Thanking you..

Mrs Minnie Parker.
Box 1.
Mackay Ida.

437-230-024-238

2466

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Gooding
City of Gooding
No. ..... St. .....
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 246612

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Florance Alice McGill

3. Sex: Fe
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth July 30, 1913 (Month, Day, Year)

	FATHER	MOTHER
9. Full name / 18. Full maiden name	Fred O McGill	Sadie Schooler
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Gooding	Gooding
11. Color or race / 20.	W	
12. Age at last birthday (years) / 21.	39	33
13. Birthplace (city or place) (State or country) / 22.	Waverly New York	Iowa
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc / 23.	Contractor	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
16. Date (month and year) last engaged in this work ....., 19..... / 25.		
17. Total time (years) spent in this work / 26.		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Sadie McGill, M. D.
or ....., Midwife
Address 224 19 ave S Nampa

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 9/28/36, 193..... Registrar.

AUG 1 8 1992

Mrs. A. T. Steensland, Portland, Oregon 1200 Block Salmon St.
Bessie Schooler, Oneida, Kansas (Aunt)
Agnes Adams, Oneida Kansas

113-120-023 - 4/3

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

MARGIN RESERVED FOR BINDING

1. PLACE OF BIRTH
County of Gem
City of Emmett
No.

OCT 7 1936 RECEIVED

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

246633

246633

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Elsworth Mack Jackson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
m			full term	Yes	July 20 1913

FATHER	MOTHER
9. Full name: Claude Elmer Jackson	18. Full maiden name: Julia Jacqueline Mack
10. Residence (usual place of abode) (If non-resident, give place and State): Emmett	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: white / 12. Age at last birthday: 23 (years)	20. Color or race: / 21. Age at last birthday: 20 (years)
13. Birthplace (city or place) (State or country): Caldwell, Idaho	22. Birthplace (city or place) (State or country): Middlebury Indiana
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: teamster	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: driving mail stage	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: 11 20, 1912 / 17. Total time (years) spent in this work: 2yr	25. Date (month and year) last engaged in this work: , 19 / 26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
none (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation: months or weeks / 30. Cause of stillbirth: Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 12 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)

Registrar.

(Signed) ____, M. D.
or Mrs Gladys Kirk, Midwife
Address 1901 Yale Butte, Mont.
Filed 10/7/36, 193

Registrar.

235 119 014-666

DEC 22 1936

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249713

1. PLACE OF BIRTH
County of Canyon
City of Caldwell
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Carroll Arthur Steunenberg

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth 5/19/13 (Month, Day, Year)

FATHER	MOTHER
9. Full name Julian P Steunenberg	18. Full maiden name Frances Wood-~~Steunenberg~~
10. Residence (usual place of abode) Caldwell ~~Glendale Calif.~~ (If non-resident, give place and State)	19. Residence (usual place of abode) Caldwell ~~Glendale Calif.~~ (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 48 (years)	20. Color or race White 21. Age at last birthday 46 (years)
13. Birthplace (city or place) Knoxville Iowa (State or country)	22. Birthplace (city or place) Medical Lake Wash. (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Industrial Supt.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laundry	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work 5/23, 1935 — 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work 5/23, 1935 — 26. Total time (years) spent in this work 29

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 9:30 AM on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Julian P Steunenberg father, M. D.
or ....., Midwife
Address 215 Sherdogs Rd. Glendale Cal
Filed 12/22/36, 193 Pearl Dillingham Registrar.

Give name added from a supplemental report ..... (Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

References -

Mrs. Eva B. Steinenberg
Selma, Oregon

Mrs. F. R. Eastman
4220 Klamath St, Los Angeles, Calif

Mrs. Warren Fry
418 Arthur St. Caldwell, Idaho

cc 3/14/41 PMF

JUL 23 2003

399-220003-432

DEC 24 1936

STATE OF IDAHO 249722
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249722

1. PLACE OF BIRTH
County of Bannock
City of Pocatello, Idaho
No. 905 N. Arthur St

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ruth Catherine Criswell.

3. Sex Girl | If plural births: 4. Twin, triplet, or other No; 5. Number, in order of birth No | 6. Premature No; Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 20, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Lewis Harlan Criswell.	18. Full maiden name Naomi E. McKinnon
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello Ida	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White	20. Color or race White
12. Age at last birthday 21 (years)	21. Age at last birthday [illegible] (years)
13. Birthplace (city or place) (State or country) Ottumwa Iowa	22. Birthplace (city or place) (State or country) Neodesha Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Railroad	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. yard	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Continuous, 19	25. Date (month and year) last engaged in this work Continuous, 19
17. Total time (years) spent in this work 3.	26. Total time (years) spent in this work now

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) One (a) Born alive and now [illegible] One (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation No months or weeks | 30. Cause of stillbirth None | Before labor No; During labor No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

✓ (Signed) Naomi E Criswell, M. D.
or ....., Midwife

Give name added from a supplemental report Naomi E Criswell (Date of)

Address 226 3rd East # 31

Filed 12/31/36 Salt, 193 Lake City

Registrar. Registrar.

Dr H A Castle now deceased should have made this return 23 years ago

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

653-118-042-154

RECEIVED JAN 22 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250716

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Hansen
No. ..... St. .....
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Henry Alfred Wellner

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth Sept. 18, 1933 (Month, Day, Year)

FATHER

9. Full name: August Wellner
10. Residence (usual place of abode) Hansen Idaho
(If non-resident, give place and State) .....
11. Color or race White | 12. Age at last birthday 38 (years)
13. Birthplace (city or place) Marion
(State or country) Wisconsin

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mgr. Lbr. Company
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work 5 yrs.

MOTHER

18. Full maiden name: Adelia Geneva Anderson
19. Residence (usual place of abode) Hansen
(If non-resident, give place and State) .....
20. Color or race White | 21. Age at last birthday 35 (years)
22. Birthplace (city or place) Marion
(State or country) Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work 16 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) August Wellner (Father) M. D.
or Mrs. August Wellner (Mother) Midwife
Address 534 3rd E. Twin Falls, Ida.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 1/22/37, 193..... Registrar.

Persons knowing of the birth.

1. Mrs. C. W. Cainer
   Twin Falls
   Idaho.

2. Mrs. John Fraham
   Hansen
   Idaho

3. Mrs Henry Bailey
   Hansen
   Idaho

235-107-040-235

RECEIVED JAN 25 1937

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Kellogg
No. ..... St. .....
(If born in hospital or institution give name.) Kellogg Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

250720

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Robert Sterling, Jr.

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate? ✓	8. Date of birth May 3, 1913 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name: Robert Sterling	18. Full maiden name: Sybil Stewart [redacted]
10. Residence (usual place of abode) (If non-resident, give place and State): Kellogg	19. Residence (usual place of abode) (If non-resident, give place and State): Kellogg
11. Color or race: White | 12. Age at last birthday: 45 (years)	20. Color or race: White | 21. Age at last birthday: 34 (years)
13. Birthplace (city or place) (State or country): Gambier Ohio	22. Birthplace (city or place) (State or country): Manhattan Kansas
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Mining Engineer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mines	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: May 3, 1913	17. Total time (years) spent in this work: 17 yrs.
25. Date (month and year) last engaged in this work: May, 1913	26. Total time (years) spent in this work: 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Two
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 7 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Robert D Sterling Father, ~~M. D.~~
or Attending physician, Chas A Mowery, Midwife
Whose present address is unknown by above Father
Address 945 12th St Boulder.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JAN 25 1937, 193.....
Registrar.

Addresses of those knowing of birth:

Mr. Charles W. Brown, Kellogg, Idaho
Mrs. Charles W. Brown, Kellogg, Idaho.
Mr. Fred Porter, Kellogg, Idaho
Mrs. Fred Porter, Kellogg, Idaho
Mr, William M. Huff Kellogg, Idaho
Mrs. William M. Huff, Kellogg, Idaho.

131-117.006.641

251566

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

251566

RECEIVED FEB 25 1937

1. PLACE OF BIRTH

County of Bingham
City of Blackfoot
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Masato Atagi

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth May 17, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name K. Atagi	18. Full maiden name Soyo Odawa
10. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot	19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot
11. Color or race Jap | 12. Age at last birthday 38 (years)	20. Color or race Jap | 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Japan	22. Birthplace (city or place) (State or Country) Japan
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Ho[illegible]fe
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. [illegible]
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Tota[illegible] in this [illegible]

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

1 certified copy 2/25/37

When there was no attending physician or midwife, then the father, householder, etc., should make this return. 2 certified copies 1/29/41

(Signed) [signature], M. D.
..... Midwife

Give name added from a supplemental report 1 photostatic copy 1/21/43

(Date of)

Address RECEIVED

Filed FEB 25 1937, 193.....

Registrar. Registrar.

over

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

First certified copy issued 2-25-37 PBA 4392
2 copies issued 1/29/41 L. B.

JAN 21 1943

DUP OF 13-14973

NAME CHANGE

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

319-105-025-368

1. PLACE OF BIRTH
County of Idaho Co.
City of Stites
No. ..... St. .....
(If born in hospital or institution give name.)

RECEIVED
FEB 24 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 252024

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Emery Winfield Carr

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 5, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Frederick Winfield Carr	18. Full maiden name Lois Louisa Lohrey
10. Residence (usual place of abode) (If non-resident, give place and State) Stites	19. Residence (usual place of abode) (If non-resident, give place and State) Stites
11. Color or race white 12. Age at last birthday 40 (years)	20. Color or race white 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or country) Sleepy Eye Minn.	22. Birthplace (city or place) (State or country) St. Croix Falls Wis.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work always	26. Total time (years) spent in this work always

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Verbeke M. D., M. D.

or ....., Midwife

Address Kooskia - Idaho

Give name added from a supplemental report .....

(Date of)

Filed March 6, 1937 J. M. Verbeke

Registrar.

Registrar.

FEB 4 1957

245-208-042-713

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252425

MAR 18 1937

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Adelaide Buesing

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth October 8, 1913 (Month, Day, Year)

FATHER

9. Full name: William Buesing
10. Residence (usual place of abode) (If non-resident, give place and State): Filer
11. Color or race: W | 12. Age at last birthday: ~~38~~ (years)
13. Birthplace (city or place) (State or Country): Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Elizabeth Gatz
19. Residence (usual place of abode) (If non-resident, give place and State): Filer
20. Color or race: W | 21. Age at last birthday: ~~36~~ 39 (years)
22. Birthplace (city or place) (State or Country): Illinois

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 1%

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 p m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Signed) A. A. Newberry, M. D.
or ....., Midwife
Address Filer, Idaho.

(Date of) Filed ~~Oct 8~~ Mar. 18-1937

Registrar. A. A. Newberry Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

DUP OF 1913-18068

641-125-014-413

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Wilder

No. ..... St.

(If born in hospital or institution give name.)

MAR 2 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

252432

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elmer Evans Frank

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Aug 25 1913 (Month, Day, Year)

FATHER

9. Full name Thurman J. Frank.

10. Residence (usual place of abode) (If non-resident, give place and State) Wilder

11. Color or race W | 12. Age at last birthday 25 (years)

13. Birthplace (city or place) (State or Country) Wayne Co Ohio.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ditch

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. rider.

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Dora Belle Mattingly

19. Residence (usual place of abode) (If non-resident, give place and State) Wilder

20. Color or race W | 21. Age at last birthday 22 (years)

22. Birthplace (city or place) (State or Country) Henry Co Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 6 A.m. on the date above stated.

(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ~~S. A. Miller deceased~~, M. D.

or Mrs Cecilia Frank, Midwife

Address Wilder Idaho R.D. 1

Give name added from a supplemental report .....

(Date of)

Filed ....., 193....

Registrar.

MAR 20 1937

Registrar.

DELAYED

Mrs E. M. Small Wilder Ida.
Mrs Cecilia Frank Wilder Idaho.
Mrs. S. A. Stonebraker Wilder Idaho
Mrs. E. B. Brush Wilder Idaho

DELAYED

849 106 024-962

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
APR 19 1937

Registration District No. ____ State File No. 253503

Prim. Registration District No. ____ Local Registrar's No. ____

2 5 3 5 0 3

1. PLACE OF BIRTH
County of Gooding
City of Wendell
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Donald Ross MacQuarrie

3. Sex Male | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 1st | Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth June 6th 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Gordon Donald MacQuarrie	18. Full maiden name Audrey Ross
10. Residence (usual place of abode) (If non-resident, give place and State) Wendell Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Wendell Idaho
11. Color or race W	12. Age at last birthday 27 (years)	20. Color or race W	21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Ryptons Ark	22. Birthplace (city or place) (State or Country) Bedford Penna
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing store	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19____	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living One (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) H. E. Lamb, M. D.

____, Midwife

Address ____

Filed Apr. 19, 1937

Copy

Registrar. ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DUP OF 19[illegible]-[illegible]7

DELAYED

314-105-003-713

253514

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Downey, Idaho
No. Oxford Hotel St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 253514
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Frank William Laurenson, Jr.

3. Sex: Male
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes.
8. Date of birth 12/5/13, 193.. (Month, Day, Year)

FATHER

9. Full name: Frank William Laurenson
10. Residence (usual place of abode) (If non-resident, give place and State): Downey
11. Color or race: White | 12. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Kaysville, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farm Produce Dealer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work ....., 19.. | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Daisy B. Palmer
19. Residence (usual place of abode) (If non-resident, give place and State): Downey
20. Color or race: White | 21. Age at last birthday: 18 (years)
22. Birthplace (city or place) (State or Country): Lava Hot Spring, Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.:
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housewife
25. Date (month and year) last engaged in this work ....., 19.. | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%.
28. Number of children of this mother: 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) C. W. Laurenson, M. D.
or ....., Midwife
Address Downey Idaho.
Filed Jan., 1936
Registrar.

JUL 1 4 1945

DELAYED

DUP OF 13-19767

135-225032-366

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. Idaho St.
(If born in hospital or institution give name.)

JUN 3 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

254508

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Fleda Joy Irene Alexander

3. Sex: Girl
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Aug 23 1918 (Month, Day, Year)

FATHER

9. Full name Charles Emerson Alexander
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race White 12. Age at last birthday 42 (years)
13. Birthplace (city or place) Lawrence (State or country) Douglas Co, Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Contractor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Kate S Cooper ~~Alexander~~
19. Residence (usual place of abode) (If non-resident, give place and State) .....
20. Color or race White 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Belgrade (State or country) Nance Co Nebraska

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5%
28. Number of children of this mother (At time of this birth and including this child) Five. (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Live (Born Alive or Stillborn) at 9 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [signature], M. D.
or ....., Midwife
Address Shoshone Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed JUN 3 - 1937, 193..... Registrar.

MAY 1 1962

243 213-001945

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Boise
No. East Bannock St.
(If born in hospital or institution give name.)

JUN 10 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 254524

Reg. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ethel Cammie Sutherland

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term .....
7. Legitimate? Yes
8. Date of birth Feb 13, 1913 (Month, Day, Year)

FATHER

9. Full name: George Walter Sutherland
10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello Ida.
11. Color or race: White
12. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or country): Mountain Grove Douglas Co. Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Clerical offices
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Cammie Rumyan Sutherland
19. Residence (usual place of abode) (If non-resident, give place and State): Boise Ida.
20. Color or race: White
21. Age at last birthday: 36 (years)
22. Birthplace (city or place) (State or country): Kingsville Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
Six
(a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 1 live (Born Alive or Stillborn) at 2 a. m. on the date above stated.

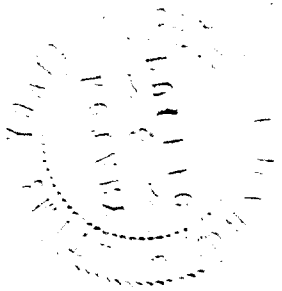
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ..... (Date of)

(Signed) ....., M. D.
or Mrs Albert Rinehart, Midwife
Address 198 Bannock Ave Pocatello Ida
Filed JUN 11 1937, 193.....

Registrar. Registrar.

Subscribed & sworn to before me this 15th day of August 1936 — Elsie Smith, Notary Public



599 130-028-254

RECEIVED

JUN 7 - 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255149

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. 30 State File No. .....

Prim. Registration District No. 1050 Local Registrar's No. 129

2. FULL NAME OF CHILD Alfred Conrad Erickson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth March 30 1913 (Month, Day, Year)

FATHER

9. Full name Edwin O. Erickson

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene

11. Color or race White | 12. Age at last birthday 22 (years)

13. Birthplace (city or place) Wisconsin (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumbering

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Hattie S. Knutson

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) Wisconsin (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work March 29, 1913

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 5% Neo Silvol

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John Elwood, M. D.

or ....., Midwife

Address Coeur d'Alene, Ida.

Give name added from a supplemental report .....

(Date of)

Filed June 5, 1937 Dr. F. F. Horning Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 1 1942

413 105 032 213

255 441

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Lincoln

City of Dietrich

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 28 1937

CERTIFICATE OF BIRTH 255441

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Joseph Richard Matson

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. ~~Premature~~ no Full term yes

7. Legitimate? yes

8. Date of birth Oct 5, 1913 (Month, Day, Year)

FATHER

9. Full name Chas H. Matson

10. Residence (usual place of abode) (If non-resident give place and State) Dietrich

11. Color or race White | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Oland island, Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Mary Pollinger

19. Residence (usual place of abode) (If non-resident give place and State) Dietrich

20. Color or race White | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Livingston Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate 1%

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 7.9 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.

or Shoshone Idaho, Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed JUN 28 1937, 193.....

Registrar. Registrar.

766-211-014-815

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

256918

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edna Merle Goodloe

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Jan. 11 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Daniel C. Goodloe	18. Full maiden name: Mary Hannah
10. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Caldwell, Ida.
11. Color or race W | 12. Age at last birthday 49 (years)	20. Color or race W | 21. Age at last birthday 34 (years)
13. Birthplace (city or place) (State or Country) Missouri	22. Birthplace (city or place) (State or Country) Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3 A at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mary E. Goodloe (Mother) M. D.

or ..... Caldwell, Idaho Midwife

Address ..... Subscribed and sworn to before me this 13th day of Aug 1937

Give name added from a supplemental report .....
(Date of)

Filed Aug 11 — 1937 Pearl Dillingham
State Registrar Registrar.

Registrar.

MAR 2 6 1942

DELAYED

Dupe of 1913-1115-2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Dry Creek

No. 538 213001 721 St. Idaho

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

Amended 11/5/75

CERTIFICATE OF BIRTH

258557

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Anita J. Echevarria

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth Dec 13, 1913 (Month, Day, Year)
Female				

FATHER

9. Full name Victor Echevarria

10. Residence (usual place of abode) (If non-resident, give place and State) Dry Creek, Idaho

11. Color or race White | 12. Age at last birthday 32 (years)

13. Birthplace (city or place) (State or Country) Acoda Spain

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sheepman.

16. Date (month and year) last engaged in this work Dec 13, 1913

17. Total time (years) spent in this work 15

MOTHER

18. Full maiden name Victoria Abadia

19. Residence (usual place of abode) (If non-resident, give place and State) Dry Creek, Idaho.

20. Color or race White | 21. Age at last birthday 32 (years)

22. Birthplace (city or place) (State or Country) Acoda Spain

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work Dec. 13, 1913

26. Total time (years) spent in this work 15

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 1:15 A. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Raimunda Aldasoro, Midwife

Address Grand View, Idaho

Filed Jan, 1936
SEP 1937

Registrar.

11 5 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 5 10 32 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 258557

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Anna Josefa Echevarria (Name on Original Certificate) who was born (Was Born or Died) on Dec. 13, 1913 (Date of Event)

in Dry Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Anna Josefa Echevarria	Anita Josephine Echevarria

Subscribed and sworn to before me this 5 day of November 1975

"Sue" Nona Lowe

Notary Public, residing at Boise, Id

My commission expires Sept 18, 1977

(Seal)

Signed Tom Erquiaga

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

930 N 8

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

NOV 5 1975

St. Teresa's Academy, Boise, Idaho , Sisters of the Holy Cross
June 9, 1931 School Diploma gives name as Anita J. Echevarria.
Viewed by VS

Marriage Certificate for Thomas Erquiaga and Anita Echevarria
married Sept. 1, 1934 at St. Johns Cathedral , Boise, Idaho
signed by Rev. Jos. P. O'Toole.
Viewed by VS

319-130028-593

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1123 Govt. Way St.

(If born in hospital or institution give name.)

RECEIVED

OCT 29 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259581

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ralph Herman Larson

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Nov. 30, 1913 (Month, Day, Year)

FATHER

9. Full name Knute H. Larson

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

11. Color or race W | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Work

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work Present, 1913

17. Total time (years) spent in this work 11 years

MOTHER

18. Full maiden name Anna C. Nilsen

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene

20. Color or race W | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Norway

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work Present, 1913

26. Total time (years) spent in this work 7 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 2:00 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Anna C. Larson (Mother) ~~M. D.~~

or ..... Midwife

Address 1331 - 16th St. San Pedro, Calif.

Give name added from a supplemental report .....

(Date of)

Filed ....., 1937

Registrar.

Registrar.

Names & Addresses of 3 people who knew of this birth

Mr. A. A. Braun 1047 Young Ave.
Coeur d' Alene, Idaho

Mrs. Allan Stowasser 525 Summit Ave.
Coeur d' Alene, Idaho.

Mrs. Otto Haslund 736 Military Drive
Coeur d' Alene, Idaho

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ANNA C. LARSON being first duly sworn says that she is the Mother of RALPH HERMAN LARSON
(Relationship of child)*

born November 30, 1913 at Coeur d' Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said RALPH HERMAN LARSON hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John Busby M. D. was the medical attendant at the birth of said RALPH HERMAN LARSON and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Anna C. Larson

P. O. Address 1331 W. 16th Street, San Pedro, California.

Subscribed and sworn to before me this 15 day of October, 19 37

Notary Public.
In and for the County of Los Angeles, State of California
Residing at San Pedro, California.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

416 218 037 331

25 96 06

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

259606

NOV 8 - 1937

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH

County of Power

City of Rockland

No. _____ St.

Private Home

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Mildred Ione Dawell

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		yes	yes	June 18, 1913

FATHER	MOTHER
9. Full name: Charles C. Dawell	18. Full maiden name: Geneva Clark
10. Residence (usual place of abode) (If non-resident, give place and State): Rockland, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Rockland, Idaho
11. Color or race: W | 12. Age at last birthday: 31 (years)	20. Color or race: W | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Sprague, Washington	22. Birthplace (city or place) (State or Country): La Crosse, Washington
OCCUPATION — 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION — 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19____ | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work _____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of stillbirth _____ { Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5:15 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) W. G. Sugam, M. D.

or _____, Midwife

Address Rockland, Idaho

Filed Nov. 8, 1937

Registrar.

JAN 18 1956

247 104 005 634

260631

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Benewah
City of St. Joe
No. ____ St.
St. Joe Hospital
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

DEC 8 - 1937

CERTIFICATE OF BIRTH

260631

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD William Henry Smith

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term X	Yes	December 4 1937 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry William Smith	18. Full maiden name Hazel Cora Olmstead
10. Residence (usual place of abode) (If non-resident, give place and State) St. Joe, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) St. Joe, Idaho
11. Color or race W | 12. Age at last birthday 22 (years)	20. Color or race W | 21. Age at last birthday 20 (years)
13. Birthplace (city or place) (State or Country) Kansas City Mo.	22. Birthplace (city or place) (State or Country) Dailey Mich.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad 16. Date (month and year) last engaged in this work Dec 3, 1913, 19 ____ 17. Total time (years) spent in this work 3 Years	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home 25. Date (month and year) last engaged in this work ____, 19 ____ 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) W. C. Lindsay, M. D.
or ____, Midwife
Address Kellogg Idaho

Filed DEC 8 - 1937, 193 ____ Registrar.

432-116 007 263

260642

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Blaine
City of Carey
No. ____ St.
(If born in hospital or institution give name.)

DEC 13 1937

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

260642

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Roderick McKay

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Sept. 16, 1937 (Month, Day, Year)

FATHER	MOTHER
9. Full name: James D. McKay	18. Full maiden name: Anna M. Bockenhagen
10. Residence (usual place of abode) (If non-resident, give place and State): Carey Ida.	19. Residence (usual place of abode) (If non-resident, give place and State): Carey Ida.
11. Color or race: white | 12. Age at last birthday: 40 (years)	20. Color or race: White | 21. Age at last birthday: 21 (years)
13. Birthplace (city or place) (State or Country): Nova Scotia	22. Birthplace (city or place) (State or Country): Germany
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work: 4	25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work: 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks | 30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 8 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) James D. McKay Father, M. D.
or ____, Midwife
Address Hailey Ida.

Give name added from a supplemental report ____ (Date of)

Filed DEC 13 1937, 193____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Blaine } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James O. McKay being first duly sworn says that he is the father (Relationship of child)* of Roderick McKay born September 16 - 1913 (Date of birth) at Carey, Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Roderick McKay hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Bessie Shaffer ~~was not~~ was the Midwife medical attendant at the birth of said Roderick McKay and that the said medical attendant is None (Now deceased (or) cannot be located)

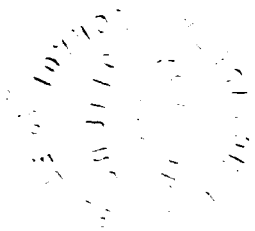
Name of Affiant James O. McKay
P. O. Address Carey Idaho

Subscribed and sworn to before me this 10 day of Dec, 1937

J. M. Donaldson
Notary Public.

Residing at Hailey, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



696-208 044-535

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 19 1938

Registration District No. _____ State File No. **262566**

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of Washington
City of Weiser Idaho
No. 622 W Commercial St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** Helene Elizabeth Fifer

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth Nov 8th 1913 (Month, Day, Year)

FATHER

9. Full name Ira E Fifer

10. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida

11. Color or race Wht | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Montana

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Confectioner

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name Grace M Etner

19. Residence (usual place of abode) (If non-resident, give place and State) Weiser Ida

20. Color or race Wht | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn _____

29. If stillborn, period of gestation _____ months or weeks

30. Cause of Stillbirth _____ During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born (Born Alive or Stillborn) 1:00 at A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Grace M. Fifer Mother

or _____, Midwife

Address 807 No Maclay Ave, San Fernando Calif

Filed JAN 19 1938 193____

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Grace M Fifer being first duly sworn says that she is the Mother (Relationship of child)* of Helene Elizabeth Fifer born Nov. 8th 1913 (Date of birth) at Weiser Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helene Elizabeth Fifer hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr C. C. Conant + Dr Hamilton M. D. ~~was~~ Midwife the medical attendant at the birth of said Helene Elizabeth Fifer and that the said medical attendant is Deceased (Now deceased (~~or~~) ~~cannot be located~~)

Name of Affiant Mrs Grace M. Fifer Calif
P. O. Address 807 No Maclay Ave San Fernando

Subscribed and sworn to before me this 17th day of January, 19 38

Grace Thayne
Notary Public.

Residing at San Fernando, Calif. XXXXX

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 26 1963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264497

1. **PLACE OF BIRTH**
County of Valley
City of Roseberry
No. ..... St.
254 215 043 693
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Beatrice Lucile Kemble

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Dec. 15, 1913 (Month, Day, Year)

FATHER

9. Full name James G. Kemble
10. Residence (usual place of abode) (If non-resident, give place and State) Roseberry
11. Color or race W | 12. Age at last birthday 31 (years)
13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Lizzie Reed Williams
19. Residence (usual place of abode) (If non-resident, give place and State) Roseberry
20. Color or race W | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Missouri

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) Fields (Mother) M. D.
or Roseberry, Ida., Midwife
Address .....
Filed 3-5-38, 193.....
Registrar.

Subscribed and sworn to before me this ..... day of ..... 19.....
Pearl Billingham
State Registrar

1945

813-213-009-719

264546

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 264546

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Bonner MAR 28 1938
City of Newport, Idaho
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Roxie Helene Hatter

3. Sex: Female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ✓ Full term Yes
7. Legitimate? Yes
8. Date of birth Dec 13, 1913 (Month, Day, Year)

FATHER

9. Full name George Albert Hatter
10. Residence (usual place of abode) Newport Idaho (If non-resident, give place and State) ____
11. Color or race White
12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Atchison, Kansas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm
16. Date (month and year) last engaged in this work Dec, 1913
17. Total time (years) spent in this work 34 yrs

MOTHER

18. Full maiden name Josephine Teresa Garl
19. Residence (usual place of abode) (If non-resident, give place and State) Newport, Idaho
20. Color or race White
21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Paola, Kansas

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work Dec, 1913
26. Total time (years) spent in this work 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.
or Mrs Teresa Garl, Midwife
Address 7300 So La Salle, Los Angeles, Calif.
Filed MAR 28 '38, 193

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth, stated.

381 107 039 238

RECEIVED
APR 5 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

264559

1. PLACE OF BIRTH
County of Power
City of American Falls
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 264559
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marion Carlyle Chapman

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? Yes | 8. Date of birth June 7, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Marion W Chapman	18. Full maiden name Marie Schumacher
10. Residence (usual place of abode) (If non-resident, give place and State) Yale Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Yale Idaho
11. Color or race White | 12. Age at last birthday 26 (years)	20. Color or race White | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Eureka Sodak
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own Home
16. Date (month and year) last engaged in this work At Present, 1913 | 17. Total time (years) spent in this work 1 1/2	25. Date (month and year) last engaged in this work At Present, 1913 | 26. Total time (years) spent in this work 1 1/2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ✓

28. Number of children of this mother First Born (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of stillbirth ✓ Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 6 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Marie Schumacher, ~~M. D.~~
~~or~~ Chapman Mother ~~Midwife~~
Address Yale Idaho

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed APR 5 1938, 193.. ..... Registrar.

one child at birth a separate Return must be made ... the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of No Dak
County of Mc Lean } ss.

Marie Schumacher Chapman being first duly sworn says that she is the Mother (Relationship of child)* of Marion Carlyle Chapman born June 7 - 1913 (Date of birth) at American Falls, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Marion Carlyle Chapman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Towne M. D. was the ~~Midwife~~ medical attendant at the birth of said Marion Carlyle Chapman and that the said medical attendant is Cannot be located (Now deceased (or) cannot be located)

Name of Affiant Marie Chapman

P. O. Address Turtle Lake, N. Dak

Subscribed and sworn to before me this 1 day of April, 1938

Elmer Melby
Notary Public.

Residing at Turtle Lake N.D., Idaho.

Notary Public,
McLean County, North Dakota
Commission Expires Sept. 26, 1939

*If the father and mother are dead, and the next nearest kin signs the affidavit, state this fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

25 1948

A465 211 005 754

#2 265560

1. PLACE OF BIRTH

County of

City of Plummer, Idaho

No. St.

(If born in hospital or institution give name.)

RECEIVED MAY 7 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

265560

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Esther Irene Molder

3. Sex Female of plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate?

8. Date of birth Oct. 11, ~~193~~ 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles E. Molder	18. Full maiden name Bessie Caroline Andersen
10. Residence (usual place of abode) (If non-resident, give place and State) Plummer, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Plummer, Idaho
11. Color or race White 12. Age at last birthday 64 (years)	20. Color or race white 21. Age at last birthday 60 (years)
13. Birthplace (city or place) (State or Country) Euclaier, Wisconsin	22. Birthplace (city or place) (State or Country) Menoninee Wisconsin
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work, 19 15 — 17. Total time (years) spent in this work 5 years	25. Date (month and year) last engaged in this work, 19 — 26. Total time (years) spent in this work 40 years

What prophylactic was used to prevent Ophthalmia Neonatorum?

Number of children of this mother (At time of this birth and including this child) five
(a) Born alive and now living 5 (b) Born alive but now dead six (c) Stillborn

If stillborn, period of gestation { months or weeks

30. Cause of Stillbirth { Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) , M. D.

or , Midwife

Address

Give name added from a supplemental report

Date of)

Registrar.

Filed MAY 7 1938, 193

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Multnomah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I, Bessie Caroline Molder being first duly sworn says that Esther Irene Molder is the the daughter of Bessie Caroline Molder
(Relationship of child)*

born October IIth 1913 at Plummer Idaho, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Esther Irene Molder hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Cusick M. D. was the Midwife medical attendant at the birth of said Esther Irene Molder and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Bessie Caroline Molder

P. O. Address 9213, 25 ave S.E. Portland Ore

Subscribed and sworn to before me this 4th day of May 1938, 19

R. J. McGuire
Notary Public.

Residing at Portland Oregon, Idaho.

Oct 9 1946

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

DEC 7 1948

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of MINIDOKA

City of MINIDOKA - MINIDOKA DAM

No. U.S.R.S. St.

IDAHO

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267723

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD JUNICE MARGUERITE DOUPHNER

3. Sex FEMALE | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term YES | 7. Legitimate? YES | 8. Date of birth NOV. 5. 1913, 193.... (Month, Day, Year)

FATHER	MOTHER
9. Full name GEORGE WILLIAM DOUPHNER	18. Full maiden name MARGUERITE ELIZEBETH KOPLITZ
10. Residence (usual place of abode) (If non-resident, give place and State) MINIDOKA IDAHO	19. Residence (usual place of abode) (If non-resident, give place and State) OMRO WISCONSIN
11. Color or race WHITE | 12. Age at last birthday 24 (years)	20. Color or race WHITE | 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) WITHEE · WISCONSIN CLARK COUNTY	22. Birthplace (city or place) (State or Country) OMRO · WISCONSIN WINNEBAGO COUNTY
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ELECTRICAL ENGINEER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. NURSE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. POWER PROJECT U.S.R.S.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME AND OUTSIDE WORK
16. Date (month and year) last engaged in this work MAY 28, 1917 | 17. Total time (years) spent in this work 7 YRS.	25. Date (month and year) last engaged in this work JULY 12, 1913 | 26. Total time (years) spent in this work 4 YRS.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Amanda B Johnson, Midwife

Address 221 East Gage Ave

Filed 6/28/1988, 193.... JUN 26 1988

Registrar.

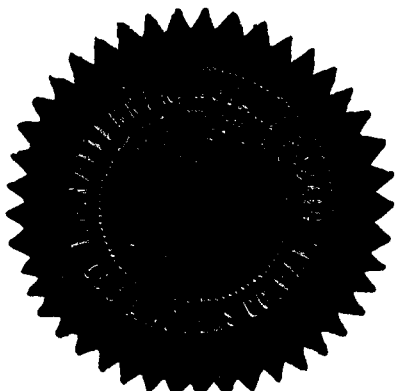
Dup of 1913-17593

Dup of 1913-17593

DELAYED

State of California,

COUNTY OF LOS ANGELES } ss.



On this 21st day of September, A.D., 1937, before me, the undersigned a Notary Public in and for said County and State, personally appeared Amanda B. Johnson, known to me, (or proved to me on the oath of.....), to be the person..... whose name..... is..... subscribed to the within Instrument, and acknowledged to me that she..... executed the same.

In Witness Whereof, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Louis A. Latterner

Notary Public in and for said County and State.

ACKNOWLEDGMENT—GENERAL—WOLCOTTS FORM 232.

My Commission Expires February 26, 1938.

443-224-009-269

267776

RE...

JUL 13 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

267776

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bonner

City of Careywood

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jennie Evelyn Duling

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth April 24, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Alfred Duling	18. Full maiden name: Eva Alice Sorric
10. Residence (usual place of abode) (If non-resident, give place and State) Careywood, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Careywood, Idaho
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Freedom, Indiana	22. Birthplace (city or place) (State or Country) Almena, Kansas
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Was engaged in it at that time, 19.... 17. Total time (years) spent in this work 18	25. Date (month and year) last engaged in this work At that time, 19.... 26. Total time (years) spent in this work 20 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation xx months or weeks

30. Cause of stillbirth xx Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Eva Duling, M. D.

or ....., Midwife

Address 2102 W. Boone Ave., Spokane, Wash.
(at date of birth - Careywood, Idaho)

Filed ....., 193.... Registrar.

Give name added from a supplemental report ..... (Date of) ..... Registrar.

JUL 13 1938

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of Spokane } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eva Duling being first duly sworn says that

is the Mother (Relationship of child)* of Jennie Evelyn Duling

born April 24, 1913 (Date of birth) at Careywood, Bonner County, Idaho,

whose certificate of birth is hereto attached, and that Eva Duling desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Jennie Evelyn Duling

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Samuel Smart ~~M.D.~~ was the Midwife medical attendant at the birth of said Jennie Evelyn Duling and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Eva Duling

P. O. Address 2102 W. Boone Avenue, Spokane, Washington

Subscribed and sworn to before me this 11th day of July, 1938

Notary Public.

Residing at Spokane, Washington, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JAN 16 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 766-222-003-433 PLACE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 11 1938

Registration District No. ..... State File No. 267778

Prim. Registration District No. ..... Local Registrar's No. .....

267778

2. FULL NAME OF CHILD Mary Goodenough

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth June 22, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel Goodenough	18. Full maiden name Ida Johnson
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Dead~~ McCammon Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) ~~[illegible]~~ McCammon Idaho
11. Color or race White | 12. Age at last birthday 31 (years)	20. Color or race White | 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work May, 1927 | 17. Total time (years) spent in this work Liftime	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6th Child (At time of this birth and including this child) (a) Born alive and now living Yes (b) ~~Born alive but now dead~~ ~~X~~ (c) ~~Stillborn~~ ~~X~~

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ida G Helm, ~~M.~~ D.

or Mother, ~~Midwife~~

Address 815 E. Sublette St., Pocatello, Idaho.

Give name added from a supplemental report .....

(Date of)

Filed ..... 193.... JUL 11 1938

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

IDA G. HELM being first duly sworn says that she is the Mother (Relationship of child)* of Mary Goodenough (now Mary Kilminster born June 22, 1913 (Date of birth) at on farm near McCammon, Idaho, whose certificate of birth is hereto attached, and that Ida G. Helm desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary Goodemough hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary Goodenough ~~M.D.~~ was the Midwife medical attendant at the birth of said Mary Goodenough and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ida G Helm

P. O. Address 815 East Sublette St., Pocatello, Ida.

Subscribed and sworn to before me this 27th day of June, 1938

Earle C. Muse
Notary Public.

Residing at Pocatello, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

THIS IS A PERMANENT RECORD. N. B.—In case of more than one, and the number of each, in order of birth stated.

RECEIVED
AUG 1 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268850

1. PLACE OF BIRTH
County of Bannock
City of Chesterfield
No. Gen. Del. St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Otis Leland Orton

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term	7. Legitimate?	8. Date of birth
Male			Yes	Nov. 24, 1937 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John B. Orton	18. Full maiden name: Ethel Loveland
10. Residence (usual place of abode) (If non-resident, give place and State): Chesterfield Idaho	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: White 12. Age at last birthday: 33 (years)	20. Color or race: White 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): North Ogden Utah	22. Birthplace (city or place) (State or Country): Chesterfield Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
two
(a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address RECEIVED

Give name added from a supplemental report .....

(Date of)

Filed AUG 1 - 1938 193..

..... Registrar.

..... Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of ~~Bannock~~ Bannock } ss.

John B. Orton being first duly sworn says that he is the Father (Relationship of child)* of Otis Leland Orton born November 24-1913 (Date of birth) at Chesterfield, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Otis Leland Orton hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Ruth Davids M. D. was the Midwife medical attendant at the birth of said Otis Leland Orton and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant John B. Orton

P. O. Address

Subscribed and sworn to before me this 27 day of July 19 38

T. L. Lambert Asst. P. M.
Notary Public.

Residing at Burley, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS
one child at birth. Letters must be made

APR 9 1976

462-205 024-266

Amended 2-26-74

RECEIVED AUG. 1 1938

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 268852
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: GOODING

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BLISS

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: IDAHO b. COUNTY: GOODING

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: BLISS

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Irene b. (Middle): Dill c. (Last): Mosher

4. SEX: female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 5,1913

FATHER OF CHILD

7. FULL NAME

a. (First): Carl b. (Middle): Leonard c. (Last): Mosher

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): North Judson, Indiana

10. USUAL OCCUPATION: Telegrapher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Helen b. (Middle): c. (Last): Bowling

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Greenville, Kentucky

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Charles W. Dill

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Shoshone, Idaho

20. DATE SIGNED: August 1, 1938

21. DATE REC'D BY LOCAL REG.: Aug. 1, 1938

22. REGISTRAR'S SIGNATURE:

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

268852

AUG 1 - 1930

1. PLACE OF BIRTH,
County of Gooding.
City of Bliss.
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Irene Dill Mosher.

3. Sex female | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature no, Full term yes | 7. Legitimate? yes. | 8. Date of birth Sept. 5, 1930 (Month, Day, Year)

FATHER		MOTHER	
9. Full name	Carl Lemont Mosher.	18. Full maiden name	Helen Tristam Mosher.
10. Residence (usual place of abode) (If non-resident, give place and State)	Bliss Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Bliss Idaho
11. Color or race White	12. Age at last birthday 32 (years)	20. Color or race White	21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country)	Kalamazoo Mich	22. Birthplace (city or place) (State or Country)	Kalamazoo Mich
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Telegrapher.	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work ....., 19....	17. Total time (years) spent in this work.....	25. Date (month and year) last engaged in this work ....., 19....	26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol 5% —

28. Number of children of this mother 2 (At time of this birth and including this child) one two.
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks | 30. Cause of stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 6.40 p.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) L. H. Dill, M. D.
or ....., Midwife
Address Bliss Idaho.

Filed AUG 1 - 1930, 193.... Registrar.

OCT 31 1973

FEB 27 1974

OCT 20 1944

OCT 20 1944

DELAYED

DELAYED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 4 9 02 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Michigan
County of Kalamazoo } ss.

Certificate No. 268852

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Irene Dill Mosher (Name on Original Certificate) who was born (Was Born or Died) on Sept. 5, 1914 (Date of Event)
in Bliss, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by documents attached (Bible Record, Insurance Policy, Etc.) prepared on at least 5 years ago (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#8 Birthdate	September 5, 1914	September 5, 1913
#12 father's age	32 years	25 years
#13 father's birthplace	Kalamazoo, Michigan	North Judson, Indiana
#22 mother's birthplace	Kalamazoo, Michigan	Greenville, Kentucky

Subscribed and sworn to before me this 4th day of January, 1974

Notary Public, residing at 8290 West C Ave
My commission expires 7-3-77
(Seal)

Signed Irene Mosher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8290 West C Ave Kal. Mi 49009
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 #18 mother's name Helen Weston Mosher Helen Bowling Mosher
called 2-4-73 Records Correct.

Certificate of Major Medical Insurance issued by the Mutual Benefit Life Ins. Co. gives name as Irene Dill Mosher Ruster born Sept. 5,1913. Policy issued Nov. 1, 1963. Viewed by V.S.

School Transcript - School of Graduate Studies gives name as Irene Dill Mosher born Sept. 5, 1913 in Idaho to CarlMosher and Helen Mosher. Admitted Dec. 10, 1957. Viewed by V.S.

Certificate issued by the Probate court for the County of Kalamazoo, ORDER OF DETERMINATION FOR TIME AND PLACE OF BIRTH gives mother's birthplace as Greenville, Kentucky. Helen Mosher (Bowling) January 14, 1888. Issued Jan. 28, 1952. Viewed by V.S.

Certificate issued by the State of Michigan in the Probate Court for the County of Kalamazoo in the Matter of the Petition of Carl Leonard Mosher to Determine time and place of birth. Court Reviewed evidence that Carl Leonard Mosher was born in North Judson, County of Starke, Indiana on August 24, 1889. Issued Apr.28,1952 Viewed by V. S.

Family Record lists child as Irene Dill Mosher born Sept. 5, 1913 to Carl Leonard Mosher and Helen Bowling Mosher. Family Record obviously old. Viewed by V.S.

391-105 009-443

#w 268854

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bonner
City of Cocolalla
No. ____ St. ____
(If born in hospital or institution give name.)

AUG 3 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 268854
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Robert Dean Crawford

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male			yes	Jan. 5, 1913

	FATHER	MOTHER
9. Full name / 18. Full maiden name	George Henry Crawford	Frances Gertrude Muldary
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	Cocolalla	Cocolalla
11. Color or race / 12. Age at last birthday (years) / 20. / 21.	W / 60	W / 38
13. Birthplace (city or place) (State or Country) / 22.	Plattsburgh, New York	New York
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	Millwright	Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
16. Date (month and year) last engaged in this work / 25.	____, 19____	____, 19____
17. Total time (years) spent in this work / 26.		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

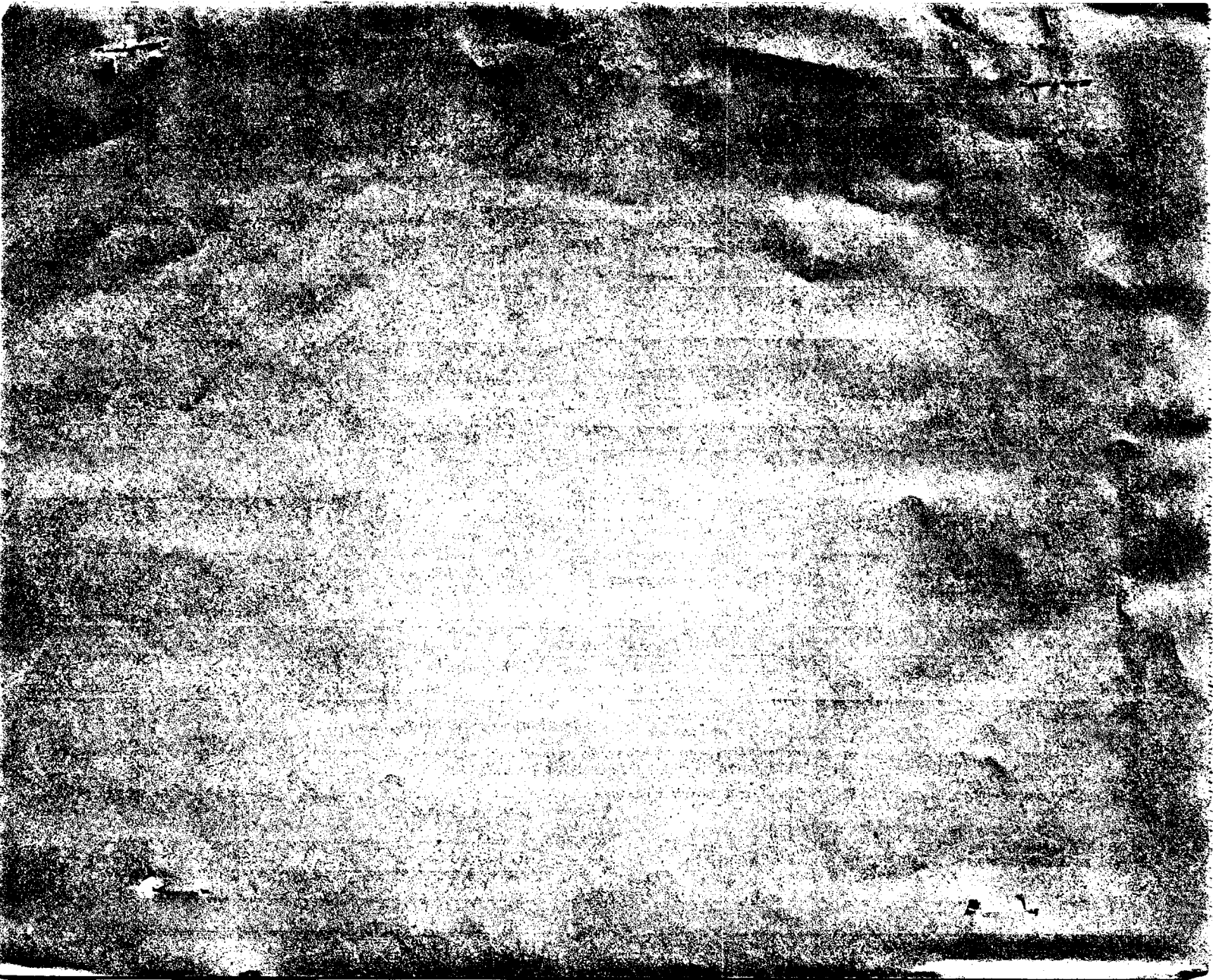
When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Sig. on affidavit M. D.
or Frances Gertrude Crawford (Mother), Midwife
Address Sandpoint, Idaho

Give name added from a supplemental report ____ (Date of) ____

Filed AUG 3 1938, 193____

Registrar. Registrar.



STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

FRANCES GERTRUDE CRAWFORD being first duly sworn says that she is the mother (Relationship of child)* of ROBERT DEAN CRAWFORD born January 5, 1913 (Date of birth) at Cocolalla, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Robert Dean Crawford hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that none M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Frances Gertrude Crawford

P. O. Address Sandpoint, Idaho

Subscribed and sworn to before me this 26th day of July, 19 38

Everett E. Hunt
Notary Public.

Residing at Sandpoint, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A F F I D A V I T

STATE OF IDAHO :
ss
COUNTY OF BONNER :

FRANCES GERTRUDE CRAWFORD, being first duly sworn, deposes and on her oath says:

That she is the mother of Robert Dean Crawford, and that she makes this affidavit as such for the purpose of recording the birth of the said Robert Dean Crawford;

That said Robert Dean Crawford was born at Cocolalla, Bonner County, State of Idaho;

That the full name of said child is Robert Dean Crawford.
Sex -- male
Single birth
Full term
Legitimate
Date of birth, January 5, 1913
Father's name - George Henry Crawford
Residence of father - Cocolalla, Bonner County, State of Idaho.
Color - white - Caucasian
Age at last birthday - 60 years
Birthplace - Plattsburgh, New York.
Trade - millwright
Business - mainly in Gristmills
Last engaged in such work - Fall 1893
Period engaged in such work - 20 years, thereafter a farmer.
Mother's maiden name - Frances Gertrude Muldary.
Residence - Cocolalla, Bonner County, State of Idaho
Color - white - caucasian
Age at last birthday - 38 years
Birthplace - New York, New York
Occupation - housewife
Work done at own home.
Last work as housewife - January 1913
Total time spent as housewife - about 15 years.
Number of children of this mother -- five

Affiant further certifies that other than the father of the said Robert Dean Crawford, no person was present at the time said child was born. Mrs. John May of Granite, Bonner County, State of Idaho, arrived at the home of this affiant a few hours after the birth of said child and remained to take care of him until January 15, 1913. The said Mrs. John May is now deceased. There are still a number of people at Cocolalla who have known this child from the date of his birth.

That the said Robert Dean Crawford's father is now deceased.

Frances Gertrude Crawford.

Subscribed and sworn to before me this 26th day of July, 1938.

Everett E. Hunt
Notary Public in and for the State of Idaho, residing at Sandpoint, therein.

A F F I D A V I T

STATE OF IDAHO :
ss
COUNTY OF BONNER :

FRANCES GERTRUDE CRAWFORD, being first duly sworn, deposes and on her oath says:

That she is the mother of Robert Dean Crawford, and that she makes this affidavit as such for the purpose of recording the birth of the said Robert Dean Crawford;

That said Robert Dean Crawford was born at Cocolalla, Bonner County, State of Idaho;

That the full name of said child is Robert Dean Crawford.

Sex -- male
Single birth
Full term
Legitimate
Date of birth, January 5, 1913
Father's name - George Henry Crawford
Residence of father - Cocolalla, Bonner County, State of Idaho.
Color - white - Caucasian
Age at last birthday - 60 years
Birthplace - Plattsburgh, New York.
Trade - millwright
Business - mainly in Gristmills
Last engaged in such work - Fall 1893
Period engaged in such work - 20 years, thereafter a farmer.
Mother's maiden name - Frances Gertrude Muldary.
Residence - Cocolalla, Bonner County, State of Idaho
Color - white - caucasian
Age at last birthday - 38 years
Birthplace - New York, New York
Occupation - housewife
Work done at own home.
Last work as housewife - January 1913
Total time spent as housewife - about 15 years.
Number of children of this mother -- five

Affiant further certifies that other than the father of the said Robert Dean Crawford, no person was present at the time said child was born. Mrs. John May of Granite, Bonner County, State of Idaho, arrived at the home of this affiant a few hours after the birth of said child and remained to take care of him until January 15, 1913. The said Mrs. John May is now deceased. There are still a number of people at Cocolalla who have known this child from the date of his birth.

That the said Robert Dean Crawford's father is now deceased.

[signature]

Subscribed and sworn to before me this 26th day of July, 1938.

[signature]
Notary Public in and for the State of Idaho, residing at Sandpoint, therein.

345715 028-854

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of Harrison
No. ..... St.
(If born in hospital or institution give name.)

JUL 29 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 126 State File No. 269529
Prim. Registration District No. 2304 Local Registrar's No. 28

2. FULL NAME OF CHILD Alvin Regan Lund

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2nd | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan 15, 1913 (Month, Day, Year)

FATHER

9. Full name Eric Lund
10. Residence (usual place of abode) (If non-resident, give place and State) Harrison Ida
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill
16. Date (month and year) last engaged in this work July 15, 1937 | 17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Karsten Heck
19. Residence (usual place of abode) (If non-resident, give place and State) Harrison Ida
20. Color or race White | 21. Age at last birthday 34 (years)
22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Ordinary home
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work All my life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate Opt
28. Number of children of this mother (At time of this birth and including this child) Two (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. K. Reger, M. D.
or ....., Midwife
Address Pardee Bldg Spokane Wn

Give name added from a supplemental report .....

July 27-38 Ruth Connolly Registrar.

Filed July 29, 1938 Ruth Connolly Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG 10 1938

269712

1. PLACE OF BIRTH 389-126
County of Nez Perce 035-236
City of Lewiston
No. Main and 21 St.
389-126 035-236
(If born in hospital or institution give name.)

Registration District No. 1009 State File No.
Prim. Registration District No. 96 Local Registrar's No.

2. FULL NAME OF CHILD George Roscoe Thiessen

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth October 26, 1913 (Month, Day, Year)

FATHER

9. Full name Clarence C. Thiessen

10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Ida

11. Color or race W 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Lewiston Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stockman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Ingobo Stockslager

19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston, Ida.

20. Color or race W 21. Age at last birthday 30 (years)

22. Birthplace (city or place) (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ~~J. B. Marrie~~ (over) Grandmother, ~~M. D.~~
or ....., Midwife
Address Lewiston, Idaho
Filed July 14, 1938 M. W. Caskey Registrar.

AFFIDAVIT

STATE OF IDAHO)
) ss
County of Nez Perce)

Lillie Thiessen, being first duly sworn upon oath deposes and says; that she is the grandmother of George Roscoe Thiessen; that he was born in Lewiston, Idaho on October 26, 1913.

Lillie Thiessen

Subscribed and sworn to before me this 14th day of July, 1938.

Philip Ingraber.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
By L. Kurtz, Deputy

. . . . . .

I, the undersigned, had knowledge of the birth of the above mentioned person at the above mentioned time and place.

Mrs. Lillie C. Anderson

Subscribed and sworn to before me this 14th day of July, 1938.

Philip Ingraber.
CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
By L. Kurtz, Deputy

SEP 6 1974

855-213-008-791

271065

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

271065

SEP 19 1938

1. PLACE OF BIRTH
County of Boise
City of Horseshoe Bend
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ~~Helen~~ Mae Henderson

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth Apr. 13, 1933 (Month, Day, Year)

FATHER	MOTHER
9. Full name Everett LeRoy Henderson	18. Full maiden name Elva Mae Graham
10. Residence (usual place of abode) Horseshoe bend (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) Horseshoe bend (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 24 (years)	20. Color or race W | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) Columbus Ind. (State or country)	22. Birthplace (city or place) Colorado (State or country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Working for Electric Power Company	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1 % Silver Nit.

28. Number of children of this mother 3 (At time of this birth and including this child) 3
(a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

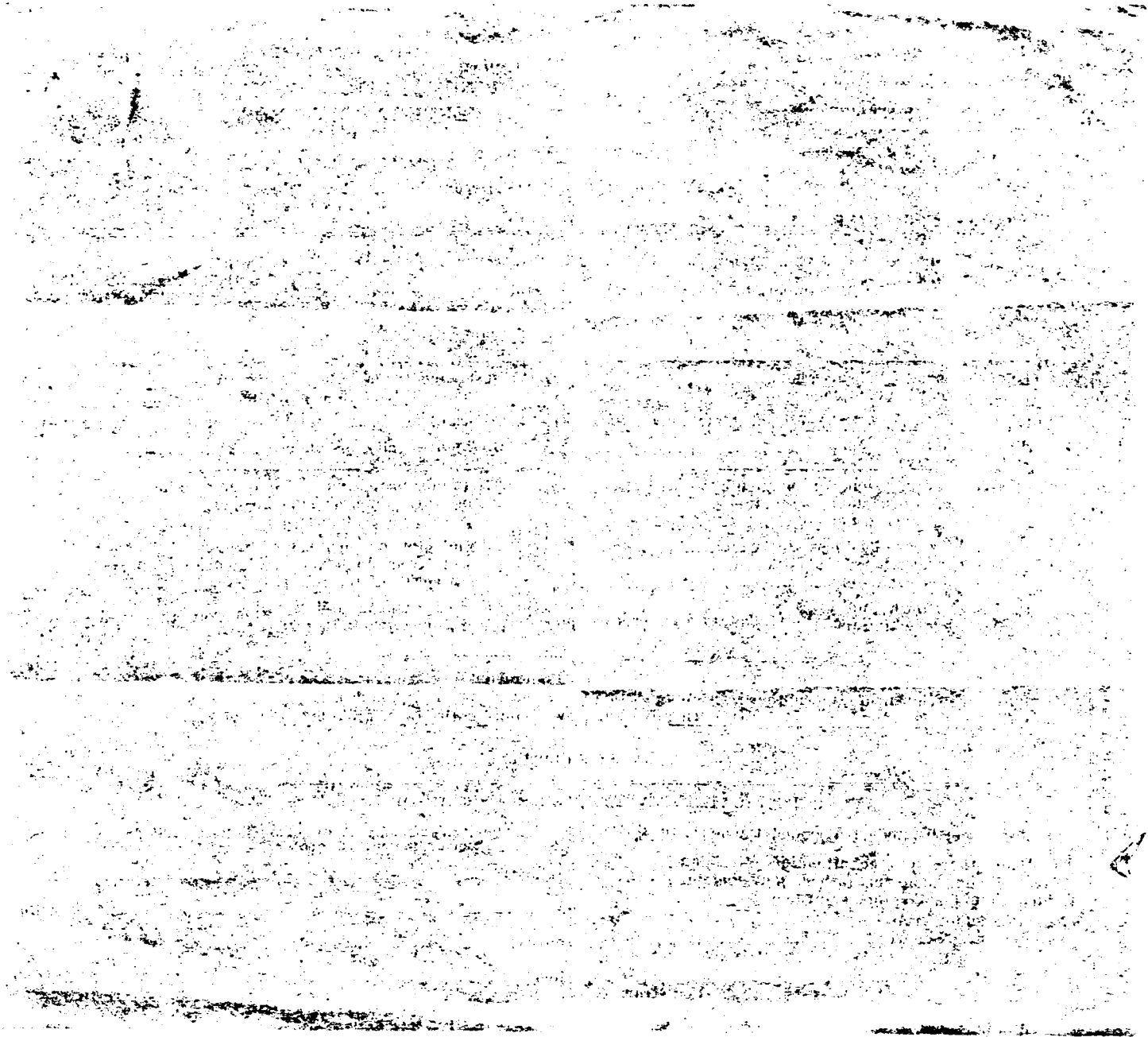
I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 2 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. L. Reynolds, M. D.
or ....., Midwife
Address Emmett Idaho
Filed 9/19/38, 193.. Pearl Dillingham Registrar.

Give name added from a supplemental report ..... (Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



263-815-029-763

1. PLACE OF BIRTH

County of Latah

City of Moscow Idaho.

No. 917 E. 1st St.

(If born in hospital or institution give name.)

NOV -7 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272296

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bonnie Elizabeth Bolding

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
female		X		July 15, 1913

FATHER

9. Full name: James M. Bolding

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho.

11. Color or race: white | 12. Age at last birthday: 34 (years)

13. Birthplace (city or place) (State or Country): Walnut Iowa.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Jeweler

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work: 6 years.

MOTHER

18. Full maiden name: Eva Bertha Potter

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho.

20. Color or race: white | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Wapello.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): 3
(a) Born alive and now living: 3 (b) Born alive but now dead..... (c) Stillborn.....

29. If stillborn, period of gestation..... { months or weeks

30. Cause of stillbirth..... { Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report.....
(Date of)

Filed NOV 7 1938 193....

Registrar. Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

being first duly sworn says that she is the daughter (Relationship of child)* of James M. Bolding born July 15 - 1913 (Date of birth) at Moscow, Idaho, whose certificate of birth is hereto attached, and that Bonnie Elizabeth desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Bonnie Elizabeth hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Chas L. Gritman M. D. was the Midwife medical attendant at the birth of said Bonnie Elizabeth and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant James M Bolding
P. O. Address 400 So. Franklin, Wenatchee Wn

Subscribed and sworn to before me this 25th day of October, 1938

B. M. Thornbrue
Notary Public.

Residing at Wenatchee, Wash., ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. 814 219 022 296 PLACE OF BIRTH

County of Fremont

City of Marysville

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 14 1938

Registration District No. 99 State File No. 272314

Prim. Registration District No. 2177 Local Registrar's No. 1287

2. FULL NAME OF CHILD Edna Thalia Hammond

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth June 19, 1938 (Month, Day, Year)

FATHER

9. Full name Darvel Ray Hammond

10. Residence (usual place of abode) (If non-resident, give place and State) Marysville

11. Color or race white 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Emma Mae Brower

19. Residence (usual place of abode) (If non-resident, give place and State) Marysville

20. Color or race white 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) E. V. Hargis, M. D.

or ....., Midwife

Address Ashton Idaho

Filed Nov 8, 1938 Sarah B Munk Registrar.

DEC 30 1971

159-224-003-897

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Soda Springs
No. ..... St.
(If born in hospital or institution give name.)

NOV 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

272326

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 60

2. FULL NAME OF CHILD Edith Fern Gerber

3. Sex: Girl

If plural births: 4. Twin, triplet, or other One; 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Feb 24 1913 (Month, Day, Year)

FATHER

9. Full name: John Ulrich Gerber

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho

11. Color or race: White | 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or Country): Switzerland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Rosa Ella Higley

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho

20. Color or race: White | 21. Age at last birthday: 21 (years)

22. Birthplace (city or place) (State or Country): Ogden Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother: Three (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 4 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kackley Ellis K. ....., M. D.

or ....., Midwife

Address Soda Springs, Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed Nov. 9, 1938 Dr. Russell Tigert

Registrar. Registrar.

JUL 30 1973

DELAYED DUP OF 1913-1915 [illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of Murphy

No. ..... St. NOV 8 1938

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

272342

Registration District No. 43 State File No. .....

Prim. Registration District No. 2120 Local Registrar's No. 22

FULL NAME OF CHILD Robert Wellman Howard
(If stillborn, substitute the word "Stillbirth" for name of child)

Sex of Child: Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of birth August 4 (Month) (Day) 19 13 (Year)

What prophylactic was used to prevent Ophthalmia Neonatorum? .....

Number of child of this mother, including present birth 4th (a) Born alive and now living 2

Born alive but now dead 2 Stillborn .....

FATHER	MOTHER
FULL NAME: James Henry Howard	FULL MAIDEN NAME: Nellie M. Mowbray
Residence (Usual place of abode): Murphy, Idaho	Residence (Usual place of abode): Murphy, Idaho
If non-resident, give place and State:	If non-resident, give place and State:
Color or race: White Age at last Birthday: 39 (Years)	Color or race: White Age at last Birthday: 23 (Years)
Birthplace: Caldwell, Idaho (City and State or County)	Birthplace: Oreana, Idaho (City and State or County)
Occupation: Farmer	Occupation: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was { Born alive / ~~Stillborn~~ } at 11:30 A. M. on the date above stated.

(Signature) X Mrs. Anna Cox

Midwife
(Physician or midwife)

Address Murphy Idaho

Filed Oct. 14, 1938 W. H. Leonard
Registrar.

*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

JUN 23 1942

NOV 16 1995

A141121018863

RECEIVED
DEC 2 - 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273296

1. PLACE OF BIRTH
County of Clearwater
City of Cavendish
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Aubrey Abram Adams

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term yes	yes	Mar 21, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Benjamin Adams	18. Full maiden name Mayda Holverson
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White 12. Age at last birthday 38 (years)	20. Color or race White 21. Age at last birthday 40 (years)
13. Birthplace (city or place) (State or Country) Grab Orchard Kentucky	22. Birthplace (city or place) (State or Country) Chicago Ill.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work 6 years	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 8 (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Father ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed DEC 2 - 1938, 193...

Registrar.

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California } ss.
County of Los Angeles }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Benjamin Adams being first duly sworn says that He is the Father of Arthur Ellsworth Adams
(Relationship of child)*

born July 2nd 1911 at Juliaetta, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that I Benjamin Adams desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Son Arthur Ellsworth Adams hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Borne or Borhn. M. D. was the Midwife medical attendant at the birth of said Arthur Ellsworth Adams and that the said medical attendant ~~is~~ Cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Benjamin Adams
P. O. Address 1457 Neptune Wilmington Cal,

Subscribed and sworn to before me this 29th day of November, 1938

E. W. [illegible]
Notary Public.

My commission expires June 3, 1939 Residing at Los Angeles, Calif. ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

469-203004-897

273326

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Ada
City of Orchard Ida.
No. ..... St.
(If born in hospital or institution give name.)

DEC 15 1938

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

273326

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alma Virginia Dors (DORS)

3. Sex fem. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1st | 6. Premature ..... Full term X | 7. Legitimate? yes. | 8. Date of birth Feb 3, 1913 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	George Edwin Dors (DORS)	18. Full maiden name Flora Gertrude Higby
10. Residence (usual place of abode) (If non-resident, give place and State)	Orchard Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Orchard Ida
11. Color or race white / 12. Age at last birthday 28 (years)		20. Color or race white / 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or country)	Carlton Place Ontario	22. Birthplace (city or place) (State or country) Boise Idaho.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work ....., 19.....	17. Total time (years) spent in this work 2 years	25. Date (month and year) last engaged in this work ....., 19..... / 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... | Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ..... , M. D.
or Mrs. Alice Etta Higby, Midwife
Address 2504 Fairview Ave Boise Ida

Give name added from a supplemental report .....
(Date of)

Filed DEC 15 1938, 193..... Registrar.

..... Registrar.

P. C. 6-20-41

SEP 22 1969

A 415 70 001 331

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 274359

JAN 6 1939

1. PLACE OF BIRTH
County of ADAMS (Now) Registration District No. ____ State File No. ____
City of P.O. MEADOWS
No. ____ St.
(If born in hospital or institution give name.) Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD ARLEIGH IONE DAVIS

3. Sex: MALE
If plural births: 4. Twin, triplet, or other: —; 5. Number, in order of birth: —
6. Premature: — Full term: YES
7. Legitimate? YES
8. Date of birth: SEP. 1, 1938 (Month, Day, Year)

FATHER

9. Full name: WILLIAM LORENZO DAVID DAVIS
10. Residence (usual place of abode) (If non-resident, give place and State): IDAHO
11. Color or race: WHITE | 12. Age at last birthday: 32 (years)
13. Birthplace (city or place): OAK CREEK (State or Country): FREEMONT Co. COLO.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: SAWYER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: SAWMILL
16. Date (month and year) last engaged in this work: SEPT. 1, 1913
17. Total time (years) spent in this work: 3

MOTHER

18. Full maiden name: ADA MAY CLAY
19. Residence (usual place of abode) (If non-resident, give place and State): [illegible]
20. Color or race: WHITE | 21. Age at last birthday: 27 (years)
22. Birthplace (city or place): GARFIELD (State or Country): WASHINGTON

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: HOUSEWIFE
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: OWN HOME
25. Date (month and year) last engaged in this work: AUG. 30, 1913
26. Total time (years) spent in this work: 9

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother (At time of this birth and including this child): FOUR
(a) Born alive and now living: 4 (b) Born alive but now dead: ____ (c) Stillborn: ____
29. If stillborn, period of gestation: — months or weeks
30. Cause of Stillbirth: — During labor: — Before labor: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed JAN 6 1939, 193...

Registrar. Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

WILLIAM LORENZO DAVID DAVIS being first duly sworn says that HE is the FATHER (Relationship of child)* of ARLEIGH IONE DAVIS born SEPT. 13 - 1913 (Date of birth) at MEADOWS, Idaho,

whose certificate of birth is hereto attached, and that HE desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said ARLEIGH IONE DAVIS

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MRS. MARY HENDRICKS ~~M. D.~~ Midwife was the medical attendant at the birth of said ARLEIGH IONE DAVIS and that the said medical attendant is DECEASED (Now deceased (or) cannot be located)

Name of Affiant W. L. D Davis

P. O. Address Port Hardy B. Co.

Subscribed and sworn to before me this 6th day of January, 1939

L. F. McMenamy
Notary Public.

Residing at Boise, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

366117 010 314

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FEB 3 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275420

1. PLACE OF BIRTH
County of Bonneville
City of ~~Ucon~~ Ucon
No. ..... St.
Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Melvin Jesse Lowe

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 17, 1913 (Month, Day, Year)

FATHER

9. Full name Sylvester Lowe
10. Residence (usual place of abode) (If non-resident, give place and State) Ucon, Ida
11. Color or race white | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Tiffham Ohio

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer
16. Date (month and year) last engaged in this work February, 1913
17. Total time (years) spent in this work 30

MOTHER

18. Full maiden name Lucy F. Campbell
19. Residence (usual place of abode) (If non-resident, give place and State) Ucon, Ida
20. Color or race white | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Pleasant View Weber County Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House Wife
25. Date (month and year) last engaged in this work February, 1913
26. Total time (years) spent in this work 25

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 4 (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks
30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 3 a. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.
or Mrs Ann M Campbell, Midwife
Address Rose Star Rt, Ida

Give name added from a supplemental report Dec 5 - 1938
(Date of)

Filed FEB 3 1939, 193...

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Jefferson } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Ann McCampbell being first duly sworn says that she is the Aunt (Relationship of child)* of Melvin Jessie Fowler born February 17, 1903 (Date of birth) at Union Bonneville Co., Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Melvin Jessie Fowler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that she was Not Midwife but Nurse M. D. was the Midwife medical attendant at the birth of said Melvin Jessie Fowler and that the said medical attendant is Now Deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Ann M Campbell

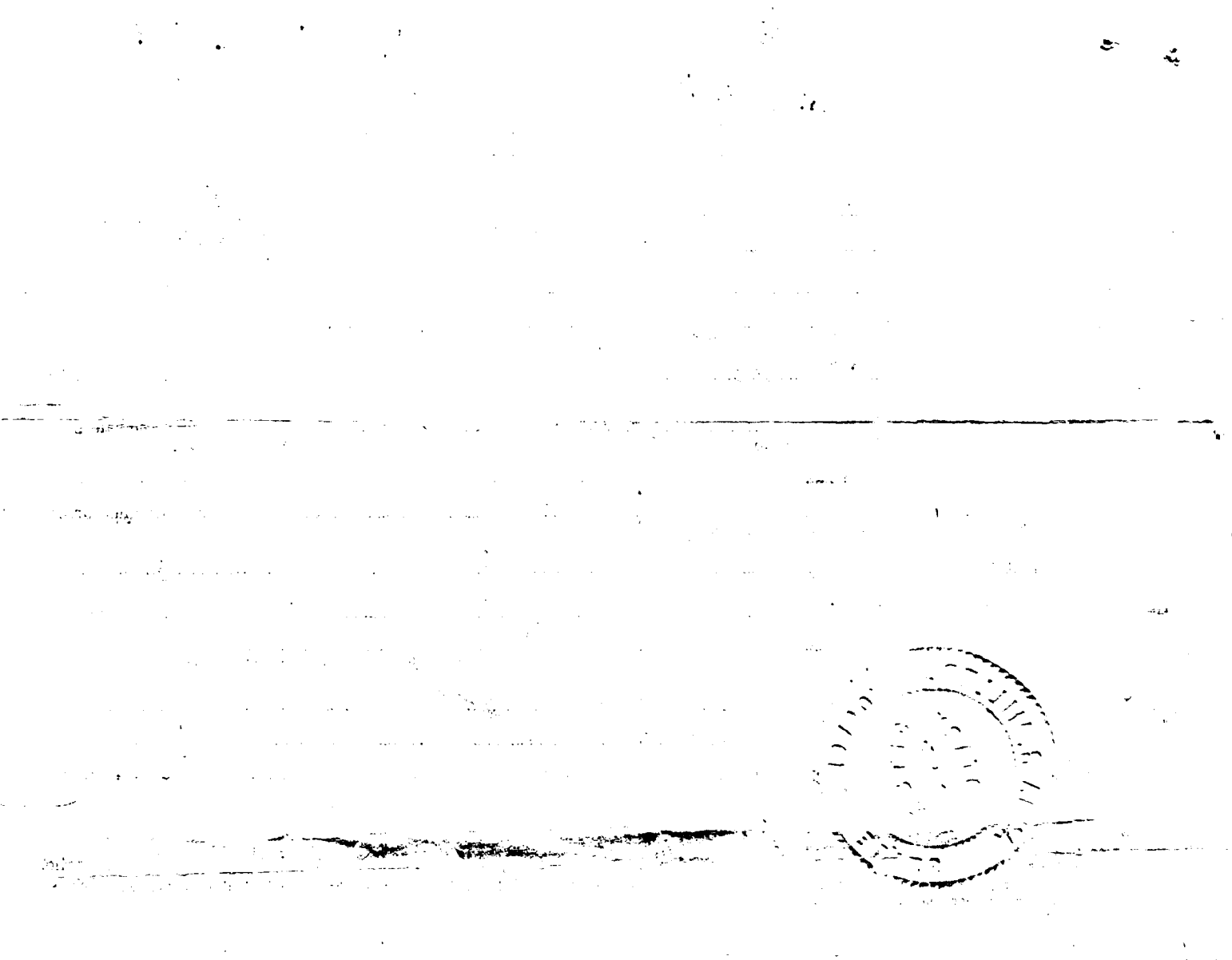
P. O. Address Rexburg Star Rt, Idaho

Subscribed and sworn to before me this 5th day of December, 1938

Anna P. Mellor
Notary Public.

Residing at Rexburg, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of FREMONT.
City of MENAN.
No. 289 222022 641 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 4 1939

CERTIFICATE OF BIRTH 275426

Registration District No. 4. State File No.
Prim. Registration District No. 1008. Local Registrar's No. 14

2. FULL NAME OF CHILD MICHE SHIGETA. (MRS. C. UEDA.)

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		No. / Yes	Yes.	Apr 22/ 1913.

	FATHER	MOTHER
9. Full name / 18. Full maiden name	ASAMATSU SHIGETA	OTEI FUJII.
10. Residence (usual place of abode) (If non-resident, give place and State) / 19.	MENAN, IDAHO	MENAN, IDAHO
11. Color or race / 20.	JAP.	JAP
12. Age at last birthday (years) / 21.	35	25
13. Birthplace (city or place) (State or Country) / 22.	JAPAN	JAPAN.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / 23.	GARDENER	HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. / 24.		
16. Date (month and year) last engaged in this work / 25.	, 19	, 19
17. Total time (years) spent in this work / 26.		

27. What prophylactic was used to prevent Ophthalmia Neonatorum? oooooooo

28. Number of children of this mother 8. (At time of this birth and including this child) 7 (2/3/39)
(a) Born alive and now living 7 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ... months or weeks

30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ---- m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)
... Registrar.

(Signed) ----------, M. D.
or FATHER, Midwife
Address PAYETTE, IDAHO FEBRUARY 3, 1939
Filed 2/3/39, 193... J. C. Woodward Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of IDAHO. }
County of PAYETTE. } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

ASAMATSU SHIGETA being first duly sworn says that he is the father (Relationship of child)* of MICHE SHIGETA (MRS.C UEDA.)

born APRIL 22,1913 (Date of birth) at MENAN, IDAHO (FREMONT COUNTY), Idaho,

whose certificate of birth is hereto attached, and that ASAMATSU SHIGETA desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said MICHE SHIGETA (MRS.C .UEDA) hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that NO PHYSICIAN M. D. was the Midwife medical attendant at the birth of said MICHE SHIGETA (MRS.C UEDA) and that the said medical attendant is oooooooooooooooooooooooooooooooooooooooooooo (Now deceased (or) cannot be located)

Name of Affiant Asamatsu Shigeta

P. O. Address PAYETTE, IDAHO, BOX 127.

Subscribed and sworn to before me this 3rd day of February, 1939

John T. Morris
Notary Public.

Residing at Payette, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

SEP 8 1975

MAY 3 1 1976

First certified copy issued

February 6, 1939

271 222 005 666

RECEIVED
FEB 9 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 275437

1. PLACE OF BIRTH
County of Benewah
City of Plummer
No. — St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Charlotte Jeanette Sparkes

3. Sex F | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? Yes | 8. Date of birth 11/22/, 1938 (Month, Day, Year)

FATHER

9. Full name Harry Walton Sparkes
10. Residence (usual place of abode) (If non-resident, give place and State) Plummer
11. Color or race W | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Cincinnati O.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Confectionery
16. Date (month and year) last engaged in this work present, 19____
17. Total time (years) spent in this work 3

MOTHER

18. Full maiden name Charlotte Elizabeth Woodward
19. Residence (usual place of abode) (If non-resident, give place and State) Plummer
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Chamberlain, S.D.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work present, 19____
26. Total time (years) spent in this work 5

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ months or weeks | 30. Cause of Stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charlotte Woodward Sparkes M. D. Mother
or Argone Head Camp Midwife
Address Gloriata, New Mexico

Give name added from a supplemental report ____
(Date of)

Filed ____, 193__
Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Fill in all items. If information is not known, state "unknown." If none, state "none." Where a choice is given, underscore the word to be used. If one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

C. A. Bottolfsen [redacted], GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Charlotte Woodward Sparkes being first duly sworn says that She is the mother (Relationship of child)* of Charlotte Jeanette Sparkes born November 22, 1913 (Date of birth) at Plummer, Idaho, whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Charlotte Jeanette Sparkes hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. A. Nelson M. D. ~~was the~~ Midwife medical attendant at the birth of said Charlotte Jeanette Sparkes and that the said medical attendant ✗ cannot be located
(Now deceased (or) cannot be located)

Name of Affiant ~~Charlotte W. Sparkes~~

P. O. Address Charlotte Woodward Sparkes

Subscribed and sworn to before me this 4th day of February, 1939

Notary Public.

Residing at Santa Fe, N. Mexico, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

My Commission Expires June 3, 1940

A 864-104028-213

276427

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 23 1939

Registration District No. ____ State File No. 276427

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Kootenai
City of Coeur D'Alene
No. 806 Lake St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Melvin Edward Hodge

3. Sex Male | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 1 | 6. Premature —; Full term X | 7. Legitimate? — | 8. Date of birth Dec 4., 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Bert Hodge	18. Full maiden name: Estella Belle Buteo
10. Residence (usual place of abode) (If non-resident, give place and State): Coeur D'Alene	19. Residence (usual place of abode) (If non-resident, give place and State):
11. Color or race: White; 12. Age at last birthday: 28 (years)	20. Color or race: White; 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Unknown Penn.	22. Birthplace (city or place) (State or Country): Rind Mo.
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeping
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Dec., 1913	25. Date (month and year) last engaged in this work: Dec., 1913
17. Total time (years) spent in this work: 8 years	26. Total time (years) spent in this work: 1/2 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: two (b) Born alive but now dead: — (c) Stillborn: —

29. If stillborn, period of gestation: — months or weeks

30. Cause of Stillbirth: — During labor: — Before labor: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed FEB 23 1939, 193__

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Estella Belle Castle being first duly sworn says that she is the mother of Melvin Edward Hodge
(Relationship of child)*

born December 4 - 1913 at Coeur D Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Certificate of birth hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that affiant has forgotten the name of the M. D. ~~was the Midwife~~ who was medical attendant at the birth of said Melvin Edward Hodge and that the said medical attendant is do not know
(Now deceased (or) cannot be located)

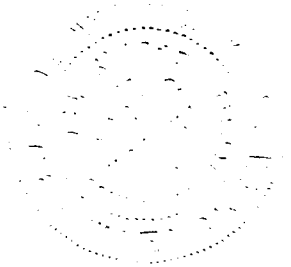
Name of Affiant Estella Belle Castle
P. O. Address 317 - 3d N.E. Auburn Wash

Subscribed and sworn to before me this 20 day of Feb, 1959

[signature]
Notary Public.

Residing at Auburn Wash., Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



2533-126-022-699

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. RFD#3 St.

(If born in hospital or institution give name.)

RECEIVED MAR 27 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

277424

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold Victor Ellingson

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 2-26-1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Ole Ellingson	18. Full maiden name: Katherine Sweeney Frisk
10. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony	19. Residence (usual place of abode) (If non-resident, give place and State): St. Anthony
11. Color or race: W	12. Age at last birthday: 48 (years)	20. Color or race: W	21. Age at last birthday: 47 (years)
13. Birthplace (city or place) (State or Country): Lehi, Utah	22. Birthplace (city or place) (State or Country): Springville, Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: home
16. Date (month and year) last engaged in this work: present, 19	17. Total time (years) spent in this work: 12 years	25. Date (month and year) last engaged in this work: present, 19	26. Total time (years) spent in this work: 24 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? don't know

28. Number of children of this mother (At time of this birth and including this child) nine
(a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn none

29. If stillborn, period of gestation ------- months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 3Am. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed MAR 27 1939, 193...

Registrar.

DELAYED

DUP OF 1913-13007

STATE OF IDAHO

[redacted]

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Madison } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Katherine F. Ellingson being first duly sworn says that she is the mother (Relationship of child)* of Harold Victor Ellingson born February 26, 1913 (Date of birth) at St. Anthony, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Harold Victor Ellingson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that W. B. West M. D. was the ~~Midwife~~ medical attendant at the birth of said Harold Victor Ellingson and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Katherine F. Ellingson

P. O. Address Rexburg, Idaho.

Subscribed and sworn to before me this 25 day of March, 1939

Ed Ellingson
Notary Public.

Residing at [redacted], Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

792-222-035-391

247491

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 17 1939

1. PLACE OF BIRTH
County of NEZ PERCE
City of CULDESAC
No. ..... St.
Homestead claim near
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 277491
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ~~[illegible]~~ SYLVIA GIBBS

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth April 22, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name WILLIAM THOMAS GIBBS	18. Full maiden name ALICE CRACE ([illegible])
10. Residence (usual place of abode) (If non-resident, give place and State) US above Culdesac	19. Residence (usual place of abode) (If non-resident, give place and State) [illegible]
11. Color or race W	12. Age at last birthday ..... (years)
20. Color or race W	21. Age at last birthday 54 (years)
13. Birthplace (city or place) (State or country) Kentucky	22. Birthplace (city or place) (State or country) Kentucky
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Business man	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Homekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm - Hotel Meat Market	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Died Oct., 1937	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ?

28. Number of children of this mother (At time of this birth and including this child) 11
(a) Born alive and now living 6 (b) Born alive but now dead 3 (c) Stillborn 2

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Sylvia Gibbs, M.D.
By applicant for birth cert.
or ....., Midwife
Address .....

Give name added from a supplemental report ..... (Date of)

Over

Filed APR 17 1939 193.....

Registrar. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK — THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) ss

On this 15th day of April 1939, before me, the undersigned, A Notary Public in and for the above county and state, personally appeared Miss Sylvia Gibbs, who made oath that the statements made on the reverse side of this affidavit are true and correct to her best knowledge and belief, and that said affidavit is made by Miss Sylvia Gibbs as the attending Doctor is not available at the present time.

Sylvia Gibbs
Applicant

Notary Public APR 15 1939

Waldo M. Coleman

My Commission expires May 9, 1941

AFFIDAVIT

William Gibbs, being duly sworn upon oath, deposes and says, that he is the brother of Sylvia Gibbs; that she was born at Culdesac in Nez Perce, County, Idaho, April 22, 1913.

William Gibbs

Subscribed and sworn to before me this 15 day of April 1939

Waldo M. Collier

My Commission Expires May 9, 1941

AFFIDAVIT

GOLDA GIBBS JOHNSON, being duly sworn upon oath, deposes and says, that she is the sister of SYLVIA GIBBS; that she was born at CULDESAC in NEZ PERCE County, Idaho, APRIL 22, 1913.

Golda Gibbs Johnson

Subscribed and sworn to before me this 15 day of April 1939

Waldo M. Collier

My Commission Expires May 5, 1941

154-006-039-963

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 4 1939

277536

1. PLACE OF BIRTH
County of Power
City of Rockland
No. Nome St.
(If born in hospital or institution give name.)

Registration District No. 25 State File No.
Prim. Registration District No. 2072 Local Registrar's No. 22

2. FULL NAME OF CHILD Genevieve Anderson

3. Sex: Female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature: Full term Yes
7. Legitimate? Yes
8. Date of birth: Aug 6 1913 (Month, Day, Year)

FATHER

9. Full name: Peter Augustus Anderson
10. Residence (usual place of abode) (If non-resident, give place and State): Rockland Idaho
11. Color or race: W
12. Age at last birthday: 37 (years)
13. Birthplace (city or place) (State or Country): Sturgeon Bay Wis

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attorney
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:
16. Date (month and year) last engaged in this work: Now, 1913
17. Total time (years) spent in this work: 6-Yrs

MOTHER

18. Full maiden name: Barbara Warner
19. Residence (usual place of abode) (If non-resident, give place and State): Rockland Idaho
20. Color or race: W
21. Age at last birthday: 25 (years)
22. Birthplace (city or place) (State or Country): Rockland Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home
25. Date (month and year) last engaged in this work: Now, 1913
26. Total time (years) spent in this work: 6-Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? -

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks
30. Cause of Stillbirth: During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5 4/4 p. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) V H Logan, M. D.
or , Midwife
Address Rockland Idaho
Filed 3-29, 1939 Irene Daling
Registrar.

MAR 1956

MAR 15 1957

JUL 11 1949

862210024-315

277487

APR 24 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Gooding
City of Bliss, Idaho
No. ..... St.
(If born in hospital or institution give name)

Registration District No. ..... State File No. 278487
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hobbs - Mary Louise

3. Sex Female. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Sept 10, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name James Francis Hobbs	18. Full maiden name Marie Lane ~~Hobbs~~
10. Residence (usual place of abode) (If non-resident, give place and State) Bliss, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Bliss, Idaho
11. Color or race White | 12. Age at last birthday 25 (years)	20. Color or race White | 21. Age at last birthday 22 (years)
13. Birthplace (city or place) San Antonio Texas (State or Country) Bexar County	22. Birthplace (city or place) Elmendorf Texas (State or Country) Bexar County
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work Sept 10, 1913 | 17. Total time (years) spent in this work 2 Years	25. Date (month and year) last engaged in this work Sept 10th, 1913 | 26. Total time (years) spent in this work 2 Years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation No months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs Marie Hobbs mother, M. D.

or ....., Midwife

Address R F D No 3 Box 287

Filed APR 24 1939, 193 San Antonio, Texas

Registrar.

Give name added from a supplemental report .....
(Date of)

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

R. B. Fletcher
Bliss, Idaho

Arthur B. Schultz
R. F. D. No 1,
Gilman, Iowa

Mr. & Mrs. John Behrens
Bliss, Idaho.

Mrs. H. L. Weaver
12102 Ainsworth St.,
Los Angeles, California.

All residents of Bliss, Idaho
on Sept 10, 1913

278587

STATE OF IDAHO

C. A. Bottolfsen [redacted] GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Texas
County of Bexar } ss.

Marie Hobbs being first duly sworn says that

She is the mother of Mary Louise Hobbs -
(Relationship of child)*

born Sept 10 1913 at Bliss, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Mary Louise Hobbs -

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Frank T. Carey M. D. was the ~~Midwife~~ medical attendant at the birth of said Mary Louise Hobbs and that the said medical attendant is Cannot be located
(~~Now deceased~~ (or) cannot be located)

Name of Affiant Marie Hobbs

P. O. Address R.F.D. No 3 Box 787 San Antonio, Tex.

Subscribed and sworn to before me this 19th day of April, 1939

Adolph L. Kennert
Notary Public, Bexar County, Texas Notary Public.

Residing at San Antonio, Texas, ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

295-220 011-553

278582

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Boundary

City of Bonner's Ferry, Idaho

No. ____ St. ____

Bonner's Ferry Hospital

(If born in hospital or institution give name.)

RECEIVED

MAY 12 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 278582

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Margaret Reine Alice King

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth Jan. 20th 1913 (Month, Day, Year)

FATHER

9. Full name Cleveland Grover King

10. Residence (usual place of abode) (If non-resident, give place and State) Malta Mont

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Hawick Minnesota

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bonner's Ferry Logging Co.

16. Date (month and year) last engaged in this work Mar., 1913

17. Total time (years) spent in this work 1 yr.

MOTHER

18. Full maiden name Genevieve Marguerite Nelson

19. Residence (usual place of abode) (If non-resident, give place and State) Malta, Mont.

20. Color or race White | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Fertile Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. School

25. Date (month and year) last engaged in this work May, 1911

26. Total time (years) spent in this work 2 yr

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother one (At time of this birth and including this child) (Only one)

(a) Born alive and now living ____ (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3 P. m. on the date above stated.

(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) Genevieve M. King (mother)

or Cleveland G. King (father) ~~Midwife~~

Address Malta, Montana

Filed MAY 12 1939, 193 ____

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Montana } ss.
County of Phillips }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Margaret Reine Alice King being first duly sworn says that she is the Daughter of Cleveland Gover & Genevieve Marguerite King
(Relationship of child)*

born January 20th 1913 at Bonner's Ferry, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Margaret Reine Alice King hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Fry M. D. was the ~~Midwife~~ medical attendant at the birth of said Margaret Reine Alice King and that the said medical attendant is now deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Margaret Reine Alice King
P. O. Address Malta Montana

Subscribed and sworn to before me this 27th day of February, 1939

Leslie D. Reid
Notary Public

Residing at 1753 W Congress St, Chicago, Illinois ~~Idaho~~

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. A959-116 040-154 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 22 1939

CERTIFICATE OF BIRTH 280681

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Edwin Reiling

3. Sex	If plural births: 4. Twin, triplet, or other ... 5. Number, in order of birth ...	6. Premature ... Full term X	7. Legitimate? Yes	8. Date of birth March 16, ~~193~~ 1913 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name Frederick Edward Edmund Reiling	18. Full maiden name Marguerite Anderson
10. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Kellogg Idaho
11. Color or race White | 12. Age at last birthday ... (years)	20. Color or race White | 21. Age at last birthday ... (years)
13. Birthplace (city or place) (State or Country) Oregon city, Oregon	22. Birthplace (city or place) (State or Country) Medford, Jackson County Oregon
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Timberman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work March 16, 1913	17. Total time (years) spent in this work ...
	25. Date (month and year) last engaged in this work ..., 19...
	26. Total time (years) spent in this work ...

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ... months or weeks

30. Cause of stillbirth ... Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ...
(Date of)

(Signed) ..., M. D.

or ..., Midwife

Address ...

Filed JUN 22 1939 193...

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon }
County of Klamath } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Frederick Edmond Reiling being first duly sworn says that George Edwin Reeling is the son (Relationship of child)* of Marguerite Josephson Reiling and Frederick Edmond Reiling born March 16, [illegible] (Date of birth) at Keller, Idaho,

whose certificate of birth is hereto attached, and that George Edwin Reiling desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Edwin Reiling hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Kenneth M. D. was the ~~Midwife~~ medical attendant at the birth of said George Edwin Reiling and that the said medical attendant ~~is~~ I do not know where he is now located (Now deceased (or) cannot be located)

Name of Affiant Mrs. Frederick Edmond Reiling

P. O. Address Route 2, Box 741 Klamath Falls, Oregon

Subscribed and sworn to before me this 17th day of June, 1939

Evelyn N. Rumsey
Notary Public.

Residing at Klamath Falls, Oregon, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES Oct. 2, 1941

395-276-275-238

281-292

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St. Joseph's Hospital St.
(If born in hospital or institution give name.)

RECEIVED
JUL 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 281892
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Elizabeth Lindsay

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth Nov. 16, 1913 (Month, Day, Year)

FATHER

9. Full name: John Nelson Lindsay
10. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race: White
12. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Lewiston, Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Elsie May Schiebe
19. Residence (usual place of abode) (If non-resident, give place and State): Lewiston
20. Color or race: white
21. Age at last birthday: 28 (years)
22. Birthplace (city or place) (State or Country): Bismark, North Dakota

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? not Known

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was [illegible] (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Elsie May Lindsay, M. D. or ....., Midwife
Address Clarkston, Washington (Mother)
Filed RECEIVED, 193.....

Give name added from a supplemental report .....
(Date of)

Registrar.

JUL 20 1939

Registrar.

DEC 21 1951

AFFIDAVIT

Elsie May Lindsay, being duly sworn upon oath, deposes and says, that She is the Mother of Mary Elizabeth Lindsay; that She was born at Lewiston in Nez Perce County, Idaho, Nov. 16, 1913.

Elsie May Lindsay

Subscribed and sworn to before me this 18th day of July 1939

E. Glenn Bauman
Notary Public

819-208-025-9 19

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED AUG 4 1939

Registration District No. ____ State File No. 281958

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Idaho
City of Harrisburg (Post Office-now Kendrick)
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Aretha Lillian Harvey

3. Sex F

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth April 8, 1913 (Month, Day, Year)

FATHER

9. Full name Orestus Jesse Harvey

10. Residence (usual place of abode) (If non-resident, give place and State) Harrisburg

11. Color or race American 12. Age at last birthday 28 (years)

13. Birthplace (city or place) (State or Country) Galena, Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woods work

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Saw mill

16. Date (month and year) last engaged in this work April, 1913

17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Lillian Louise Martin

19. Residence (usual place of abode) (If non-resident, give place and State) Harrisburg

20. Color or race American 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Moscow, Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work April, 1913

26. Total time (years) spent in this work 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation ✓ { months or weeks

30. Cause of stillbirth ✓ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 5 P m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Registrar.

(Signed) ____, M. D.
or Gertie Hollingsworth, Midwife
Address Harrisburg Idaho

Filed 8/4, 1939 Mae G. Atwood State Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

A-141-211-016-895

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia

City of Yale, Idaho

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED AUG 4 1939

CERTIFICATE OF BIRTH

281959

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Ida Marie Adam

3. Sex female

If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth ✓

6. Premature ..... Full term X

7. Legitimate? Yes

8. Date of birth July 11, 1913 (Month, Day, Year)

FATHER

9. Full name Martin Adam Yale Idaho

10. Residence (usual place of abode) (If non-resident, give place and State) Rosedale, S. Dak.

11. Color or race White 12. Age at last birthday 23 (years)

13. Birthplace (city or place) (State or Country) Ukraine Dist. Russia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Christina Hieb (Chen)

19. Residence (usual place of abode) (If non-resident, give place and State) Yale, Idaho

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Hosmer, S. Dak.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother None (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation — months or weeks

30. Cause of Stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG 4 1939, 193.....

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 4 1939

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of South Dakota } ss.
County of Edmunds }

Martin Adam being first duly sworn says that

he is the father (Relationship of child)* of Ida Marie Adam

born July 11 1913 (Date of birth) at Yale, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Ida Marie Adam

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that a Registered Nurse [redacted] was the medical attendant at the birth of said Ida Marie Adam and that the said medical attendant is

(Now deceased (or) cannot be located)

Name of Affiant Martin Adam

P. O. Address Faulkton S. Dak.

Subscribed and sworn to before me this 31st day of July, 1939

R C Blumhardt
Notary Public.

Residing at Ipswich S. Dak., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

552-129-028-396

282958

AUG 23 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. RR.1 St.
(If born in hospital or institution give name.)

Registration District No. 30 State File No. 282958
Prim. Registration District No. 2051 Local Registrar's No. 262

2. FULL NAME OF CHILD Thaddeus Vesser.

3. Sex Male | If plural births: 4. Twin, triplet, or other Twin; 5. Number, in order of birth 2 | 6. Premature Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth May 29, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Samuel Vesser	18. Full maiden name Marion Crockett
10. Residence (usual place of abode) (If non-resident, give place and State) RR.1 Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State) RR.1 Coeur d'Alene
11. Color or race white; 12. Age at last birthday 51 (years)	20. Color or race white; 21. Age at last birthday 45 (years)
13. Birthplace (city or place) (State or Country) Lexington, Kentucky	22. Birthplace (city or place) (State or Country) near Toledo, Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. owned farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in her own home
16. Date (month and year) last engaged in this work May 29, 1913; 17. Total time (years) spent in this work life	25. Date (month and year) last engaged in this work May 29, 1913; 26. Total time (years) spent in this work life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none.

28. Number of children of this mother 10 (At time of this birth and including this child) (a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 5 A.m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John Wood, M. D.
or ....., Midwife
Address Coeur d'Alene, Idaho.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed 8. 21. 1939 H. L. Newcombe, M. D.
Registrar.

APR 18 1942

MAR 6 1975

c.c. 6/13/41. w.h.

864-228-1003-371

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Pocatello Idaho
No. 1105 N. Hayes Ave St.
(If born in hospital or institution give name.)

AUG 31 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 283023
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Helen Gertrude Young

3. Sex Female

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth Feb 28 1913 (Month, Day, Year)

FATHER

9. Full name William Arthur Young

10. Residence (usual place of abode) 1105 N. Hayes Ave Pocatello Idaho (If non-resident, give place and State)

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) Birkenhead England (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Water Service Foreman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. U. P. Rail Road

16. Date (month and year) last engaged in this work Since Feb 14, 1900

17. Total time (years) spent in this work 39 Years Now

MOTHER

18. Full maiden name Gertrude Helen Crosshaw (Young)

19. Residence (usual place of abode) 1105 N. Hayes Ave Pocatello Idaho (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) Portabella England (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. in own Home

25. Date (month and year) last engaged in this work Since Dec 25, 1900

26. Total time (years) spent in this work 38 Years Now

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead None (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of stillbirth ____ { Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Now dead

Give name added from a supplemental report D H A Castle (Date of)

(Signed) William Arthur Young Father, M. D.
or Gertrude Helen Young Mother, Midwife
Address 1105 N. Hayes Ave Pocatello Idaho August 11-1939

Filed AUG 31 1939, 193 ____

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Bannock }

William Arthur Young Father and Gertrude Helen Cashman Young mother being first duly sworn says that He and She is the Father and Mother (Relationship of child)* of Helen Gertrude Young

born February 28th 1913 (Date of birth) at Pocatello, Idaho,

whose certificate of birth is hereto attached, and that They desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Helen Gertrude Young hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. A. Castle M. D. was the ~~Midwife~~ medical attendant at the birth of said Helen Gertrude Young and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant William Arthur Young Father Gertrude Helen Young mother

P. O. Address 105 N. Main Pocatello Idaho

Subscribed and sworn to before me this 28th day of August, 1939

D. M. Hargraves
Notary Public.

Residing at Pocatello, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

392-201-042-263

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 9 1939

Registration District No. ..... State File No. 283065

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Twin Falls
City of Filer
No. Rt. I St.
Filer, Idaho
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hilda Mae Tikker

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? yes

8. Date of birth 9-1-1918, 193 (Month, Day, Year)

FATHER

9. Full name: John Tikker

10. Residence (usual place of abode) (If non-resident, give place and State): Filer

11. Color or race: White | 12. Age at last birthday: 26 (years)

13. Birthplace (city or place) (State or Country): Holland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work 4 yrs.

MOTHER

18. Full maiden name: Anna Bot

19. Residence (usual place of abode) (If non-resident, give place and State): Filer

20. Color or race: White | 21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Holland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother: Third Child (At time of this birth and including this child)
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Aaltje Visser (Date of)

Filed 9/9/39, 193.....

Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

349-224-039-271

1. PLACE OF BIRTH

County of Power

City of Arbon

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED SEP 14 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 State File No. 283092

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eunice Gladys Turner

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? ..... | 8. Date of birth May 24, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Charles Franklin Turner	18. Full maiden name Ruth Anna ~~Turner~~ Spain
10. Residence (usual place of abode) (If non-resident, give place and State) Arbon	19. Residence (usual place of abode) (If non-resident, give place and State) Arbon
11. Color or race white | 12. Age at last birthday 28 (years)	20. Color or race white | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Dayton Washington	22. Birthplace (city or place) (State or Country) Union County Union Oregon
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work 2 years	25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work 2 year

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 2 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or Mrs Marie Roberts, Midwife

Address Arbon Ida, Maybell Colo present address

Filed ....., 193.... SEP 14 1939 Registrar.

A383-116 005-284

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284188

1. PLACE OF BIRTH
County of Benewah
City of Chatcolet
No. ____ St. ____
(If born in hospital or institution give name.)

SEP 28 1939
Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Delmus Gilbert Lyle

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth July 16, 193 (Month, Day, Year) 1913

FATHER

9. Full name: Charles Gilbert Lyle

10. Residence (usual place of abode) (If non-resident, give place and State): farm-Chatcolet

11. Color or race: White

12. Age at last birthday: 29 (years)

13. Birthplace (city or place) (State or Country): washington

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: own ranch

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Emily Charlotte Symons

19. Residence (usual place of abode) (If non-resident, give place and State): farm-Chatcolet

20. Color or race: White

21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or Country): washington

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child): two
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed SEP 28 1939, 193

Registrar. ____ Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Emily Charlotte Lyle Lofburg being first duly sworn says that she is the Mother (Relationship of child)* of Delmus Gilbert Lyle born July 16, 1913 (Date of birth) at Chateolet, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Delmus Gilbert Lyle hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Esmburg M. D. was the Midwife medical attendant at the birth of said Delmus Gilbert Lyle and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Emily Charlotte Lofburg

P. O. Address Millerdale Ave, Wenatchee, Wash.

Subscribed and sworn to before me this 26th day of September, 1939

Notary Public.

Residing at [illegible], ~~Idaho~~.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 2 - 1939

Registration District No. ____ State File No. 284198

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Kootenai
City of Couer d'Alene
No. 465-212028-947 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Kathryn Rebecca Monroe

3. Sex: Female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth December 12 1913 (Month, Day, Year)

FATHER

9. Full name: John Leslie Monroe

10. Residence (usual place of abode) (If non-resident, give place and State): Couer d'Alene

11. Color or race: White 12. Age at last birthday: 31 (years)

13. Birthplace (city or place) (State or Country): Yale, Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: On Boats

16. Date (month and year) last engaged in this work: Dec. 12, 1913

17. Total time (years) spent in this work: 1 yr.

MOTHER

18. Full maiden name: Emilia Rupp

19. Residence (usual place of abode) (If non-resident, give place and State): Couer d'Alene

20. Color or race: White | 21. Age at last birthday: 29 (years)

22. Birthplace (city or place) (State or Country): Rosehill Twp., Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Dec. 12, 1913

26. Total time (years) spent in this work: 6yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.m. on the date above stated.
(Born Alive [illegible])

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Mrs John L Monroe, mother (Midwife)
Address Bismarck No. Dak.

Filed OCT 2 - 1939, 193...

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of North Dakota
County of Burleigh } ss.

Mrs. John L. Monroe being first duly sworn says that she is the mother (Relationship of child)* of Kathryn Rebecca Monroe born December 12, 1913 (Date of birth) at Couer d'Alene, Idaho, whose certificate of birth is hereto attached, and that I desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Kathryn Rebecca Monroe hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Kathryn Rebecca Monroe and that the said medical attendant is (Now deceased ~~or~~ cannot be located)

Name of Affiant Mrs John L Monroe

P. O. Address Bismarck No. Dak.

Subscribed and sworn to before me this 27th day of July, 1939

Ethelyn Lowe
Notary Public.

My Com. expires: Jan 28, 1941 Residing at Burleigh Co, N. Dak, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

APR 29 1968

A819 114 030 819

284 218

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 5 1939

Registration District No. ____ State File No. 284218

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Lemhi
City of Salmon, Idaho
No. ____ St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Hubert Seymour Harder

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth May 14, 1939 (Month, Day, Year)

FATHER

9. Full name Charles O. Harder
10. Residence (usual place of abode) (If non-resident, give place and State) Salmon, Ida
11. Color or race White | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) (State or Country) Oak Point, now Stella, Washington

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Pacine L. Bosch Harder
19. Residence (usual place of abode) (If non-resident, give place and State) Salmon, Ida
20. Color or race White | 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Sandy, Oregon, Clackamas County

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M.D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____
(Date of)

Filed ____, 193__

Registrar. OCT 5 1939 Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Lemhi } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Racine L. Harder, being first duly sworn says that she is the mother (Relationship of child)* of Hubert Seymour Harder born May 14, 1913 (Date of birth) at Salmon, Idaho, whose certificate of birth is hereto attached, and that affiant desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Hubert Seymour Harder hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Charles Cockrell, Sr., was the midwife & ~~M. D. was the~~ ~~Midwife~~ medical attendant at the birth of said Hubert Seymour Harder and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Racine L. Harder

P. O. Address Northfork, Idaho

Subscribed and sworn to before me this 2nd day of October, 1939

Enoch W. Whitcomb
Notary Public.

Residing at Salmon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

284242

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284242

JUL 12 1939

1. PLACE OF BIRTH

County of Ada

City of Wilder

No. 414 213 001-669 St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Elva Nettie Daugherty

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth 2/13, 1913 (Month, Day, Year)

FATHER

9. Full name John Daugherty

10. Residence (usual place of abode) (If non-resident, give place and State) Wilder Ida

11. Color or race W | 12. Age at last birthday 44 (years)

13. Birthplace (city or place) (State or Country) Pinesville Ore.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm

16. Date (month and year) last engaged in this work 2/13, 1913

17. Total time (years) spent in this work 1 yr.

MOTHER

18. Full maiden name Myrtle Ellen Ford

19. Residence (usual place of abode) (If non-resident, give place and State) Wilder.

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Dora Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work 2/13, 1913

26. Total time (years) spent in this work 9 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? No treat

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at 900 a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Mary L Ford, Midwife

Address Caldwell R 111

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed JUL 12 1939, 193.. .....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary L. Ford being first duly sworn says that she is the Grandmother (Relationship of child)* of Elva Nettie Daugherty born February 13, 1913 (Date of birth) at Wilder, Idaho, whose certificate of birth is hereto attached, and that Mr. and Mrs. John Daugherty / Her parents desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Elva Nettie Daugherty hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary L. Ford M. D. was the Midwife medical attendant at the birth of said Elva Nettie Daugherty and that the said medical attendant is Mary L. Ford (Now deceased (or) cannot be located)

Name of Affiant Mary L Ford

P. O. Address RFD #3, Caldwell, Idaho

Subscribed and sworn to before me this 10th day of October, 1939

Mrs. H. J. Thompson
Notary Public.

Residing at Caldwell, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A239-201-002845

284256

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284256

OCT 16 1939

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Adams

City of Cassacil Idaho

No. ..... St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Elizabeth Stinson ~~Elizabeth Stinson~~ Elizabeth Stinson

3. Sex	If plural births: 4. Twin, triplet, or other	5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female			yes	yes	March 1st 1913

FATHER		MOTHER	
9. Full name	James Archibald Stinson	18. Full maiden name	Alice Virginia Hunt
10. Residence (usual place of abode) (If non-resident, give place and State)	Council Idaho	19. Residence (usual place of abode) (If non-resident, give place and State)	Council Idaho
11. Color or race	White	20. Color or race	White
12. Age at last birthday	33 (years)	21. Age at last birthday	30 (years)
13. Birthplace (city or place) (State or Country)	Red Oak Iowa	22. Birthplace (city or place) (State or Country)	Minneapolis Minnesota
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Attorney at Law	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Law Office	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	Own home
16. Date (month and year) last engaged in this work	March, 1913	25. Date (month and year) last engaged in this work	March, 1913
17. Total time (years) spent in this work	3	26. Total time (years) spent in this work	2

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Something which was correct

28. Number of children of this mother: First Child (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed OCT 16 1939, 193 .....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington } ss.
County of Lewis }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

James A Stinson being first duly sworn says that he is the father (Relationship of child)* of Elizabeth Stinson born March 1st 1913 (Date of birth) at Council, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Elizabeth Stinson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dale Martin M. D. was the ~~Midwife~~ medical attendant at the birth of said Elizabeth Stinson and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant James A Stinson

P. O. Address Chehalis, Washington

Subscribed and sworn to before me this 12th day of October, 1939

A Trumaque Flagg
~~Notary Public~~
for Washington
Residing at Chehalis, Washington, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

445-125 005-113

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284261

RECEIVED OCT 18 1939

1. PLACE OF BIRTH
County of Genesee
City of St. Maries
No. farm 5 mi. east St.
(If born in hospital or institution give name.)

Registration District No. 32 State File No.
Prim. Registration District No. 2049 Local Registrar's No. 26

2. FULL NAME OF CHILD Walter Daniel Mueller

3. Sex Male | If plural births: 4. Twin, ~~triplet, or other~~ twin; 5. Number, in order of birth 2 | 6. Premature Full term Yes | 7. Legitimate? Yes | 8. Date of birth April 25, 1913 (Month, Day, Year)

FATHER

9. Full name Henry Christian Mueller
10. Residence (usual place of abode) (If non-resident, give place and State) Germany
11. Color or race White | 12. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Wyk auf Fohr Germany

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter trade
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Nov., 1913
17. Total time (years) spent in this work 18

MOTHER

18. Full maiden name Marie Anna Jacot
19. Residence (usual place of abode) (If non-resident, give place and State) St. Maries, Idaho
20. Color or race White | 21. Age at last birthday 30 (years)
22. Birthplace (city or place) (State or Country) St. Maries Idaho

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work April, 1913
26. Total time (years) spent in this work 18

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ... { months or weeks
30. Cause of Stillbirth ... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 6 4 m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Marie A. Mueller Mother ~~M. D.~~
or ... Midwife
Address St. Maries, Idaho
Filed Oct. 17, 1939 Walter Roberg
Registrar.

Give name added from a supplemental report
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie A. Mueller being first duly sworn says that she is the Mother (Relationship of child)* of Walter Daniel Mueller born April 25, 1913 (Date of birth) at Near St. Maries, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Walter Daniel Mueller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None M. D. was the Midwife medical attendant at the birth of said Walter Daniel Mueller and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Marie A. Mueller

P. O. Address

Subscribed and sworn to before me this 17th day of October, 1939

Walter Boberg, U. S. Commr
~~Notary Public~~.

Residing at St. Maries, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

445-125005-113

284262

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Clearwater

City of St. Maries

No. farm 5 mi east SW

(If born in hospital or institution give name.)

RECEIVED OCT 18 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284262

Registration District No. 32 State File No.

Prim. Registration District No. 2049 Local Registrar's No. 25

2. FULL NAME OF CHILD Clarence David Mueller

3. Sex Male

If plural births { 4. Twin, ~~triplet, or other~~ twin
5. Number, in order of birth 1

6. Premature Full term yes

7. Legitimate? yes

8. Date of birth April 25, 1913 (Month, Day, Year)

FATHER

9. Full name Henry Christian Mueller

10. Residence (usual place of abode) (If non-resident, give place and State) Germany

11. Color or race White | 12. Age at last birthday 30 (years)

13. Birthplace (city or place) (State or Country) Germany Wyk auf Fohr Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work Nov, 1913

17. Total time (years) spent in this work 10

MOTHER

18. Full maiden name Marie Anna Jacot

19. Residence (usual place of abode) (If non-resident, give place and State)

20. Color or race White | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) St. Maries Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home

25. Date (month and year) last engaged in this work April, 1913

26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Marie A. Mueller, mother ~~M. D.~~

or ....., Midwife

Address St. Maries, Idaho

Filed Oct. 17, 1939 Walter Baker

Registrar.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Benewah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Marie A. Mueller being first duly sworn says that she is the Mother of Clarence David Mueller
(Relationship of child)*

born April 25, 1913 at Near St. Maries, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clarence David Mueller hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is None
(Now deceased (or) cannot be located)

Name of Affiant Marie A. Mueller

P. O. Address

Subscribed and sworn to before me this 17th day of October, 1939

Walter Roberg U. S. Commr
Notary Public.

Residing at St. Maries, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A844-203028-753

284263

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284263

RECEIVED
OCT 18 1939

1. PLACE OF BIRTH
County of Kootenai
City of Hayden Lake
No. ____ St. ____
(If born in hospital or institution give name.) ____

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Laveda Marie Hudlow

3. Sex: female
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? X
8. Date of birth October 3, 1939 (Month, Day, Year)

FATHER

9. Full name RUFUS HUDLOW
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake Ida
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Joplin Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name EMMA GETTER
19. Residence (usual place of abode) (If non-resident, give place and State) Hayden Lake Ida
20. Color or race White | 21. Age at last birthday 25 (years)
22. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 1 (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report Ellen Basham (Date of)

Filed ____ 193____ OCT 18 1939

Registrar. ____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of ~~Idaho~~ Montana }
County of ~~Kootenai~~ Lincoln } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ellen Basham being first duly sworn says that she is the sister of Laveda Marie Hudlow
(Relationship of child)*

born October 3 1913 at Hayden Lake, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Laveda Marie Hudlow hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Laveda Marie Hudlow and that the said medical attendant is unknown
(Now deceased (or) cannot be located)

Name of Affiant Ellen Basham

P. O. Address Troy Montana

Subscribed and sworn to before me this 17 day of Oct, 19 39

Notary Public.

Residing at ....., Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 24 1939

Registration District No. ..... State File No. 285363

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Payette

City of Fruitland, Idaho

No. A 762 · 108 038 · 356 St.

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Jesse Leonard Gosnell

3. Sex male

If plural births 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature No Full term yes

7. Legitimate? Yes

8. Date of birth Nov. 8, 1913 (Month, Day, Year)

FATHER

9. Full name Truman Barrack Gosnell

10. Residence (usual place of abode) (If non-resident, give place and State) Fruitland, Idaho

11. Color or race white **12. Age at last birthday** 42 (years)

13. Birthplace (city or place) DeWitt, Carroll Co. (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Eva Alice Leonard

19. Residence (usual place of abode) (If non-resident, give place and State) Fruitland, Ida

20. Color or race White **21. Age at last birthday** 28 (years)

22. Birthplace (city or place) ..... (State or Country) Liberty, Nebraska

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. In my own home

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address 968

RECEIVED

Filed ....., 193.....

OCT 24 1939

Registrar. .....

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Oregon
County of Jackson } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Eva Alice Gosnell being first duly sworn says that she is the mother (Relationship of child)* of Jesse Leonard Gosnell born Nov. 8, 1913 (Date of birth) at Fruitland, Payette Co. Idaho Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jesse Leonard Gosnell hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Drysdale M. D. was the Midwife medical attendant at the birth of said Jesse Leonard Gosnell and that the said medical attendant ~~is~~ cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Eva Alice Gosnell.

P. O. Address 968 East Main St. Ashland, Oregon.

Subscribed and sworn to before me this 20th day of October, 1939

Nellie Duchey
Notary Public.

My commission expires Oct. 3, 1943

Residing at Ashland, Oregon, ~~Idaho~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding

City of Wendell

No. 141 230 024 8/5 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 285411

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Roberta Adams

3. Sex Female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth July 30, 1913 (Month, Day, Year)

FATHER

9. Full name Robert Lee Adams

10. Residence (usual place of abode) (If non-resident, give place and State) Wendell

11. Color or race W | 12. Age at last birthday 31 (years)

13. Birthplace (city or place) (State or Country) Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Gertrude Alice Handy

19. Residence (usual place of abode) (If non-resident, give place and State) Wendell

20. Color or race ..... | 21. Age at last birthday 21 (years)

22. Birthplace (city or place) (State or Country) Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.

(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) H. E. Lamb, M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed ....., 1939

Registrar.

Registrar.

JAN 21 1969

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

551 251 050 317

285414

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 9 1939

1. PLACE OF BIRTH
County of Lemhi
City of Leadore - 691
No. ..... St.
Home
(If born in hospital or institution give name.)

Registration District No. 4 State File No. 285414
Prim. Registration District No. 2116 Local Registrar's No. .....

2. FULL NAME OF CHILD Gladys Josephine Wezina

3. Sex Female
If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X
6. Premature no; Full term yes
7. Legitimate? yes
8. Date of birth Jan 31, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name William Wezina	18. Full maiden name Clara Amanda Carlson.
10. Residence (usual place of abode) (If non-resident, give place and State) Leadore Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Leadore
11. Color or race W | 12. Age at last birthday 32 (years)	20. Color or race W | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) X (State or Country) Michigan	22. Birthplace (city or place) Smithfield (State or Country) Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Ranch	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Jan, 1913 | 17. Total time (years) spent in this work 12	25. Date (month and year) last engaged in this work Jan, 1913 | 26. Total time (years) spent in this work 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Agno 3/

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn X

29. If stillborn, period of gestation X months or weeks
30. Cause of Stillbirth X Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) X, M. D.
or Mrs. Clara Carlson, ~~Midwife~~
Address Leadore - Ida. (Mother)

Give name added from a supplemental report - -
(Date of)

Filed Sept 7, 1939 Clio C. Bellamy
Registrar.

Registrar.

Pa D. A. H. McFarland.

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of LEMHI } ss.

MRS. CLARA AMANDA VEZINA

~~Mrs. Clara Carlson~~ being first duly sworn says that she is the MOTHER of Gladys Josephine Vezina
(Relationship of child)*

born January 31, 1913 at Leadore, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Gladys Josephine Vezina hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that MRS CLARA CARLSON - ~~M. D.~~ was the Midwife medical attendant at the birth of said Gladys Josephine Vezina and that the said medical attendant is NOW DECEASED.
(Now deceased (or) cannot be located)

Name of Affiant Mrs Clara Amanda Vezina

P. O. Address Leadore Idaho

Subscribed and sworn to before me this 4 day of November, 19 39

Ray J. Stone
Notary Public.

Residing at Leadore, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 1 0 1974

595 7/14 016 386

285-418

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St. ____

(If born in hospital or institution give name.) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285418

NOV 7 1939 Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Burton Lars Nielsen

3. Sex	If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____	6. Premature ____ Full term X	7. Legitimate? yes	8. Date of birth Mar. 14, 1913 (Month, Day, Year)
Male				

FATHER	MOTHER
9. Full name Niels P. Nielsen	18. Full maiden name Hannah B. Thornton
10. Residence (usual place of abode) (If non-resident, give place and State) Burley Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Burley Idaho
11. Color or race W | 12. Age at last birthday 26 (years)	20. Color or race W | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Utah	22. Birthplace (city or place) (State or Country) Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ____, 19__ | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ____, 19__ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) 5
(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3 cr. at a m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or Mrs. Thomas Robinson, Midwife

Address Burley, Idaho

Filed NOV 7 1939, 193__

Registrar.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH 312-118 - 010-613

County of Bonneville

City of Idaho Falls

No. R. F. D. no. 5 St.

(If born in hospital or institution give name.)

NOV 20 1939

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285498

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Newton Jabez Casper

3. Sex Male

If plural births { 4. ~~Twin, triplet, or~~ other Single 5. Number, in order of birth 2nd

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth September 18, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Cassius Newton Casper	18. Full maiden name Emma Mary Waters
10. Residence (usual place of abode) (If non-resident, give place and State) Bonneville Co, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Bonn. Co. Idaho
11. Color or race White | 12. Age at last birthday 36 (years)	20. Color or race White | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Holliday, Utah	22. Birthplace (city or place) (State or Country) Provo Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Agriculture	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Sept. 18, 1913	17. Total time (years) spent in this work 10 or 15
25. Date (month and year) last engaged in this work SEPT. 17, 1913	26. Total time (years) spent in this work 3/12

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20% argyrole

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

..... Registrar.

(Signed) Thomas C Willson, M. D.

or ..... ~~Midwife~~

Address 124 N Eastern ave, Idaho Falls

Filed Nov. 21, 1939 Mae L. Atwood State Registrar.

DELAYED

157 114 041 269

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 285517

Registration District No. 77 State File No.

Prim. Registration District No. 2176 Local Registrar's No. 40

1. PLACE OF BIRTH
County of Elmore.
City of Druggs.
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Curtis P. Jeppesen.

3. Sex: Male
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term ✓
7. Legitimate? yes
8. Date of birth May 14, 1913 (Month, Day, Year)

FATHER

9. Full name Jens N. Jeppesen.
10. Residence (usual place of abode) (If non-resident, give place and State) Druggs
11. Color or race White 12. Age at last birthday 38 (years)
13. Birthplace (city or place) (State or Country) Denmark.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Telon Valley Power & Milling Co.
16. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Laura Sorenson.
19. Residence (usual place of abode) (If non-resident, give place and State) Druggs
20. Color or race White 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. House Wife.
25. Date (month and year) last engaged in this work ..., 19...
26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ... (c) Stillborn ✓
29. If stillborn, period of gestation ... months or weeks
30. Cause of Stillbirth ... During labor ... Before labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 8 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Laura Jeppesen (Mother), M. D.
or ..., Midwife
Address

Give name added from a supplemental report ... (Date of)

Filed June 20 2, 1939. Alice M. Greene
Registrar.

Registrar.

DELAYED

DUP OF 13 13994

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho. }
County of Teton. } ss.

Laura Sorenson Jeppesen being first duly sworn says that

She is the Mother of Curtis P. Jeppesen.
(Relationship of child)*

born May 14 - 1913 at Driggs, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Curtis P Jeppesen.

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that M. D. was the Midwife medical attendant at the birth of said Curtis. P. Jeppesen. and that the said medical attendant is Cannot be Located.
(Now deceased (or) cannot be located)

Name of Affiant Laura Sorenson Jeppesen

P. O. Address

Subscribed and sworn to before me this 20 day of June, 1939

Notary Public.

Residing at Driggs, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

124-206.017-255

287504

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of Silver City

No. -- St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 287504

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Maria Rosita Asumendi

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other -- 5. Number, in order of birth 2	no Full term yes	yes	13 11 6, 193X (Month, Day, Year)

FATHER	MOTHER
9. Full name: Juan Donato Asumendi	18. Full maiden name: Maria Angela Bengochea
10. Residence (usual place of abode) (If non-resident, give place and State): 1915 N. 10 St. Boise, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): 1915 N. 10 St. Boise, Idaho
11. Color or race: White 12. Age at last birthday: 31 (years)	20. Color or race: White 21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or Country): Marquina Jemein Vizcaya, Spain	22. Birthplace (city or place) (State or Country): Yvarangelua Vizcaya, Spain
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheepman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: nursemaid
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sheep	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: in home in Spain
16. Date (month and year) last engaged in this work: Present time, 19	17. Total time (years) spent in this work: 13 years
25. Date (month and year) last engaged in this work: Sept. 3, 19 08	26. Total time (years) spent in this work: 15 mos.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? eyes all right

28. Number of children of this mother (At time of this birth and including this child) two

(a) Born alive and now living yes (b) Born alive but now dead -- (c) Stillborn --

29. If stillborn, period of gestation -- months or weeks --

30. Cause of stillbirth -- Before labor -- During labor --

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 6:20 at a.m. on the date above stated.
(Born Alive ~~XXXXXXXX~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Juan Asumendi Father, M. D.

or ____, Midwife

Address 1915 N. 10th Boise, Idaho

Give name added from a supplemental report --

(Date of)

Filed ____, 193__

Registrar.

DEC 30 1939

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Owyhee } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Juan Donato Asumendi being first duly sworn says that he is the father (Relationship of child)* of Rosita Maria Asumendi born November 6, 1913 (Date of birth) at Silver City, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Rosita Asumendi hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Engracia Asperi ~~MXDXXXXXX~~ the Midwife medical attendant at the birth of said Rosita Asumendi and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Juan Asumendi

P. O. Address 1915 North 10th Street Boise, Idaho

Subscribed and sworn to before me this 28 day of December, 1939

J. L. Moore
Notary Public.

Residing at Boise, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

813-131-40 547

787517

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Shoshone

City of Little North Fork

No. ..... St. .....

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 2 1940

Registration District No. ..... State File No. 287517

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eino Arvo Hallstrom

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth Aug. 31, 1913 (Month, Day, Year)

FATHER

9. Full name: John Hallstrom

10. Residence (usual place of abode) (If non-resident, give place and State): Little North Fork

11. Color or race: White | 12. Age at last birthday: 45 (years)

13. Birthplace (city or place) (State or Country): Jurva, Vaasa Lään, Finnland

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Mine

16. Date (month and year) last engaged in this work: June 12, 1913

17. Total time (years) spent in this work: 24 yrs

MOTHER

18. Full maiden name: Hulda Ursprinen

19. Residence (usual place of abode) (If non-resident, give place and State): Little North Fork

20. Color or race: White | 21. Age at last birthday: 28 (years)

22. Birthplace (city or place) (State or Country): Jurva, Vaasa Lään, Finnland

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home

25. Date (month and year) last engaged in this work: Aug, 1913

26. Total time (years) spent in this work: 5 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12-55 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) John Hallstrom, M. D.

or ....., Midwife

Address Emmaville, Idaho

Filed Jan, 1940

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JAN 2 1940

State of Idaho
County of Shoshone } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mr John Hallstrom being first duly sworn says that he is the Father of Eino Arvo Hallstrom
(Relationship of child)*

born Aug 31, 1913 at Little North Fork, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Mr Hallstrom desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Eino Arvo Hallstrom hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ..... M. D. was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is .....
(Now deceased (or) cannot be located)

Name of Affiant X John Hallstrom

P. O. Address .....

Subscribed and sworn to before me this 28 day of Dec, 1939

[signature]
Notary Public.

Residing at Kellogg, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

A555-201008-192

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

287538

1. PLACE OF BIRTH
County of Boise
City of Garden Valley
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Etta Needles

3. Sex F | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? yes | 8. Date of birth March 1, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Dennis Needles	18. Full maiden name Leona Aiken
10. Residence (usual place of abode) (If non-resident, give place and State) Garden Valley Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 39 (years)	20. Color or race W | 21. Age at last birthday 27 (years)
13. Birthplace (city or place) (State or Country) Kansas	22. Birthplace (city or place) (State or Country) Boise Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work March 1, 1913 | 17. Total time (years) spent in this work 10 yrs	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 10 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child) Seven
Seven (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed JAN 1940, 1931 .....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Boise } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Leona Needles being first duly sworn says that she is the mother (Relationship of child)* of Margaret Etta Needles born March 1st 1913 (Date of birth) at Garden Valley, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Margaret Etta Needles hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No M. D. was the Midwife medical attendant at the birth of said Margaret Etta Needles and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Leona Needles

P. O. Address Garden Valley Idaho.

Subscribed and sworn to before me this 8th day of January, 1940

Nellie Ireton Mills
Notary Public.

Residing at Garden Valley, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

414-230-035-966

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 220 State File No. 287566
Prim. Registration District No. 96 Local Registrar's No.

1. PLACE OF BIRTH
County of Nez Perce
City of Lewiston
No. St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Dorothea Mauli

3. Sex: female
If plural births: 4. Twin, triplet, or other 5. Number, in order of birth
6. Premature Full term
7. Legitimate? yes
8. Date of birth June 30, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Milton Mauli	18. Full maiden name: Katherine Roos
10. Residence (usual place of abode) (If non-resident, give place and State): Lewiston	19. Residence (usual place of abode) (If non-resident, give place and State): Lewiston
11. Color or race: W | 12. Age at last birthday: 24 (years)	20. Color or race: W | 21. Age at last birthday: 24 (years)
13. Birthplace (city or place) (State or Country): Uniontown, Washington	22. Birthplace (city or place) (State or Country): Lewiston, Idaho
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: grain agent	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ..., 19...	25. Date (month and year) last engaged in this work ..., 19...
17. Total time (years) spent in this work	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

29. If stillborn, period of gestation ... { months or weeks
30. Cause of Stillbirth ... { During labor / Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... at ... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report
(Date of)
Registrar.

(Signed) John P. Roos, M. D.
or (grandfather), Midwife.
Address
Filed Jan 15, 1940 Mrs. [illegible] Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

DUP OF 1913-15765

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John P. Roos, Sr. being first duly sworn says that he is the grandfather of Dorothea Mauli
(Relationship of child)*

born June 30, 1913 at Lewiston, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that John P. Roos, Sr. desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Dorothea Mauli hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Todd M. D. was the Midwife medical attendant at the birth of said Dorothea Mauli and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant John P. Roos Sr.
P. O. Address 307 - 13th Street Lewiston

Subscribed and sworn to before me this 15. day of January, 1940

Philip Neisgerber.
Notary Public.

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Residing at _____, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

566-121-001-695

287579

1. PLACE OF BIRTH

County of Ada

City of Boise

No. R D 3 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JAN 22 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 287579

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold D. Van Voorhis

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Sept 21, 1918 (Month, Day, Year)

FATHER	MOTHER
9. Full name David Osman Van Voorhis	18. Full maiden name Clara May Freeman
10. Residence (usual place of abode) (If non-resident, give place and State) Boise	19. Residence (usual place of abode) (If non-resident, give place and State) Boise
11. Color or race White | 12. Age at last birthday 44 (years)	20. Color or race White | 21. Age at last birthday 41 (years)
13. Birthplace (city or place) (State or Country) Harrisburg Mo.	22. Birthplace (city or place) (State or Country) Harvard Ill
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 8
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 p. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) Dr J P Springer, M. D.

or by [illegible] Koelsch M.D., ~~Midwife~~

Address .....

Filed ....., 193.. Mae G. Atwood State Registrar.

JAN 22 1940

By L.B.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

FEB 1 0 1986

381218 007 436

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289935

1. PLACE OF BIRTH

County of Blaine

City of Soldier

No. ..... St. FEB 2

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Blanche Elizabeth Chaney

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Jan 18, 1913 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name Ira R. Chaney	18. Full maiden name Nellie Annabel McFall
10. Residence (usual place of abode) (If non-resident, give place and State) Blaine Co, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Blaine Co. Idaho
11. Color or race Wh | 12. Age at last birthday 30 (years)	20. Color or race Wh | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Savannah Missouri	22. Birthplace (city or place) (State or Country) Bremer Co, ~~Idaho~~
OCCUPATION: 14. Trade, profession, or particular kind of work done, ~~as spinner,~~ sawyer, bookkeeper, etc. Farmer & Stock Raiser	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work 6 yrs	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

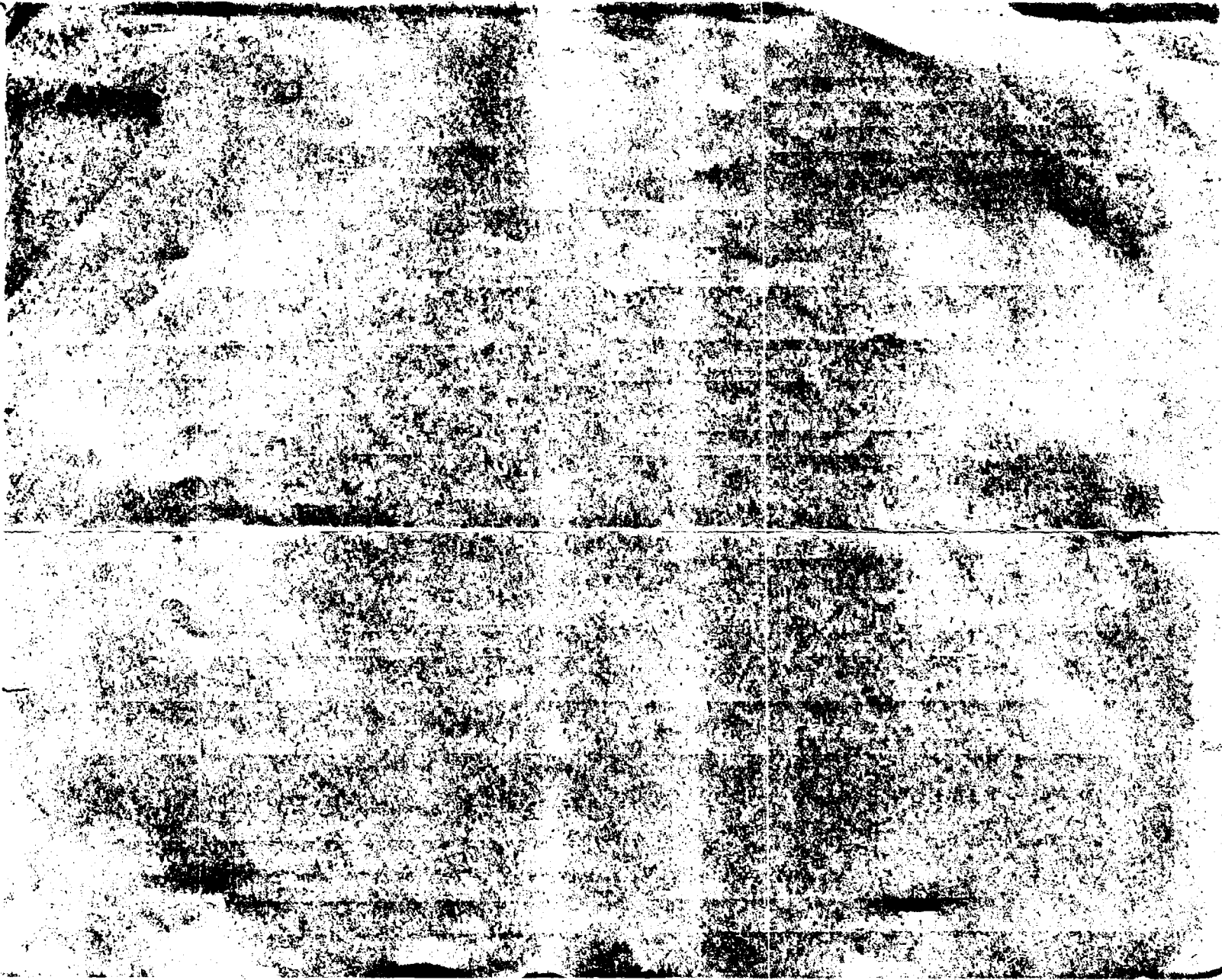
..... Registrar.

(Signed) ....., M. D.

or Mrs Blanche Hubbard, Midwife

Address Riceville Iowa

Filed Feb. 27, 1940 Mae G. Atwood Registrar.



293 115 001-598

2894 21

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

289981

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jose Bilbao

3. Sex Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? yes

8. Date of birth Aug. 15, 1913 (Month, Day, Year)

FATHER

9. Full name Vicente Bilbao

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

11. Color or race W | 12. Age at last birthday 21 (years)

13. Birthplace (city or place) (State or Country) Spain

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Arrow Rock Dam

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Ursola Erquiaga

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Idaho

20. Color or race W | 21. Age at last birthday 19 (years)

22. Birthplace (city or place) (State or Country) Spain

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas D Onederra, M.D.

or .....

Address Rt 5 Boise Idaho

Give name added from a supplemental report .....
(Date of)

Filed ....., 193.....

Registrar.

MAR 6 1940

Registrar.

MAR 7 1949

26 | 227 058 377

290037

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d' Alene

No. Route 2 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 State File No. 290037

Prim. Registration District No. 1 Local Registrar's No. 168

2. FULL NAME OF CHILD Margaret Nelle Swan

3. Sex: Female

If plural births: 4. Twin, triplet, or other.....; 5. Number, in order of birth.....

6. Premature..... Full term yes

7. Legitimate? yes

8. Date of birth January 27 1913 (Month, Day, Year)

FATHER

9. Full name: Frederick Carl Swan

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene

11. Color or race White 12. Age at last birthday 69 (years)

13. Birthplace (city or place) Mecklenburg (State or Country) Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ....., 1913

17. Total time (years) spent in this work.....

MOTHER

18. Full maiden name: Margaret Martha Nightengale

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene

20. Color or race White | 21. Age at last birthday 40 (years)

22. Birthplace (city or place) Danzig (State or Country) Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work.....

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn.....

29. If stillborn, period of gestation..... months or weeks

30. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs Margaret M. Swan, ~~M. D.~~ Mother

or ....., ~~Midwife~~

Address Coeur d' Alene Idaho

Give name added from a supplemental report.....

(Date of)

Filed 3-18, 1913 H. K. Newcomb M. D.

Registrar.

Registrar.

STATE OF IDAHO

390037

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. Margaret M. Swan being first duly sworn says that she is the mother (Relationship of child)* of Margaret Nelle Swan born January 27, 1913 (Date of birth) at Route 2, Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Margaret Nelle Swan hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no attending physician or midwife was present. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Mrs Margaret M. Swan

P. O. Address R. 2 Box 54 COEUR D'ALENE, IDAHO

Subscribed and sworn to before me this 6th day of March, 1940

Eugene Diehl
Notary Public for the State of Idaho
Residing at Coeur d'Alene, Idaho.
My Commission Expires August 2, 1943

Residing at , Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

443-114-022-455

291014 #2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

(If born in hospital or institution give name.)

REC'D APR 1 '46

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 291014

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Merle Ashton Miller

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1 | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Dec 14, 1938 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Miller	18. Full maiden name Sylvia Deering
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Iowa	22. Birthplace (city or place) (State or Country) Strangsburg Nebr.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother 1 (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 8 a.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) [signature], M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....
(Date of)

Filed ....., 193...

Registrar. Registrar.

AUG 1 2 1975

444-113-028-663

291022

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291022

1. PLACE OF BIRTH
County of Kootenai
City of Coeur de Alene
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD James Russell Duddleston

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? Yes | 8. Date of birth July 13, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Marion Duddleston	18. Full maiden name Jessie May Wolf
10. Residence (usual place of abode) (If non-resident, give place and State) ~~Logan~~ C.D.A. ~~Indiana~~	19. Residence (usual place of abode) (If non-resident, give place and State) ~~Logan~~ C.D.A. ~~Indiana~~
11. Color or race White | 12. Age at last birthday 37 (years)	20. Color or race White | 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) Ohio	22. Birthplace (city or place) (State or Country) Indiana
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (farm)	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farms	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work 7-13, 1913 | 17. Total time (years) spent in this work 20	25. Date (month and year) last engaged in this work 7-12, 1913 | 26. Total time (years) spent in this work 4

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) John Marion Duddleston, ~~M.D.~~
or ..... (Father) ~~Midwife~~
Address R 1 Logan Ft Ind
Filed ~~Jan~~ April 2, 1940

Give name added from a supplemental report ..... (Date of)

..... Registrar.

..... Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

291022

State of Indiana
County of Cass } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Marion Duddleston being first duly sworn says that is the father (Relationship of child)* of James Russell Duddleston born July 13, 1913 (Date of birth) at Cour de Alene, Idaho, whose certificate of birth is hereto attached, and that James Russell Duddleston desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said James Russell Duddleston hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that dont remember, M. D., was the Midwife medical attendant at the birth of said James Russell Duddleston and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant John Marion Duddleston

P. O. Address R. 7 Logansport Ind

Subscribed and sworn to before me this 25 day of March 1940

Sylvester Kelly Clerk
Notary Public

Residing at Logansport Indiana, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A435-204-237-434

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of King Hill, Idaho

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED
APR 15 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291061

Registration District No. ..... State File No. 291061

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maybelle Elizabeth McEachern

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth MAY 4, 1913 (Month, Day, Year)

FATHER

9. Full name John P. McEachern

10. Residence (usual place of abode) (If non-resident, give place and State) King Hill, Idaho

11. Color or race W | 12. Age at last birthday 55 (years)

13. Birthplace (city or place) (State or Country) Nova Scotia

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

16. Date (month and year) last engaged in this work June, 1926

17. Total time (years) spent in this work 16 yrs.

MOTHER

18. Full maiden name Elizabeth Rose Mc Mahon

19. Residence (usual place of abode) (If non-resident, give place and State) King Hill, Idaho

20. Color or race W | 21. Age at last birthday 38 (years)

22. Birthplace (city or place) (State or Country) St Marys Kansas U.S.A.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home.

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work 16 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of)

Filed Apr, 1940

Registrar.

Registrar.

STATE OF IDAHO

291061

APR 15 1940

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Elmore } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Elizabeth R. McEachern – Kinkade being first duly sworn says that

She is the Mother (Relationship of child)* of Maybelle Elizabeth McEachern

born MAY 4, 1913 (Date of birth) at KING HILL, IDAHO, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Maybelle Elizabeth McEachern

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that JOHN W. DAVIS, M. D., ~~Midwife~~ was the medical attendant at the birth of said Maybelle Elizabeth McEachern and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Elizabeth R. Kinkade

P. O. Address KING HILL, IDAHO

Subscribed and sworn to before me this 13th day of April, 1940

W. C. Prudenny

Notary Public.

Residing at King Hill, Idaho.

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

293-229-403-695

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of

City of Lago Idaho

No. St.

(If born in hospital or institution give name.)

RECEIVED APR 6 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291123

Registration District No. State File No.

Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD LaVon Mary Billingsley

3. Sex | If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth | 6. Premature; Full term yes | 7. Legitimate? yes | 8. Date of birth March 29th, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Calvin Hilliard Billingsley	18. Full maiden name Mary Vella Winschell
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race White | 12. Age at last birthday 35 (years)	20. Color or race White | 21. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Clifton Idaho	22. Birthplace (city or place) (State or Country) Ten Mile Springs Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lago Idaho	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work Two	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Nitrate of Silver

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Four (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks

30. Cause of Stillbirth Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 4a m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Ellis Kay Ly, M. D.

or , Midwife

Address Lago Spring Idaho

Give name added from a supplemental report

(Date of)

Filed 3-19, 1940 Dr. [illegible] Tigert
Registrar.

Registrar.

not name

JAN 23 1942

MAY 1 1 1970

Dup of 1913-12710

DELAYED

419-22-7.003-912

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Bannock
City of Lava
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
MAR 25 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291144

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Viola Martina Larsen

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term Yes	Yes	Apr. 27, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Hans Peter Larsen	18. Full maiden name Mary Marie Rasmussen
10. Residence (usual place of abode) (If non-resident, give place and State) Harper, Ore.	19. Residence (usual place of abode) (If non-resident, give place and State) Harper, Oregon
11. Color or race W	12. Age at last birthday 60 (years)	20. Color or race W	21. Age at last birthday 64 (years)
13. Birthplace (city or place) (State or Country) Salt Lake City Utah	22. Birthplace (city or place) (State or Country) Copenhagen, Denmark
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work Feb. 29, 1940	17. Total time (years) spent in this work 45 Yrs	25. Date (month and year) last engaged in this work Feb. 28, 1940	26. Total time (years) spent in this work 45

27. What prophylactic was used to prevent Ophthalmia Neonatorum? no record

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

(Signed) Hans P Larsen, M.D.
Father
or ....., Midwife
Address Harper, Oregon
Filed Mar, 1940

Registrar. Registrar.

DECEASED

STATE OF IDAHO

291144

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Oregon
County of Malheur } ss.

Hans Peter Larsen being first duly sworn says that

He is the Father of Viola Martina Larsen
(Relationship of child)*

born April 27, 1913 at Jogo, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Viola Martina Larsen hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Sarah Edwards M. D. was the Midwife medical attendant at the birth of said Viola Martina Larsen and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Hans P. Larsen

P. O. Address Harper, Oregon

Subscribed and sworn to before me this 27th day of February, 19 40

A. C. Wheeler
Notary Public.

Residing at Vale, Oregon, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JUNE 27, 1943

A315-126-028-366

RECEIVED APR 11 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

291148

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene, Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. 120 State File No. .....
Prim. Registration District No. ..... Local Registrar's No. 85

2. FULL NAME OF CHILD Jesse Willard Langford

3. Sex Male | If plural births: 4. Twin, triplet, or other .... 5. Number, in order of birth 4 | 6. Premature .... Full term yes | 7. Legitimate? yes | 8. Date of birth April 26, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Wesley Langford	18. Full maiden name Susie Cowan
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho Coeur d'Alene	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho Coeur d'Alene
11. Color or race white 12. Age at last birthday .. (years)	20. Color or race white 21. Age at last birthday legal (years)
13. Birthplace (city or place) (State or Country) Georgia	22. Birthplace (city or place) (State or Country) Marion County, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk carpenter and	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.. 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.. 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother Four (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn ...

29. If stillborn, period of gestation .... months or weeks | 30. Cause of Stillbirth .... During labor ... Before labor ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was .... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ..... Susie Cowan Langford ~~M.D.~~
or ..... mother, ~~Midwife~~
Address .....
Filed 4-6, 1940 H. L. Hurcombe, M.D.
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

WRITE PLAINLY — UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth Separate Return must be made for each, and the number of each, in order of birth stated.

29114

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

RECEIVED
APR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Susie Cowan Langford being first duly sworn says that she is the Mother of Jesse Willard Langford
(Relationship of child)*

born April 26, 1913 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Jesse Willard Langford hereto attached are true and correct as stated therein, and that this birth has not been previously recorded.

Affiant further states that Dr. Dwyer M. D. was the ~~Midwife~~ medical attendant at the birth of said child and that the said medical attendant is deceased.
(Now deceased ~~(or) cannot be located)~~

Name of Affiant Susie Cowan Langford

P. O. Address Coeur d'Alene, Idaho

Subscribed and sworn to before me this 29 day of March, 19 40

Jas. A. Foster
Clerk of the District Court
~~Ex-Officio Auditor and Recorder~~
~~Notary Public.~~

Residing at Coeur d'Alene, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

By Jos. C. White, Deputy

cc 2/26/41 rmf

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED
APR 23 1940

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. 292201

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Latah 386-104
City of Linden P.O. 634 234
No. _____ St. _____
Hame
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Raymond Lloyd Eyons

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth November 4 1913 (Month, Day, Year) 11/3

FATHER

9. Full name Frank Clay Eyons

10. Residence (usual place of abode) (If non-resident, give place and State) Linden P.O.

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Calif.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm

16. Date (month and year) last engaged in this work Nov 39, 1939

17. Total time (years) spent in this work 18

MOTHER

18. Full maiden name Ida May Sturdevant

19. Residence (usual place of abode) (If non-resident, give place and State) Linden P.O.

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) Neosho (State or Country) Newton Co. Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

25. Date (month and year) last engaged in this work _____, 19_____

26. Total time (years) spent in this work _____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother: Two
(At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 4:30 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____

(Date of) _____

Registrar.

(Signed) _____, M. D.

or Mrs. Ellen Starr, Midwife

Address _____

Filed Apr 23, 1940 Mae L. Steward
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Nez Perce

City of Culdesac Ida.

No. 792110 035 815 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 292228
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292228

RECEIVED APR 28 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harold J Gibson

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 1

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth 2-10-1913 (Month, Day, Year) 2 10 1913

FATHER

9. Full name Jess Gibson

10. Residence (usual place of abode) (If non-resident, give place and State) Culdesac Idaho

11. Color or race W | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Texas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Rose L. Yarnhill

19. Residence (usual place of abode) (If non-resident, give place and State) Culdesac

20. Color or race W | 21. Age at last birthday 28 (years)

22. Birthplace (city or place) (State or Country) Cotton Wood Idaho

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sol. Agnos

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at 8 A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John H Alley, M. D.

or ..... Midwife

Address Lewiston Idaho

Give name added from a supplemental report .....

(Date of) .....

Filed ....., 193....

Registrar. **Registrar.**

JAN 3 0 1975

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

A749106 RECEIVED MAY 9 1940

STATE OF IDAHO 292247
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

292247

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Benewah 005-299
City of Saint Maries
No. (No address) St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** John Murphy

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term Yes

7. Legitimate? Yes

8. Date of birth June 6th 1913 (Month, Day, Year)

FATHER

9. Full name: Thomas Everett Murphy

10. Residence (usual place of abode) (If non-resident, give place and State): Seattle, Wash

11. Color or race: White | 12. Age at last birthday: 37 (years)

13. Birthplace (city or place) (State or Country): New Haven, Conn.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Painting

16. Date (month and year) last engaged in this work: May, 1940

17. Total time (years) spent in this work: 40 yrs.

MOTHER

18. Full maiden name: Ellen Cecelia Bride

19. Residence (usual place of abode) (If non-resident, give place and State): Seattle, Wash

20. Color or race: White | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Plattville, Wisc.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: May, 1940

26. Total time (years) spent in this work: 40 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Not known

28. Number of children of this mother (At time of this birth and including this child)
Five
(a) Born alive and now living Yes (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____

(Date of)

Filed May, 1940

Registrar.

Registrar.

292247

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Benewah Idaho Nash } ss.
County of Benewah King }

John Murphy Thomas Everett Murphy being first duly sworn says that

he is the (Relationship of child)* of Mr. and Mrs. John E. Murphy

born June 6th 1913 (Date of birth) at Saint Maries, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said John Murphy hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Martin, M. D., Midwife was the medical attendant at the birth of said John Murphy and that the said medical attendant is (not known) (Now deceased (or) cannot be located)

Name of Affiant Thomas Everett Murphy

P. O. Address 3310 27 Ave Seattle Washington

Subscribed and sworn to before me this 1st day of May, 1940

A. K. Dawson
Notary Public.

Residing at Seattle, Wash ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

292256

RECEIVED

MAY 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 292256

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Idaho
City of Cottonwood
No. A667 102025-419 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Amos Lloyd Rogerson

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth June 2, 1919 (Month, Day, Year)

FATHER

9. Full name Amos Scott Rogerson
10. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood Ida
11. Color or race White | 12. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) Webb City Missouri

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 1913
17. Total time (years) spent in this work 20 yr

MOTHER

18. Full maiden name Anna Margaret Dagey
19. Residence (usual place of abode) (If non-resident, give place and State) Cottonwood Idaho
20. Color or race White | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Kinison N.D. Indian Terr. Cherokee Na

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper, teacher
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home, pub. schools
25. Date (month and year) last engaged in this work teach ____, 1903
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child) four
(a) Born alive and now living four (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ____ a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) ____, M. D.
or ____, Midwife
Address ____

Filed May 7, 1940 Mae D. Atwood
Registrar. Bureau of Vital Statistics

STATE OF IDAHO

292256

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of ~~Idaho~~ Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amos Scott Fogerson being first duly sworn says that he is the father (Relationship of child)* of Amos Lloyd Fogerson born June 2, 1913 (Date of birth) at Cottonwood, Idaho, whose certificate of birth is hereto attached, and that Amos Lloyd desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Amos Lloyd Fogerson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Schnicke, M. D., was the Midwife medical attendant at the birth of said Amos Lloyd Fogerson and that the said medical attendant is not easily located (Now deceased (or) cannot be located)

Name of Affiant Amos Scott Fogerson

P. O. Address Meridian, Idaho

Subscribed and sworn to before me this 7 day of May, 19 40

O M Lang
Notary Public.

Residing at Meridian Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

155-113103 6-285

RECEIVED
MAY 16 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

292333

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Oneida
City of Malad
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. 511 Local Registrar's No. 206

2. FULL NAME OF CHILD William Thomas Jenkins

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth March 13, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Evan Jenkins	18. Full maiden name: Lilliam Pearl Sheriff
10. Residence (usual place of abode) (If non-resident, give place and State): Pauline, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Pauline, Idaho
11. Color or race: W | 12. Age at last birthday: 30 (years)	20. Color or race: W | 21. Age at last birthday: 19 (years)
13. Birthplace (city or place) (State or Country): Farmington, Utah	22. Birthplace (city or place) (State or Country): Cincinatti, Ohio
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Saw Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work: June, 1914 | 17. Total time (years) spent in this work: 7 yrs.	25. Date (month and year) last engaged in this work: ....., 19.... | 26. Total time (years) spent in this work: 3

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12 noon on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) D C Ray, M. D.
or ....., Midwife
Address Malad, Idaho
Filed April 11, 1940 D C Ray Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

[redacted]

OCT 5 1976

689/28 (37-391

293225

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAY 21 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 293325

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH
County of Gunnison
City of Hornedale
No. ..... St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Leonard Edgar Whitmore

3. Sex: Male

If plural births: 4. Twin, triplet, or other? No; 5. Number, in order of birth? No

6. Premature? No; Full term? Yes

7. Legitimate? Yes

8. Date of birth: Sept 28, 1913 (Month, Day, Year)

FATHER

9. Full name: Edgar C. Whitmore

10. Residence (usual place of abode) (If non-resident, give place and State): Idaho

11. Color or race: White | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Conway Springs Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Molder - Iron

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Foundry

16. Date (month and year) last engaged in this work: May, 1912

17. Total time (years) spent in this work: Ten

MOTHER

18. Full maiden name: Lela E Tracy

19. Residence (usual place of abode) (If non-resident, give place and State): Idaho

20. Color or race: White | 21. Age at last birthday: 27 (years)

22. Birthplace (city or place) (State or Country): Mt Hope Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Teacher

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: School, Public

25. Date (month and year) last engaged in this work: May, 1909

26. Total time (years) spent in this work: Seven

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child): Three, Two
(a) Born alive and now living: Two (b) Born alive but now dead: ..... (c) Stillborn: One

29. If stillborn, period of gestation: 9 months { months or weeks

30. Cause of stillbirth: Unknown { Before labor ..... During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 11 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Florence Cowan (Bolton), ~~Midwife~~ nurse

Address Hornedale Idaho.

Filed ....., 193... .....

Registrar.

JUN 13 1952

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUN 3 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293401

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. H street St.
168 119 010-689
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Max Meakin Johnson

3. Sex Boy | If plural births: 4. Twin, triplet, or other Single; 5. Number, in order of birth 2nd | 6. Premature none; Full term yes | 7. Legitimate? yes | 8. Date of birth November 19th, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Fred Melvin Johnson	18. Full maiden name: Lulu Hortense Whitehead
10. Residence (usual place of abode) (If non-resident, give place and State): H St Idaho Falls	19. Residence (usual place of abode) (If non-resident, give place and State): H St Idaho Falls
11. Color or race: White; 12. Age at last birthday 22 (years)	20. Color or race: White; 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or Country): Lehi Utah	22. Birthplace (city or place) (State or Country): Ovid Bear lake Co. Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: soda clerk	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: school girl before marriage
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Housekeeper own home afterwards
16. Date (month and year) last engaged in this work: Nov 19, 1913; 17. Total time (years) spent in this work: 5 years	25. Date (month and year) last engaged in this work: Nov 19th, 1913; 26. Total time (years) spent in this work: Life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sat sol Boric acid

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation none months or weeks

30. Cause of Stillbirth — During labor — Before labor —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Nov 19th at 4 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Thomas C. Willson, M. D.
or ....., Midwife
Address 124 N Eastern ave Idaho Falls

Give name added from a supplemental report .....
(Date of)

Filed ....., 1940

Registrar. Registrar.

DECEASED

DELAYED

206-128-009-287

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 293426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FRANCIS WILLARD BOWEN		2. Date Of Birth (month) (day) (year): SEPTEMBER 28 1913
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BONNER; b. City or Town of Birth: SANDPOINT, IDAHO
FATHER	6. Full Name of Father: AUDE WILLARD BOWEN		7. State or Country of Father's Birth: ILLINOIS
MOTHER	8. Full Maiden Name of Mother: LILLYBELL SYPHERS		9. State or Country of Mother's Birth: OHIO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Francis Willard Bowen	11. Present Address of Registrant: 1217 11th Pl. No. Edmonds, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec - 22 1975	12. Signature of Notary: [signature]	13. Notary Commission expires: Aug - 30 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington	Date Issued: 11/12/75	Date Orig. Entry: child born 12/14/42
	Date of Birth: 29 years.	Birth Place: Sandpoint, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: nInsurance Application		By whom issued and signed: Crown Life, Toronto, Canada	Date Issued: 31 Jan. 64	Date Orig. Entry: 1 Jan. 64
	Date of Birth: 28 Sept.13	Birth Place: Sandpoint, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Census Report		By whom issued and signed: U.S. Departmento of Commerce	Date Issued: 12/1/75	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 6	Birth Place: Idaho	Full Name of Mother: Lillybell Bowen	Name of Father: Aude W. Bowen	
QUALIFYING INFORMATION					

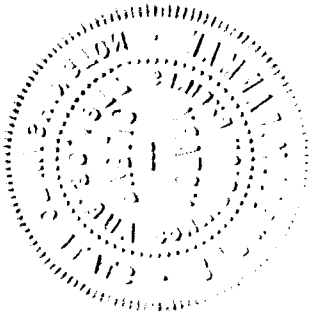
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	DEC 9 1975

FORM BH 56067

293426



DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO 293426
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 293426

RECEIVED JUN 7 1940

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. **PLACE OF BIRTH**
County of BONNER
City of SANDPOINT
No. 428 So. HURON St.
26 12 8009 287
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** FRANCIS WILLARD BOWEN

3. Sex MALE

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term YES

7. Legitimate? YES

8. Date of birth SEPT 28, 1914 (Month, Day, Year)

FATHER

9. Full name RUOE WILLARD BOWEN

10. Residence (usual place of abode) (If non-resident, give place and State) ~~KENT~~ WASH

11. Color or race WHITE | 12. Age at last birthday ~~54~~ 53 (years)

13. Birthplace (city or place) PHILO (State or Country) CHAMPAIGN - ILL

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOOKKEEPER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. BANKING

16. Date (month and year) last engaged in this work MAY, 1937

17. Total time (years) spent in this work 31

MOTHER

18. Full maiden name LILLYBELL SYPHERS

19. Residence (usual place of abode) (If non-resident, give place and State) ~~KENT~~ WASH

20. Color or race WHITE | 21. Age at last birthday 56 (years)

22. Birthplace (city or place) COLUMBUS (State or Country) OHIO

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. NONE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year) last engaged in this work JUNE, 1940

26. Total time (years) spent in this work 33

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child) ~~ONE~~ TWO (a) Born alive and now living 1 (b) Born alive but now dead 1 (c) Stillborn NONE

29. If stillborn, period of gestation NONE { months or weeks

30. Cause of Stillbirth _____ { During labor _____ Before labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 4. A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

(Signed) Ruoe Willard Bowen M.D.

or _____, Midwife

Address 303 - So. 2nd - Kellogg

Filed _____, 193 Mae G. Atwood Registrar.

_____ Registrar.

DELAYED

293426

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

JUN 7 1940

State of WASHINGTON }
County of KING } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

AUDE WILLARD BOWEN being first duly sworn says that

HE is the FATHER (Relationship of child)* of FRANCIS WILLARD BOWEN

born SEPT 28 - 1914 (Date of birth) at SANDPOINT, Idaho,

whose certificate of birth is hereto attached, and that HE desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said FRANCIS WILLARD BOWEN

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that WILLIAM H. PATTERSON, M. D., ~~Midwife~~, was the medical attendant at the birth of said FRANCIS WILLARD BOWEN and that the said medical attendant is NOW DECEASED (Now deceased (or) cannot be located)

Name of Affiant Aude Willard Bowen

P. O. Address 302 So 2ND KENT WASH

Subscribed and sworn to before me this 1st day of June, 1940

Notary Public.

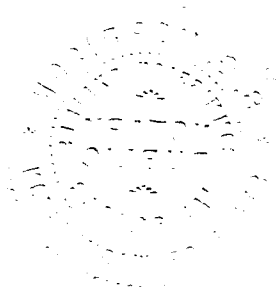
Residing at Kent, Wash., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAY 1 7 1943

OCT 2 9 1975

DEC 1 0 1975



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

293472

CERTIFICATE OF BIRTH

293472

RECEIVED
JUN 14 1940
Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Payette
City of New Plymouth
No. 213 105 038 489 St.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD William Myron Balkwell

3. Sex boy | If plural births {4. Twin, triplet, or other ____ 5. Number, in order of birth ____} | 6. Premature ____ Full term X | 7. Legitimate? + | 8. Date of birth Monday May 5, 193 (Month, Day, Year) 1913

FATHER

9. Full name Albert Balkwell
10. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth
11. Color or race white | 12. Age at last birthday 43 (years)
13. Birthplace (city or place) New Plymouth (State or Country) Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Maude Louise Myron
19. Residence (usual place of abode) (If non-resident, give place and State) New Plymouth
20. Color or race white | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Blaine (State or Country) St. Clair Co. Michigan

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?
28. Number of children of this mother four. (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn
29. If stillborn, period of gestation ____ {months or weeks} | 30. Cause of Stillbirth ____ {During labor ____ Before labor ____}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. T. Drysdale, M. D.
or ____, Midwife
Address ____
Filed JUN 14 1940, 193____ Registrar.

Give name added from a supplemental report ____ (Date of) ____ Registrar.

JAN 27 1969

FEB 19 1975

395 122 028 253

293480

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293480

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d'Alene
No. A & Brown St. St.
At Home
(If born in hospital or institution give name.)

Registration District No. 120 State File No.
Prim. Registration District No. Local Registrar's No. 164

2. FULL NAME OF CHILD Robert Dale Lindelof

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term yes | 7. Legitimate? yes | 8. Date of birth Jan. 22 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name George August Lindelof	18. Full maiden name Mary Priscilla Kelley
10. Residence (usual place of abode) (If non-resident, give place and State) A & Brown	19. Residence (usual place of abode) (If non-resident, give place and State) A & Brown
11. Color or race W | 12. Age at last birthday 40 (years)	20. Color or race W | 21. Age at last birthday 33 (years)
13. Birthplace (city or place) (State or Country) Gotenberg Sweden	22. Birthplace (city or place) (State or Country) Mansfield Illinois
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Furniture Business	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Jan. 22, 1913 | 17. Total time (years) spent in this work 26	25. Date (month and year) last engaged in this work Jan. 21, 1913 | 26. Total time (years) spent in this work 10

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation months or weeks | 30. Cause of Stillbirth During labor Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:00 a. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report
(Date of)
Registrar.

(Signed) , M. D.
or Mrs G A Lindelof - Mother , Midwife
Address 323 - Garden Ave
Filed 6. 13, 1940 H. L. Newcombe, M.D.
Registrar.

WRITE ... FADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

293489

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs. G. A. Lindelof being first duly sworn says that she is the mother of Robert Dale Lindelof
(Relationship of child)*

born January 22, 1913 at Coeur d'Alene, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that Robert Dale Lindelof desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Robert Dale Lindelof hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hunter M. D. was the Midwife medical attendant at the birth of said Robert Dale Lindelof and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Mrs G. A. Lindelof

P. O. Address 323 Gordon Ave

Subscribed and sworn to before me this 13 day of June, 1940

Jas A. Foster
~~Clerk of the Notary Public~~

~~Residing at~~ By Elsa M. Feil, ~~Idaho.~~ Deputy

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

349-22-007386

1. PLACE OF BIRTH
County of Blaine
City of Hailey Idaho
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

293513

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Beatrice Emma Turner

3. Sex: Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....
6. Premature ..... Full term X
7. Legitimate? Yes
8. Date of birth July 22, ~~192~~ 1913 (Month, Day, Year)

FATHER

9. Full name Frank Alvah Turner
10. Residence (usual place of abode) (If non-resident, give place and State) Hailey Idaho
11. Color or race White | 12. Age at last birthday 24 (years)
13. Birthplace (city or place) (State or Country) Bellevue Idaho

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.....
17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Grace Beatrice Thompson
19. Residence (usual place of abode) (If non-resident, give place and State) Hailey Idaho
20. Color or race White | 21. Age at last birthday 20 (years)
22. Birthplace (city or place) (State or Country) Missouri Forest City

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead None (c) Stillborn None

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6a m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

(Signed) ....., M. D.
or X Mrs. Rose Sawyer, Midwife
Address Hailey, Idaho
Filed ....., 1935

JUNE 1940

Registrar.

SEP 10 1957

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 619-209-008-435

PLACE OF BIRTH

County of Boise

City of Roseberry

No. ..... St.

at Home

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

JUN 17 1940

CERTIFICATE OF BIRTH

293518

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Helen Lucille Ward

3. Sex Girl | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? X | 8. Date of birth May 9, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Adam Edward Ward	18. Full maiden name Minerva Jane McNames
10. Residence (usual place of abode) (If non-resident, give place and State) Roseberry	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race white | 12. Age at last birthday 40 (years)	20. Color or race white | 21. Age at last birthday 36 (years)
13. Birthplace (city or place) (State or Country) Hall Town Missouri	22. Birthplace (city or place) (State or Country) Macon Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. home	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work May 9, 1913 | 17. Total time (years) spent in this work 22	25. Date (month and year) last engaged in this work May 9, 1913 | 26. Total time (years) spent in this work 20

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead all (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or Valeria McFall, Midwife

Address Roseberry

Filed June, 1940

Give name added from a supplemental report .....

(Date of)

..... Registrar.

..... Registrar.

DELAYED

512-107020-268

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294625

RECEIVED JUL 10 1940

Registration District No. ____ State File No. ____

(If born in hospital or institution give name.) Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Elmore
City of Mtn Home
No. ____ St. ____

2. FULL NAME OF CHILD Christopher Fay Eason

3. Sex M

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature No. Full term yes

7. Legitimate? yes

8. Date of birth 5, 7, 1913 (Month, Day, Year)

FATHER

9. Full name Dee Cicero Eason

10. Residence (usual place of abode) (If non-resident, give place and State) Mtn Home

11. Color or race W | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Atlanta Geo

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Railroad

16. Date (month and year) last engaged in this work 5, 7, 1913

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Magdolena Bell Kohler

19. Residence (usual place of abode) (If non-resident, give place and State) Mtn Home

20. Color or race W | 21. Age at last birthday ____ (years)

22. Birthplace (city or place) (State or Country) Mobile Ala

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. " "

25. Date (month and year) last engaged in this work 5, 7, 1913

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive ~~or Stillborn~~)

(Signed) W R Frazier M. D.
or ____ Midwife
Address Mountain Home Ida

Filed ____, 193____

Registrar.

JUL 10 1940

Registrar.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report ____
(Date of) ____

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

DELAYED

294634

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 27 1940

1. PLACE OF BIRTH
County of ~~Lincoln~~ Gooding
City of Gooding
No. 643 112 024-789 Idaho
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 294634
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Howard Albert Fuller.

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth Dec 12, 1933 (Month, Day, Year)

FATHER	MOTHER
9. Full name Aaron Decker Fuller.	18. Full maiden name Galena Lois Phillips
10. Residence (usual place of abode) (If non-resident, give place and State) ✓	19. Residence (usual place of abode) (If non-resident, give place and State) ✓
11. Color or race white | 12. Age at last birthday 22 (years)	20. Color or race white | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Bliss Idaho.	22. Birthplace (city or place) (State or Country) Dunkirk, Ind.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) X [signature], M. D.
or ..... Midwife
Address Shoshone Idaho.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed ..... 193.....
JUN 2 1940
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Dubois

No. A416 105022 258 St.

(If born in hospital or institution give name.)

RECEIVED JUL 1 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29 46 52

Registration District No. ..... State File No. 294685

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Roscoe Harold Drown

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth Feb 5, 1913 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Edward Drown, Deceased	
18. Full maiden name		Alma May Seybold
10. Residence (usual place of abode) (If non-resident, give place and State)	Dubois	
19. Residence (usual place of abode) (If non-resident, give place and State)		Idaho & Dubois
11. Color or race	White	
12. Age at last birthday	30 (years)	
20. Color or race		White
21. Age at last birthday		27 (years)
13. Birthplace (city or place) (State or Country)	Swan Valley Idaho	
22. Birthplace (city or place) (State or Country)		Glendale Montana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Farmer	
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		House wife.
16. Date (month and year) last engaged in this work ....., 19.....		
25. Date (month and year) last engaged in this work ....., 19.....		
17. Total time (years) spent in this work	Raised on farm	
26. Total time (years) spent in this work		40 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 6 (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6 P m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Alma May Anderson (Date of)

Filed July, 1940

Registrar.

Registrar.

DELAYED

STATE OF IDAHO

294685

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho }
County of Jefferson } ss.

Alma May Anderson being first duly sworn says that

She is the Mother (Relationship of child)* of Rozen Harold Brown

born Feb 5th 1913 (Date of birth) at Dubois, Idaho,

whose certificate of birth is hereto attached, and that She desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Rozen Harold Brown

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Small, ~~M. D.~~, was the Midwife medical attendant at the birth of said Rozen Harold Brown and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Alma May Anderson

P. O. Address Jefferson Idaho.

Subscribed and sworn to before me this 28 day of June, 1940

John L Hunter
Notary Public.

Residing at Jefferson, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

294699

RECEIVED
JUL 1 1940

CERTIFICATE OF BIRTH

294699

1. PLACE OF BIRTH
County of Fremont
City of Drummond
No. ____ St.
893123022-389
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Jay William Hickenlooper

3. Sex: Male
If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____
6. Premature ____ Full term X
7. Legitimate? yes
8. Date of birth January 23 1913 (Month, Day, Year)

FATHER

9. Full name: Charles Edwin Hickenlooper
10. Residence (usual place of abode) (If non-resident, give place and State): Drummond, Ida
11. Color or race: White
12. Age at last birthday: 30 (years)
13. Birthplace (city or place) (State or Country): Paragon, Utah

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: own farm
16. Date (month and year) last engaged in this work: January 23, 1913
17. Total time (years) spent in this work: 1

MOTHER

18. Full maiden name: Laura Christina Christensen
19. Residence (usual place of abode) (If non-resident, give place and State): Drummond, Ida.
20. Color or race: White
21. Age at last birthday: 19 (years)
22. Birthplace (city or place) (State or Country): Mt Pleasant Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housekeeper
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
25. Date (month and year) last engaged in this work: January 23 1913
26. Total time (years) spent in this work: 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) ____, M. D.
or Laura Christensen Hickenlooper Mother
Address 4125 SE 63rd Ave. Portland, Ore.

Filed ____, 1940

Registrar. ____ Registrar.

DELAYED

STATE OF IDAHO 29469

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of OREGON }
County of MULTNOMAH } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

LAURA CHRISTENSEN HICKENLOOPER being first duly sworn says that she is the Mother (Relationship of child)* of JAY WILLIAM HICKENLOOPER born January 23, 1913 (Date of birth) at Drummond, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said JAY WILLIAM HICKENLOOPER hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Hargis, M. D., was the Midwife medical attendant at the birth of said JAY WILLIAM HICKENLOOPER and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Laura (Christensen) Hickenlooper

P. O. Address 4125 S. E. 63rd Ave., Portland, Oregon

Subscribed and sworn to before me this 17th day of June, 19 40

J. M. Griffin
Notary Public.

Residing at Portland, Oregon, ~~Oregon~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

415-226-029-249

294728

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED
JUL 3 1940

294728

1. PLACE OF BIRTH
County of Latah
City of Potlatch
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 294728
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Davis, Clover Kathleen

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ✓ | 7. Legitimate? ✓ | 8. Date of birth 8-26, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Davis, Donald Edward	18. Full maiden name: Smith, Eunice Aleda
10. Residence (usual place of abode) (If non-resident, give place and State): Potlatch, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Potlatch, Idaho
11. Color or race: W	20. Color or race: W
12. Age at last birthday: 21 (years)	21. Age at last birthday: 23 (years)
13. Birthplace (city or place) (State or country): Scott, Iowa	22. Birthplace (city or place) (State or country): Aurora, Iowa
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Lumberjack	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Aug., 1913	25. Date (month and year) last engaged in this work: Aug., 1913
17. Total time (years) spent in this work: 5 yrs.	26. Total time (years) spent in this work: 5 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Donald E. Davis, Father, M. D.
or [illegible], Midwife
Address Eunice A. Smith Davis
Filed July, 1940 [illegible]
Registrar.

Give name added from a supplemental report .....
(Date of)
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Mrs. Laura King
Mr. William King
Mrs. Roach

Potlatch Idaho.

DELAYED

DELAYED

DUP OF 1913- 15382

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

JUL 5 1940

AFFIDAVIT 294728

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Illinois
County of Winnebago } ss.

Eunice L. Smith Davis being first duly sworn says that she is the mother of Clover Kathleen Davis
(Relationship of child)*

born August 26- 1913 at Potlatch, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Clover Kathleen Davis

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mr. I Thompson M. D. was the ~~Midwife~~ medical attendant at the birth of said Clover Kathleen Davis and that the said medical attendant is now living at Moscow Idaho
(Now deceased (or) cannot be located)

Name of Affiant Eunice A Smith Davis

P. O. Address Rolcomb, Illinois

Subscribed and sworn to before me this first day of July, 1940

Arthur B Haley
Notary Public.

Residing at Rockford Illinois, ~~Idaho~~

My Commission expires 2-16-1943

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

857130 003 169

294843

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Bannock

~~City of~~ Central

No. ..... St. Idaho Estate

(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUL 15 1940

CERTIFICATE OF BIRTH 294843

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Stanley Otto Hegstrom

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term ✓

7. Legitimate? ✓

8. Date of birth Sept 30, 1913 (Month, Day, Year)

FATHER

9. Full name Anders Otto Hegstrom

10. Residence (usual place of abode) (If non-resident, give place and State) central Ida

11. Color or race White | 12. Age at last birthday ~~54~~ 28 (years)

13. Birthplace (city or place) (State or Country) Karlskrona Sweden

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, ~~sawyer,~~ bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work march, 1927

17. Total time (years) spent in this work 25 yrs

MOTHER

18. Full maiden name Dora Jorgensen ~~Hegstrom~~

19. Residence (usual place of abode) (If non-resident, give place and State) central Idaho

20. Color or race White | 21. Age at last birthday ~~45~~ (years) 19

22. Birthplace (city or place) (State or Country) Ogden, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work lifetime

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Boric acid

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ~~ATTENDING PHYSICIAN OR MIDWIFE~~ mother

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dora Jorgensen Hegstrom M.D.

or ....., Midwife

Address 3281 Grant Ave Ogden Utah

Give name added from a supplemental report .....

(Date of) .....

Filed ....., 1940

Registrar.

Registrar.

294843

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED JUL 15 1940

State of Utah
County of Weber } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I Dora Jorgensen Hegstrom being first duly sworn, says that she is the Mother of Stanley Otto Hegstrom
(Relationship of child)*

born Sept 30, 1913 at Central, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Stanley Otto Hegstrom hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John H. Hubbard, M. D., was the Midwife medical attendant at the birth of said son and that the said medical attendant is deceased
(Now deceased (or) cannot be located)

Name of Affiant Dora Jorgensen Hegstrom

P. O. Address 328 Grant Ave Ogden, Utah

Subscribed and sworn to before me this 11 day of July, 1940

Notary Public.

my Comm. expires Oct 21 1940

Residing at Ogden, Utah, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294890

RECEIVED JUL 18 1940

1. PLACE OF BIRTH
County of Bannock
City of Pocatello
No. 792 725 003 319 St.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Thomas Roy Gibson

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ✓ | 7. Legitimate? Yes | 8. Date of birth Nov 25, 1912 (Month, Day, Year)

FATHER

9. Full name Thomas Budd Gibson
10. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
11. Color or race White | 12. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Vernon Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Brakeman
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. O S L Ry.
16. Date (month and year) last engaged in this work Nov 25, 1939
17. Total time (years) spent in this work 2

MOTHER

18. Full maiden name Lena Emoline LaRue
19. Residence (usual place of abode) (If non-resident, give place and State) Pocatello
20. Color or race White | 21. Age at last birthday 28 (years)
22. Birthplace (city or place) (State or Country) Preble Co Preble.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____
28. Number of children of this mother (At time of this birth and including this child) One
(a) Born alive and now living. 1 (b) Born alive but now dead None (c) Stillborn None
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 9:00 at A. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)

(Signed) Thomas Budd Gibson, M. D.
or ____ Midwife
Father
Address ____

Filed July 18, 1940

Registrar. Registrar.

STATE OF IDAHO

29489

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of New Mexico RECEIVED ss.

County of Sierra JUL 18 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I. B. Gibson being first duly sworn says that

he is the Father of Thomas Roy Gibson

(Relationship of child)*

born November 25, 1913 at Pacatello, Idaho,

(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**, and affiant further states that the facts contained in the certificate of birth of the said Thomas Roy Gibson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Wright, M. D., was the ~~Midwife~~ medical attendant at the birth of said Thomas Roy Gibson and that the said medical attendant is Do not know

(Now deceased (or) cannot be located)

Name of Affiant Thomas Budd Gibson

P. O. Address Hot Springs New Mexico

Subscribed and sworn to before me this 2nd day of July, 1940

Helen Martin

Notary Public.

My commission expires:
February 23, 1943

Residing at Hot Springs, New Mexico, ~~Idaho~~.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

446 HH 032-249

294902

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Lincoln
City of Shoshone
No. ..... St.
(If born in hospital or institution give name.) Alan

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294902

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alan Andrew Duff

3. Sex: Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth July 11, 1913 (Month, Day, Year)

FATHER

9. Full name Andrew Duncan Duff

10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone

11. Color or race W. | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work July, 1913 | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Marie Nicholena Smith Duff

19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone

20. Color or race W. | 21. Age at last birthday 31 (years)

22. Birthplace (city or place) (State or Country) Wisconsin

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work July, 1913 | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum 2 gtts argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6a m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) C. F. Zeller, M. D.
or ....., Midwife
Address Shoshone, Ida.
Filed JULY, 1940

Registrar.

MAY 2 0 1974

DELAYED

A-759715 024-545

294921

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Gooding

City of Hagerman

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 294921

RECEIVED
JUL 22 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Hennesy Geisler

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth	Full term X	Yes	1-15, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Henry John Geisler	18. Full maiden name: Mary Emerson
10. Residence (usual place of abode) (If non-resident, give place and State): ~~Los Angeles~~ Hagerman	19. Residence (usual place of abode) (If non-resident, give place and State): Hagerman ~~Los Angeles~~
11. Color or race: white 12. Age at last birthday: ~~74~~ 47 (years)	20. Color or race: white 21. Age at last birthday: ~~66~~ 46 (years)
13. Birthplace (city or place) (State or Country): Germany	22. Birthplace (city or place) (State or Country): New York State U. S. A.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Building	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home
16. Date (month and year) last engaged in this work: Month unknown, 1926	17. Total time (years) spent in this work: 45 yrs.
25. Date (month and year) last engaged in this work: July, 1940	26. Total time (years) spent in this work: 46 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead none (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report .....

(Date of) .....

Filed 7/22/40, 193.....

Registrar.

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 22 1940

State of California, } ss.
County of Los Angeles, }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

George Hennesy Geisler, being first duly sworn says that he is the son (Relationship of child)* of Henry and Mary Geisler, born January 15, 1913, (Date of birth) at Hagerman Valley, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said George Hennesy Geisler hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Marshal, M. D., was the ~~Midwife~~ medical attendant at the birth of said George Hennesy Geisler and that the said medical attendant is cannot be located (Now deceased (or) cannot be located)

Name of Affiant Mary E. Geisler

P. O. Address 113 E. Gage Avenue

Subscribed and sworn to before me this 19th day of July, 1940

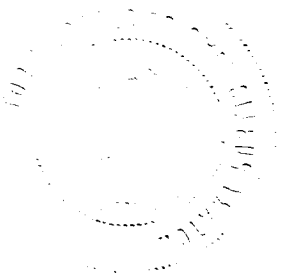
Louis A. Lattomer
Notary Public.

Residing at Los Angeles, California, ~~Idaho.~~

My Commission Expires Feb. 25, 1942

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

OCT 6 1975



WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294924

RECEIVED
JAN 24 1940

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

1. **PLACE OF BIRTH**
County of Fremont
City of St. Anthony
No. Main St.
A 466-121-022-811
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** CHARLES REDMAN MOON JR.

3. Sex MALE | If plural births: 4. Twin, triplet, or other * ; 5. Number, in order of birth * | 6. Premature NO Full term YES | 7. Legitimate? YES | 8. Date of birth NOV. 21, 1939 (Month, Day, Year)

FATHER	MOTHER
9. Full name C. REDMAN MOON	18. Full maiden name ELSA H. HAASS
10. Residence (usual place of abode) (If non-resident, give place and State) ST. ANTHONY	19. Residence (usual place of abode) (If non-resident, give place and State) ST. ANTHONY
11. Color or race W	12. Age at last birthday 30 (years)	20. Color or race W	21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) MASON, IOWA	22. Birthplace (city or place) (State or Country) DETROIT, MICHIGAN
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LAWYER	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. INDIVIDUAL	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work CONTINUOUS, 19	17. Total time (years) spent in this work 3 Yrs.	25. Date (month and year) last engaged in this work CONTINUOUS, 19	26. Total time (years) spent in this work 3Yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother ONE (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation * months or weeks | 30. Cause of Stillbirth * Before labor * During labor *

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report SEE AFFIDAVIT JULY 17, 1940
by C. REDMAN MOON (Date of)
Registrar.

Filed ____, 1940
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

29492

State of MICHIGAN
County of WAYNE } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

C. REDMAN MOON being first duly sworn says that he is the Father (Relationship of child)* of Charles R. Moon Jr.

born November 21, 1913 (Date of birth) at St. Anthony, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles R. Moon Jr. hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Doctor Eby, M. D., was the ~~MXXXXX~~ medical attendant at the birth of said Charles R. Moon Jr. and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant C. Redman Moon

P. O. Address 13133 Broadstreet Blvd. Detroit.

Subscribed and sworn to before me this 17th day of July, 1940

Margaret B. Sagen
Notary Public.

~~Residing at~~ Wayne County, Michigan. Commission Expires 4/15/41. ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

APR 8 1964

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

RECEIVED JUL 24 1940

296099

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296099

1. PLACE OF BIRTH
County of Bannock
City of Bancroft
No. ..... St.
A157109 003815
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Walter H. Jeppesen

3. Sex male
If plural births: 4. ~~Twin, triplet, or other~~ ..... 5. Number, in order of birth 10
6. Premature ..... Full term yes
7. Legitimate? yes
8. Date of birth November 9, 1913 (Month, Day, Year)

FATHER
9. Full name Jacob Fredrick Jeppesen
10. Residence (usual place of abode) (If non-resident, give place and State) Bancroft
11. Color or race white | 12. Age at last birthday 48 (years)
13. Birthplace (city or place) (State or Country) Odense Denmark

OCCUPATION
14. Trade, ~~profession,~~ or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpentering & farming
16. Date (month and year) last engaged in this work November 9, 1913
17. Total time (years) spent in this work 28

MOTHER
18. Full maiden name Mary Ann Hansen
19. Residence (usual place of abode) (If non-resident, give place and State) Bancroft
20. Color or race white | 21. Age at last birthday 39 (years)
22. Birthplace (city or place) (State or Country) Logan, Utah

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
25. Date (month and year) last engaged in this work November 9, 1913
26. Total time (years) spent in this work 21

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother ten (At time of this birth and including this child) (a) Born alive and now living 10 (b) Born alive but now dead None (c) Stillborn none

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.
Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) Mary Ann Jeppesen ~~M.D.~~
or Mother, ~~Midwife~~
Address 904 Oak St.
Filed July 22, 1940 Mae G. Atwood
Bureau of Vital Statistics

296099

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 24 1940

State of Idaho }
County of Bonner } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ann Jeppesen being first duly sworn says that she is the mother (Relationship of child)* of Walter H. Jeppesen born November 9, (Date of birth) at Bancroft Bannack Co., Idaho, whose certificate of birth is hereto attached, and that Walter H. Jeppesen desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Walter H. Jeppesen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Alice Aston ~~M. D.~~ Midwife was the medical attendant at the birth of said Walter H. Jeppesen and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Mary Ann Jeppesen

P. O. Address Sandpoint

Subscribed and sworn to before me this 22nd day of July, 1940

Arthur R Bowden
Notary Public.

Residing at Sandpoint, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. A-197-127-029-168 PLACE OF BIRTH

County of Latah

City of Potlatch Idaho

No. ..... St.

[redacted]

(If born in hospital or institution give name.)

RECEIVED JUL 22 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296142

CERTIFICATE OF BIRTH

296142

Registration District No. 208 State File No. [illegible]

Prim. Registration District No. ..... Local Registrar's No. 43

2. FULL NAME OF CHILD Charles Herbert Dixon

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Aug 27, 1913 (Month, Day, Year)

FATHER

9. Full name Miles Elmer Elsworth Dixon

10. Residence (usual place of abode) (If non-resident, give place and State) Potlatch Ida.

11. Color or race white | 12. Age at last birthday 45 (years)

13. Birthplace (city or place) (State or Country) Altoona Penn. STATE Huntington county

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner + Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Lead mine + Farm

16. Date (month and year) last engaged in this work Aug 27, 1913

17. Total time (years) spent in this work 37 years

MOTHER

18. Full maiden name Bertha Anna Josaphine Johnson

19. Residence (usual place of abode) (If non-resident, give place and State) Potlatch Ida.

20. Color or race white | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) IOWA CITY IOWA STATE Hawkye county

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. none

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. none

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work [redacted]

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother Seven (At time of this birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 10 P.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Give name added from a supplemental report Mrs. M E Dixon
(Date of)

Filed July 19th, 1940 Mrs F. C. Gibson
Registrar.

Registrar.

DUP OF 13-15556

DELAYED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 23 1940

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Bertha Anna Josephine Dixon being first duly sworn says that She is the mother (Relationship of child)* of Charles Herbert Dixon born Aug 27 - 1912 (Date of birth) at Potlatch, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Charles Herbert Dixon hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Boyd, M. D., was the Midwife medical attendant at the birth of said Charles Herbert Dixon and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant × Bertha Anna Josephine Dixon

P. O. Address Potlatch Idaho

Subscribed and sworn to before me this 20th day of July, 1940

J. M. Hanson
Notary Public.
NOTARY PUBLIC for the State of Idaho

Residing at Residing at Potlatch, Idaho, Idaho.

My Commission Expires

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A485-015-008-713

296164

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Boise

No. 413 South 11th St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 296164

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Hazel Alyce Dye

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Oct. 15, 1913 (Month, Day, Year)

FATHER

9. Full name: Ora Dye

10. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

11. Color or race W | 12. Age at last birthday 35 (years)

13. Birthplace (city or place) (State or Country) Illinois

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Grace Palmatier

19. Residence (usual place of abode) (If non-resident, give place and State) Boise, Ida.

20. Color or race W | 21. Age at last birthday 24 (years)

22. Birthplace (city or place) (State or Country) Geranium, Nebr.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) Second

(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed July 30, 1940 Mae G. Atwood Registrar.

BUREAU OF VITAL STATISTICS

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho)
County of Ada) ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Ora Dye being first duly sworn says that

He is the Father (Relationship of child)* of Hazel Alyce Dye

born October 15, 1913 (Date of birth) at Boise, Idaho, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Hazel Alyce Dye

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. W. S. Titus, M. D., was the Midwife medical attendant at the birth of said Hazel Alyce Dye and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Ora Dye

P. O. Address 413 South 11th St., Boise, Idaho

Subscribed and sworn to before me this 30th day of July, 19 40

Notary Public

Residing at Boise Idaho, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAY 21 1974

655-123.028-B98

296252

296252

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AUG -2 1940

1. PLACE OF BIRTH

County of Kootenai
City of Coeur d'Alene
No. R.F.D. #2 St.
Born at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Walter Weeks

3. Sex | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Nov 23, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Roscoe Leonard Weeks	18. Full maiden name Sadie Crystal Weeks
10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida	19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene Ida
11. Color or race White | 12. Age at last birthday 22 (years)	20. Color or race White | 21. Age at last birthday 21 (years)
13. Birthplace (city or place) (State or Country) Bathgate N. Dak Pembina Co.	22. Birthplace (city or place) (State or Country) Athens, Ohio. Athens Co.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farm owner	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work all life, 19.... | 17. Total time (years) spent in this work 22 yrs all Life	25. Date (month and year) last engaged in this work all Life, 19.... | 26. Total time (years) spent in this work 21 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) one (a) Born alive and now living one (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A. m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Atwood, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed AUG -2 1940, 193.. Mae G. Atwood
Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

SEP 1 0 1975

A 629-106-010-465

296302

296302

AUG -5 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County of BONNEVILLE

City of IDAHO FALLS, IDA.

No. EAGLE ROCK St.

GENERAL HOSPITAL

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ROBERT DEAN O'BRIEN

3. Sex M

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term X

7. Legitimate? YES

8. Date of birth OCT. 6, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name FREDERICK RAYMOND O'BRIEN	18. Full maiden name LILLIE MAY DONALDSON
10. Residence (usual place of abode) (If non-resident, give place and State) SAGE & "1" ST.	19. Residence (usual place of abode) (If non-resident, give place and State) SAGE & "1" STS.
11. Color or race WH. AM. 12. Age at last birthday 23 (years)	20. Color or race WH. AM. 21. Age at last birthday 29 (years)
13. Birthplace (city or place) (State or Country) DELTA, IOWA	22. Birthplace (city or place) (State or Country) MONTELLO, WIS.
OCCUPATION: 14. Trade, ~~profession~~, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LINOTYPE OP.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, ~~clerk~~, etc. HOUSEWIFE.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. NEWSPAPER	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. HOME (OWN)
16. Date (month and year) last engaged in this work OCT. 1913	25. Date (month and year) last engaged in this work OCT. 1913
17. Total time (years) spent in this work 9 YRS.	26. Total time (years) spent in this work 1 YR.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNKNOWN.

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ONE (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation — months or weeks

30. Cause of stillbirth — Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed AUG -5 1940, 193.. Mae G. Atwood Registrar.

Give name added from a supplemental report ..... (Date of)

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wisconsin } ss.
County of Dane }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Lillie May O'Brien being first duly sworn says that she is the Mother (Relationship of child)* of Robert Dean O'Brien born Oct 6th 1913 (Date of birth) at Idaho Falls, Idaho,

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Robert Dean O'Brien hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Thomas Hollister, M. D., ~~Midwife~~ was the medical attendant at the birth of said Robert Dean O'Brien and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Lillie May O'Brien

P. O. Address 1001 Vilas Ave, Madison, Wis

Subscribed and sworn to before me this 3rd day of August, 19 40

(no impression seal required)

Notary Public.

Residing at Madison Wis, ~~Idaho.~~

My Com. Exp. 4/4/43

* **If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

FEB 24 1971

751-121 033-866

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296342

CERTIFICATE OF BIRTH

AUG 6 1940

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Madison
City of Rexburg
No. ..... St.
(If born in hospital or institution give name.)

2. **FULL NAME OF CHILD** James Kenneth Pearson.

3. Sex: Male

If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... }

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth May 21, 1913 (Month, Day, Year)

FATHER

9. Full name: James Henry Pearson.

10. Residence (usual place of abode) (If non-resident, give place and State): Rexburg, Idaho.

11. Color or race: Wh. | 12. Age at last birthday: 26 (years)

13. Birthplace (city or place) (State or Country): Rexburg Idaho.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Clydia Amanda Howell.

19. Residence (usual place of abode) (If non-resident, give place and State): Rexburg, Idaho.

20. Color or race: Wh. | 21. Age at last birthday: 26 (years)

22. Birthplace (city or place) (State or Country): Fairview Utah.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: one (At time of this birth and including this child) (a) Born alive and now living 1. (b) Born alive but now dead Nil (c) Stillborn Nil

29. If stillborn, period of gestation — { months or weeks }

30. Cause of Stillbirth — { During labor ..... Before labor — }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) J H Pearson Father, M. D.

or ..... Midwife

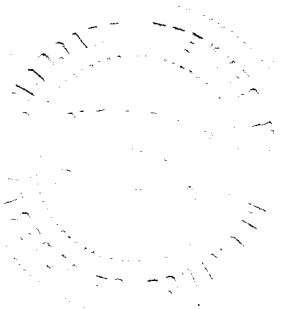
Address J Reparel. Alberta

Give name added from a supplemental report .....

(Date of) .....

Filed AUG 6, 1940 Mae D. Atwood

Registrar. Bureau of Vital Statistics



STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

Dominion of Canada

State of Idaho } ss.
County of Madison }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Province of Alberta James Henry Pearson being first duly sworn says that he is the father (Relationship of child)* of James Kenneth Pearson born 21 May 1913 (Date of birth) at Rexburg, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said James Kenneth Pearson hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr Espey, M. D., was the Midwife medical attendant at the birth of said James Kenneth Pearson and that the said medical attendant is so far as I know (Now deceased (or) cannot be located)

Name of Affiant James Henry Pearson

P. O. Address Shepard Alberta

Subscribed and sworn to before me this 2nd day of August, 1940

[signature] Notary Public.

Residing at Calgary Alberta, ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

MAR 2 1 1975

445-127-007-396

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Blaine

City of Hagerman

No. ..... St.

(If born in hospital or institution give name.)

RECEIVED JUL 18 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296349

296349

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD HAROLD ARMOND DUNKS

3. Sex M | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 27, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name JAMES MONROE DUNKS	18. Full maiden name LYDIA PERMELIA CROCKETT
10. Residence (usual place of abode) (If non-resident, give place and State) Kimberly, Id.	19. Residence (usual place of abode) (If non-resident, give place and State) Kimberly, Id.
11. Color or race W | 12. Age at last birthday 34 (years)	20. Color or race W | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) Boulder, Montana (State or Country)	22. Birthplace (city or place) Rock Creek, Idaho (State or Country)
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 8:45 pm. on the date above stated.

(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) W H Marshall, M. D.

or ....., Midwife

Address Weiser, Idaho

Give name added from a supplemental report .....

(Date of)

Filed AUG - 6 1940, 193.. Mae G. Atwood

Registrar.

Registrar.

Bureau of Vital Statistics

589-210-027-719

RECEIVED
AUG -7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296389

296389

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Jerome, formerly Minidoka

City of Eden

No. ____ St. ____

(If born in hospital or institution give name.) ____

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Rowena Blanche Phillips

3. Sex: female

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? yes

8. Date of birth Sept. 10, 1913 (Month, Day, Year)

FATHER

9. Full name: George W. Phillips

10. Residence (usual place of abode) (If non-resident, give place and State): Eden, Idaho

11. Color or race: white

12. Age at last birthday: 33 (years)

13. Birthplace (city or place) (State or Country): Lebo, Kansas

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farming

16. Date (month and year) last engaged in this work: ~~July 25~~, 19~~40~~

17. Total time (years) spent in this work: full

MOTHER

18. Full maiden name: Myrtle H. Parrott

19. Residence (usual place of abode) (If non-resident, give place and State): Eden, Idaho

20. Color or race: White

21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): Harrisonsf, Ark.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work: ~~July 25~~, 19~~40~~

26. Total time (years) spent in this work: full

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child): one

(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) Mrs Myrtle H Phillips, M. D.

or ____ (mother), Midwife

Address Eden, Idaho

Filed ____, 193____

Registrar.

Registrar.

DELAYED DUP OF 1913-1943Y

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG -7 1940

State of Idaho } ss.
County of Jerome }

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Myrtle H. Phillips being first duly sworn says that she is the mother (Relationship of child)* of Rowena Blanche Phillips born Sept. 10, 1913 (Date of birth) at Eden, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Rowena Blanche Phillips hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Lind, M. D., was the ~~XXXXXXX~~ medical attendant at the birth of said Rowena Blanche Phillips and that the said medical attendant is Dr. Lind
(Now deceased ~~(or) cannot be located)~~

Name of Affiant Mrs Myrtle H Phillips

P. O. Address Eden, Idaho

Subscribed and sworn to before me this 25th day of July, 19 40

Notary Public.

Residing at Hazelton, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A259 116 028 411

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Kootenai
City of St. Maries,
No. ..... St.
(If born in hospital or institution give name.)

RECEIVED
AUG 12 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296443

Registration District No. ..... State File No. .....
Prim. Registration District No. 130 Local Registrar's No. 2

2. FULL NAME OF CHILD Francis Joseph Seifert

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Male	4. Twin, triplet, or other ..... 5. Number, in order of birth 1	Full term X	yes	Oct. 16, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Robert Seifert	18. Full maiden name Josephine Majersky
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race white 12. Age at last birthday 35 (years)	20. Color or race white 21. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Austria	22. Birthplace (city or place) (State or Country) Hungary
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 15. Industry or business in which work was done, as silk mill, ~~sawmill, bank, etc.~~ sawmill	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work Oct. 16, 1913	17. Total time (years) spent in this work 2yrs
25. Date (month and year) last engaged in this work Oct. 16, 1913	26. Total time (years) spent in this work 6 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 7:00 a. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name added from a supplemental report .....
(Date of) .....
Registrar.

(Signed) Marie Zwiener Aunt, ~~M. D.~~
or Joseph F. Zwiener Uncle ~~Midwife~~
Address .....
Filed Aug. 7, 1940 Walter Boberg
Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Benewah }

Marie Zweiner being first duly sworn says that she is the aunt (Relationship of child)* of Francis Joseph Seifert born October 16, 1913 (Date of birth) at St. Maries, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Francis Joseph Seifert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that No doctor or midwife; affiant officiated, M. D., was the Midwife medical attendant at the birth of said Francis Joseph Seifert and that the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Marie Zweiner.

P. O. Address St. Maries, Idaho.

Subscribed and sworn to before me this 31st day of July, 19 40

M. F. Sargent
Notary Public.

Residing at St. Maries, Idaho., Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

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296507

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. **PLACE OF BIRTH**

County of Lewis

City of Kamiah

No. None St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AUG 14 1940

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. **FULL NAME OF CHILD** Keith Leonard Freeman

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth Nov. 5, 1913 (Month, Day, Year)

FATHER

9. Full name Ross Leonard Freeman

10. Residence (usual place of abode) (If non-resident, give place and State) Kamiah. Idaho.

11. Color or race White | 12. Age at last birthday 26 (years)

13. Birthplace (city or place) (State or Country) Lake City. California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. meat-cutter.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Winifred Edna Doty

19. Residence (usual place of abode) (If non-resident, give place and State) Kamiah Idaho.

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Hull, Iowa.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. house-keeper. music teacher.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) none.
(a) Born alive and now living ✓ (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) W. F. McMahan, M. D.

or ....., Midwife

Address Lewiston, Idaho.

Give name added from a supplemental report .....

(Date of)

Filed ....., 1940

Registrar.

Registrar.

7-14-41

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH A554-124 035 235

County of Nez Perce

City of Lewiston Idaho

No. ~~1429 10th Ave~~ St.

St Joseph Hospital

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

296510

RECEIVED AUG 14 1940

CERTIFICATE OF BIRTH

296510

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD William Edward Neumann

3. Sex | If plural births: 4. Twin, triplet, or other — 5. Number, in order of birth — | 6. Premature — Full term ..... | 7. Legitimate? ..... | 8. Date of birth January 24th, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Henry A. Neumann	18. Full maiden name ~~Mae~~ Mae Stewart ~~Mae Neumann~~
10. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Lewiston Idaho.
11. Color or race White 12. Age at last birthday 49 (years)	20. Color or race White 21. Age at last birthday 39 (years) 32
13. Birthplace (city or place) (State or Country) Amityville Long Island.	22. Birthplace (city or place) (State or Country) Sherpy Eyre Minn.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, ~~sawmill, bank, etc.~~ ✓	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ✓
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work	26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? X

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead None (c) Stillborn —

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C W Shaff M.D. (deceased), M. D.

~~or~~ per St. Joseph's Hospital, ~~Midwife~~

Address Lewiston Idaho.

Give name added from a supplemental report .....

(Date of) .....

Filed ....., 193.... .....

Registrar. Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of ~~Idaho~~ Washington } ss.
County of ~~Nez Perce~~ King }

Henry A. Deumann being first duly sworn says that

is the Father (Relationship of child)* of William E. Deumann,

born February 24th 1913 (Date of birth) at Lewiston, Idaho,

whose certificate of birth is hereto attached, and that desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said William Edward Deumann,

hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that , M. D., was the Midwife

medical attendant at the birth of said and that

the said medical attendant is (Now deceased (or) cannot be located)

Name of Affiant Henry A. Deumann

P. O. Address 8409 Greenwood Ave. Seattle, Wash.

Subscribed and sworn to before me this 9th day of August, 1940

E. W. Mines
Notary Public.

Residing at Seattle Wash, ~~Idaho~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

A438 103-003-619

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296600

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St. .....

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Joseph Edwin McQuade

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Male		Yes	Yes	May 3, 1913

FATHER

9. Full name: Michael Joseph McQuade

10. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

11. Color or race: White 12. Age at last birthday: 38 (years)

13. Birthplace (city or place) (State or Country): Stratford, Ontario Canada

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U. P. Railway

16. Date (month and year) last engaged in this work: May 3, 1913

17. Total time (years) spent in this work: 20 yrs.

MOTHER

18. Full maiden name: Mary Ellen Farnan

19. Residence (usual place of abode) (If non-resident, give place and State): Pocatello

20. Color or race: White | 21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): Williams, Montana

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own Home

25. Date (month and year) last engaged in this work: May 3, 1913

26. Total time (years) spent in this work: Five yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argerol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: Four (b) Born alive but now dead: ..... (c) Stillborn: .....

29. If stillborn, period of gestation: ..... months or weeks

30. Cause of Stillbirth: During labor: ..... Before labor: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 4:30 A.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) XXXX

or Mary Ellen McQuade Williams XXXXXX

Address Mother Kemmerer, Wyoming

Filed Aug 16 1940 193 Mae G Atwood

Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mary Ellen Williamson being first duly sworn says that she is the mother (Relationship of child)* of Raymond Hanlin McQuade born July 18, 1910 (Date of birth) at Pocatello, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Raymond Hanlin McQuade hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Howard A. Castle, M. D., was the ~~MIDWIFE~~ medical attendant at the birth of said Raymond Hanlin McQuade and that the said medical attendant is deceased.
(Now deceased (or) cannot be located)

Name of Affiant Mary Ellen McQuade Williamson

P. O. Address Kemmerer, Wyoming

Subscribed and sworn to before me this 13 day of August, A. D. 1940

J. A. Christensen
Notary Public.

Residing at Kemmerer, Wyoming, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

493108-022-679

RECEIVED

AUG 21 1940

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Freemont

City of St. Anthony

Registration District No.

File No. 296707

No. , St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Nameless

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
boy		yes	3 (Month) / 8 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Jack Miller	FULL MAIDEN NAME	Olive Mavilla Knight
RESIDENCE	St Anthony	RESIDENCE	St. Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Holdrege Neb.	BIRTHPLACE	Bountiful - Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive but premature, at 7.20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher

(Physician or Midwife)

Given name added from a supplemental report

, 19

Address St. Anthony Ida

Filed 1940

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-109-003-655

297844

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Bannock
City of McCammon
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 297844
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD George Benjamin Burns

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature No. Full term Yes. | 7. Legitimate? Yes. | 8. Date of birth Sept. 9th, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name George Bernnell Burns	18. Full maiden name Charlott Lillian Weeks
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Rexburg, Idaho
11. Color or race W. | 12. Age at last birthday 47 (years)	20. Color or race W. | 21. Age at last birthday 46 (years)
13. Birthplace (city or place) (State or Country) Lincoln, Neb.	22. Birthplace (city or place) (State or Country) Rexburg, Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 22 yrs.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work 22 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag. NO. 1.%

28. Number of children of this mother Two (At time of this birth and including this child) (a) Born alive and now living Yes. (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) G. A. Cooper M.D., M. D.
or Physician & Surgeon, Midwife
Address Grand View, Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed 8/19, 1940 Mae G. Atwood
Registrar.
Bureau of Vital Statistics

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

249-108025-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

297893

297893

RECEIVED
AUG 27 1940

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Kooskia
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home xx days.
In **THIS** county 49 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Koooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 49 yrs.
(f) Mother's mailing address Kooskia Idaho

3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** Vernon Augustus Kirtley

5. Date of Birth (Month, day, year) April 8, 1913

6. Sex. male

7. Twin or Triplet xx If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ralph Kirtley
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Drain, Douglas Co., Oregon (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Fitting
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Palouse, Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Aug 27 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Grace Fitting Kirtley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vernon Augustus Kirtley (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nora Landon (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Grace Fitting Kirtley Name

Kooskia Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of August 1940

(SEAL) [signature] Notary Public, residing at Kooskia Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464710 001 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 26 1940

297 1

State File No. 297933
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F.D No. 4
(d) Name of Hospital or Maternity Home: born at own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 6 months 5 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Parma
(d) Street Address or R.F.D. No. ----------
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Parma, Idaho

3. **RESIDENCE OF FATHER** (city, state) Parma, Idaho

4. **FULL NAME OF CHILD** Quentin Bacon Douglas

5. Date of Birth (Month, day, year) July 10, 1913

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guy Arthur Douglas
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Hamilton County, Nebr. (City or town) (State or foreign country)
14. Exact Occupation P.O. Clerk
15. Industry or Business U.S. Post Office Department

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Olive Bacon
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Aug 26, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Guy Ar. Douglas, being first duly sworn, say that I am related to (Related to (or) acquainted with) Quentin Bacon Douglas (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. ? ? Williamson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Guy Arthur Douglas Name

Parma, Idaho P. O. Address

Subscribed and sworn to before me on this 22nd day of August 1940

(SEAL) W E Kerrick Notary Public, residing at Parma Idaho

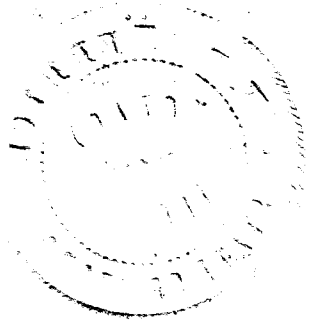
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Dept of Hlth 1938

DELAYED

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Nez Perce
City of Leland Ida
No. A2456 220-035 247 St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

29798 29797

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Marie Jane DeWinter

3. Sex female | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth May 20, 1913 (Month, Day, Year)

	FATHER	MOTHER
9. Full name	Adrian DeWinter	18. Full maiden name: Marie Jane Smith
10. Residence (usual place of abode) (If non-resident, give place and State)	Leland Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Leland Idaho
11. Color or race	White	20. Color or race: White
12. Age at last birthday	[illegible] (years)	21. Age at last birthday: 36 (years)
13. Birthplace (city or place) (State or Country)	Nederlands 38	22. Birthplace (city or place) (State or Country): Grand Rapids Michigan
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Merchant	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: school teacher
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	Merchant	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: teacher in Grand Rapids
16. Date (month and year) last engaged in this work	Oct 30, 1937	25. Date (month and year) last engaged in this work: April, 1906
17. Total time (years) spent in this work	44	26. Total time (years) spent in this work: 6

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... { months or weeks

30. Cause of Stillbirth ..... { Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was May 20 at PM m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Adrian DeWinter Father, ~~M.D.~~

or ....., ~~Midwife~~

Address Moscow - Idaho

Give name added from a supplemental report .....
(Date of)

Filed August 29, 1913 Mae G. Atwood
Registrar.

Bureau of Vital Statistics Registrar.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AUG 3 } 1940

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho

County of Nez Perce

Adrian De Hunter being first duly sworn says that he is the father (Relationship of child)* of Marie Jane De Hunter born May 20, 1913 (Date of birth) at Leland, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Marie Jane De Hunter hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. Stoneburner, M. D., was the Midwife medical attendant at the birth of said Marie Jane De Hunter and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Adrian De Hunter

P. O. Address Moscow Idaho

Subscribed and sworn to before me this 28th day of August, 1940

H. Melgard
Notary Public.

Residing at Moscow, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of Rockland Idaho

No. 363113039-266 St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE 298009
BUREAU OF VITAL STATISTICS

RECEIVED AUG 30 1940

CERTIFICATE OF BIRTH

298009

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD FRANK WILFRED COLLINS

3. Sex Male

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 4

6. Premature ..... Full term yes

7. Legitimate? yes

8. Date of birth Aug 13 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name FRANK WILFRED COLLINS	18. Full maiden name ETHEL MARION BOOTH
10. Residence (usual place of abode) (If non-resident, give place and State) DECEASED	19. Residence (usual place of abode) (If non-resident, give place and State) LAPWAI Idaho
11. Color or race White 12. Age at last birthday 33 (years)	20. Color or race White 21. Age at last birthday 47 (years)
13. Birthplace (city or place) (State or Country) DES MOINES IOWA	22. Birthplace (city or place) (State or Country) Union Flat. Wash Whitman Co.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEKEEPER
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. FARM	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work at present, 1913	25. Date (month and year) last engaged in this work a present, 1913
17. Total time (years) spent in this work all his life	26. Total time (years) spent in this work 4 yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag NO_3 1%

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P m. on the date above stated.
(Born Alive, or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) V. Logan, M. D.

or ..... Midwife

Address American Falls Idaho

Filed Aug, 1940

Registrar.

Give name added from a supplemental report .....
(Date of)

Registrar.

JUN 28 1963

219-123-04 D 413

298039

298039

RECEIVED
AUG 29 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Shoshone
City of Lincoln
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD ~~Maria~~ Baraiazarra (Henry)

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth July 23, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Rowan Baraiazarra	18. Full maiden name Maria J. Malaisecharrarria
10. Residence (usual place of abode) (If non-resident, give place and State) Shoshone	19. Residence (usual place of abode) (If non-resident, give place and State) Shoshone
11. Color or race W. | 12. Age at last birthday 28 (years)	20. Color or race W. | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Spain	22. Birthplace (city or place) (State or Country) Spain
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 20 gr argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12 15 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) C. F. Zeller, M. D.
or ....., Midwife
Address Jerome, Ida
Filed ....., 193.... Registrar.

Give name added from a supplemental report .....
(Date of)
..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 24 1974

294718 001453

298077

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298077
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: St alphonsus Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 12 days.
In **THIS** county 20 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address 102 W Jefferson
3. **RESIDENCE OF FATHER** (city, state) Boise Ida.

4. **FULL NAME OF CHILD** Seymour M. A. Simonsen
5. Date of Birth (Month, day, year) Mar. 18, 1913
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Christian Seymour Simonsen
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Coffee Roaster
15. Industry or Business Davidson's Bros.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Untermahren
17. Color or Race white
18. Age at time of THIS birth 20 years
19. Birthplace Lakota, N. Dakota (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Caroline S. Said (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Sept. 6, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Caroline S. Said, being first duly sworn, say that I am related to (Related to (or) acquainted with) Seymour M. A. Simonsen (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Caroline S. Said Name
102 W Jefferson Boise Ida P. O. Address

Subscribed and sworn to before me on this 6 day of September 1940

(SEAL) Mildred O'Kelly Notary Public, residing at Boise Idaho

comm Exp 11-5-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 26 1964

MAR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Latah
City of Kendrick
No. A335 119 029 462 St.
(If born in hospital or institution give name)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
RECEIVED SEP 8 1940
298131

CERTIFICATE OF BIRTH

Registration District No. ____ State File No. 298131
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Fredrick Gorden Clemenhagen

3. Sex Male | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term 1 | 7. Legitimate? yes | 8. Date of birth April 19, 1913 (Month, Day, Year)

FATHER

9. Full name Henry Clemenhagen
10. Residence (usual place of abode) (If non-resident give place and State) Idaho Kendrick
11. Color or race White | 12. Age at last birthday 57 (years)
13. Birthplace (city or place) (State or Country) Gorden Minnesota

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work ____, 19____
17. Total time (years) spent in this work all time

MOTHER

18. Full maiden name Adrienne Alepina Moser
19. Residence (usual place of abode) (If non-resident, give place and State) Born in France
20. Color or race White | 21. Age at last birthday 36 (years)
22. Birthplace (city or place) (State or Country) Mage France

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House work
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work ____, 19____
26. Total time (years) spent in this work all time

27. What prophylactic was used to prevent Ophthalmia Neonatorum? none
28. Number of children of this mother (At time of this birth and including this child) (7) seven
(a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn ____
29. If stillborn, period of gestation ____ months or weeks
30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 4 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.
or ____, Midwife
Address ____

Give name added from a supplemental report Adrienne Alepina Clemenhagen (Date of)

Filed SEP 9 1940, 193 Mae G. Atwood
Registrar.

Registrar.

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

SEP 8 1940

State of Idaho
County of Latah } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Adrienne Alexina Clemenhagen being first duly sworn says that she is the Mother of Frederick Gordon Clemenhagen
(Relationship of child)*

born April 19th 1913 at Kendrick, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Frederick Gordon Clemenhagen hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that None M. D. was the Midwife medical attendant at the birth of said and that the said medical attendant is
(Now deceased (or) cannot be located)

Name of Affiant Adrienne Alexina Clemenhagen

P. O. Address Kendrick Idaho

Subscribed and sworn to before me this 6th day of September, 1940

[signature]
Notary Public.

Residing at Troy, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

236-102-039 395

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Power
City of American Falls
No. 00 St.
00
(If born in hospital or institution give name.)

RECEIVED
SEP 8 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 298135

298135

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Herman Blosche,

3. Sex: male

If plural births:
4. Twin, triplet, or other: 00
5. Number, in order of birth: 00

6. Premature: no
Full term: yes

7. Legitimate? yes

8. Date of birth: June 2nd, 1913
(Month, Day, Year)

FATHER

9. Full name: Paul Blosche,

10. Residence (usual place of abode) (If non-resident, give place and State): American Falls

11. Color or race: White | 12. Age at last birthday: 42 (years)

13. Birthplace (city or place) (State or Country): Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:

16. Date (month and year) last engaged in this work: ....., 19....

17. Total time (years) spent in this work:

MOTHER

18. Full maiden name: Anna Liebenow,

19. Residence (usual place of abode) (If non-resident, give place and State): American Falls

20. Color or race: White | 21. Age at last birthday: 43 (years)

22. Birthplace (city or place) (State or Country): Germany

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:

25. Date (month and year) last engaged in this work: ....., 19....

26. Total time (years) spent in this work:

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child) 4th.
(a) Born alive and now living 4 (b) Born alive but now dead 00 (c) Stillborn 00

29. If stillborn, period of gestation: 00 months or weeks 00

30. Cause of stillbirth: 00 Before labor 00 During labor 00

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive 00 at 00 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report

(Date of)

Registrar.

(Signed) Paul Blosche M. D.
or Paul Blosche Father attendent Midwife.
Address Lodi, Calif.

Filed SEP 9 1940, 193.... Mae G. Atwood
Registrar.
Bureau of Vital Statistics

cc 9/20/00

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED SEP 8 1940

CERTIFICATE OF ~~BIRTH~~ 298143

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of COEUR D'ALENE
City of DESMET MISSION
No. IDAHO St.
1433-204 028 291
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD HILDA PATRICIA McCOY

3. Sex F

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? YES

8. Date of birth 8-4 1913 (Month, Day, Year)

FATHER

9. Full name JAMES WALLACE McCOY

10. Residence (usual place of abode) DETROIT MICHIGAN (If non-resident, give place and State)

11. Color or race W | 12. Age at last birthday 58 31 (years)

13. Birthplace (city or place) ____ (State or Country) IOWA

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CIVIL ENGINEER

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work SEPT, 1940

17. Total time (years) spent in this work 20

MOTHER

18. Full maiden name MARY GRACE BRAMBLET

19. Residence (usual place of abode) DETROIT MICHIGAN (If non-resident, give place and State)

20. Color or race W | 21. Age at last birthday 33 (years)

22. Birthplace (city or place) ____ (State or Country) MISSIOURI

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. HOUSEWIFE

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. OWN HOME

25. Date (month and year) last engaged in this work SEPT, 1940

26. Total time (years) spent in this work 35

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother 5 (At time of this birth and including this child) 3
(a) Born alive and now living 5 (b) Born alive but now dead NONE (c) Stillborn NONE

29. If stillborn, period of gestation ____ { months or weeks

30. Cause of Stillbirth ____ { During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) James W. McCoy, M. D.
FATHER
Midwife

Address 22199 Alster Detroit, Mich

Filed SEP 9 1940, 193 (Date of)

Registrar. ALLEN M. BOSWORTH JR. Notary Public, Wayne County, Michigan My Commission Expires Jan. 12, 1944

Registrar.

Mar. Lic. 2150.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED

SEP 8 1940

State of Michigan
County of Wayne } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

MARY GRACE McCOY being first duly sworn says that SHE ~~[illegible]~~ is the MOTHER (Relationship of child)* of HILDA PATRICIA McCOY born AUGUST 4, 1913 (Date of birth) at CEOUR D'ALENE (INDIAN RES.), Idaho, whose certificate of birth is hereto attached, and that MARY McCOY desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said HILDA PATRICIA McCOY hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that ....., M. D., was the Midwife medical attendant at the birth of said ..... and that the said medical attendant is .....
(Now deceased (or) cannot be located)

Name of Affiant Mary McCoy

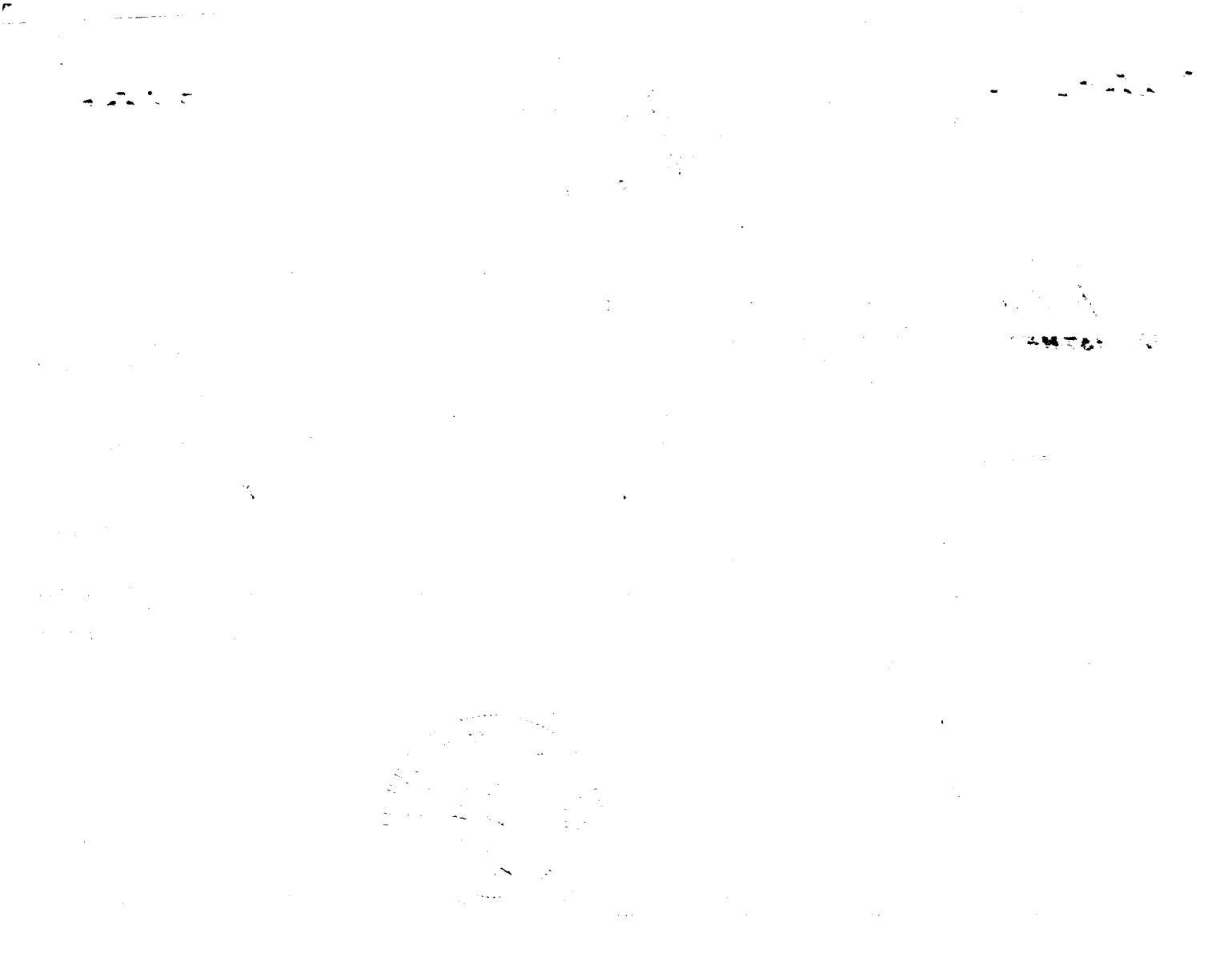
P. O. Address 22194 Ulster, Detroit, Mich

Subscribed and sworn to before me this 3RD day of September 1940

[signature] Notary Public.

Residing at Commission Expires Jan. 12, 1944, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.



AFFIDAVIT

Maud E. Gormley of Spokane, Washington

states that the certificate of the birth of HILDA PATRICIA McCOY

IS NOT on file in the Bureau of Records and Statistics, ~~Michigan~~ Department of Health, ~~is in error~~ and that the true facts are as set forth on the reverse side of this sheet.

Affiant states that S he is in a position to know these facts by reason of BEING AN AUNT & ATTENDING MOTHER AT TIME OF BIRTH and requests the correction of the original certificate in accordance herewith.

Signed Maud E Gormley

Sworn to and subscribed before me, a Notary Public in and for the County of Spokane, State of ~~Michigan~~ Washington, this 5th day of August, 1940.

(Seal)

J. E. Thompson
Notary Public.
Notary Public in and for the State of Washington residing at Spokane, Wn.

My commission expires Aug 27th 1940

B79 3-40 9M

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

CERTIFICATE OF BIRTH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No. - -

FULL NAME OF CHILD: HILDA PATRICIA McCOY Local File No.

Sex: F | ~~Twin or Triplet~~ | ~~How born~~ 1st, 2d, 3d: 3 | No. mos. of pregnancy: 9 | Is mother married? Yes | Date of Birth: AUGUST 4, 1913

PLACE OF BIRTH:

County: COEUR D'ALENE
Township: DESMET MISSION
~~Village or City~~: IDAHO
Name of hospital or institution:
(If not in hospital, give street address)

USUAL RESIDENCE OF MOTHER:

State: MICHIGAN County: WAYNE
Township:
Village or City: DETROIT
Mailing Address: 22194 ULSTER

FATHER

Full Name: JAMES WALLACE McCOY
Color: WHITE Age at time of this birth: 31
Birthplace: IOWA
Occupation (and Industry): CIVIL ENGINEER

MOTHER

Full Maiden Name: MARY GRACE BRAMBLET
Color: WHITE Age at time of this birth: 31
Birthplace: MISSOURI
Occupation (and Industry): HOUSEWIFE

No. of other children of this mother, now living: FOUR | No. of other children, born alive, now dead: NONE | No. born dead: NONE

I hereby certify that I attended the birth of this child, who was BORN ALIVE on above date at 11:00 P. M.
(Born alive or stillborn)

AS REQUIRED BY LAW:
Have eyes of child been treated with one and one-half per cent solution of silver nitrate?

Was mother's blood tested for syphilis?
Date, 19
If not tested, state reason

Signature: Maud E Gormley
Dated: Dec. 5, 1940
(Attending physician, midwife, father, etc.)
Address: S. 1224 Cherry St., Spokane, Wash.
Filed, 19
Registrar

(See Reverse Side)

129 211 029-1 34

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 295153 298153

SEP 9 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R F D No. Farm
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Born Here
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif (b) County Los Angeles
(c) City Long Beach
(d) Street Address or R.F.D. No. 3904 Yucca Blvd
(e) How long has **MOTHER** lived in Idaho? 2 2 yrs.
(f) Mother's mailing address 3904 Yucca Blvd
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Doris Constance Abrams
5. Date of Birth (Month, day, year) May 11-1913
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harry Abrams
11. Color or Race W hite
12. Age at time of THIS birth 24 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Frances Alderman
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Cleveland Ohio (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) SEP 9 1940 (Date Received) (b) Mae G Atwood (Registrar's signature) Bureau of Vital Statistics

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature Dr. Rothwell - Kendrick Ida deceased M.D. or.....(D.O., Midwife, etc.) and address.....Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Irene Elizabeth Hawkensen, being first duly sworn, say that I am an Aunt (Related to (or) acquainted with) of Doris Constance Abrams (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Irene Elizabeth Hawkensen Name
2129 Spruce Way P. O. Address

Subscribed and sworn to before me on this.....day of September

(SEAL) H B Jones Notary Public, residing at Nez Perce 1467 Burton

My Commission Expires January 24, 1944

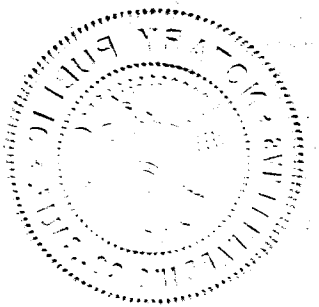
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



812226-034642

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

SEP 4 1940 STATE OF IDAHO

State File No. 298176
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Minidoka (b) City Rupert
(c) Street Address or R F D No. c/o Rupert Cafe
(d) Name of Hospital or Maternity Home: Born at family home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. c/o Rupert Cafe
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Rupert, Ida.

4. **FULL NAME OF CHILD** Kimi Hachiya

5. Date of Birth (Month, day, year) May 26-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Kanemasa Hachiya
11. Color or Race Japan
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Japan (State or foreign country)
14. Exact Occupation Cafe owner
15. Industry or Business Cafe

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Koshina Fukuda
17. Color or Race Japanese
18. Age at time of THIS birth 23 years
19. Birthplace (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Sep 4, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** C. P. Groom M.D. or (D.O., Midwife, etc.) and address Paisley Ida Date 9/10/40

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kanemasa Hachiya, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Kimi Hachiya (Name of person on certificate above) Kawabata or father (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that C. P. Groom (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Kanemasa Hachiya Name
c/o Rex Cafe, Rupert, Idaho P.O. Address

Subscribed and sworn to before me on this 3rd day of September 1940

(SEAL) [signature] Notary Public, residing at [illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

First Certified Copy Issued - September 20, 1940. mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the~~ purposes ~~and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A265101 028 231

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

298238

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Kootenai
City of Coeur d' Alene
No. ____ St. ____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Homer Arthur Sweeney

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term yes

7. Legitimate? yes

8. Date of birth 11/1/13, 193__ (Month, Day, Year)

FATHER

9. Full name: Homer Edward Sweeney

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d' Alene

11. Color or race: White

12. Age at last birthday: 26 (years)

13. Birthplace (city or place) (State or Country): Chippewa Falls, Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Millworker

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Sawmill

16. Date (month and year) last engaged in this work ____, 19__

17. Total time (years) spent in this work: 8

MOTHER

18. Full maiden name: Inga Marie Scaanes

19. Residence (usual place of abode) (If non-resident, give place and State): Coeur d Alene

20. Color or race: white

21. Age at last birthday: 25 (years)

22. Birthplace (city or place) (State or Country): Minneapolis, Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: own home

25. Date (month and year) last engaged in this work ____, 19__

26. Total time (years) spent in this work: 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 4 (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead no (c) Stillborn no

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ (Born Alive or Stillborn) at ____ m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ____, M. D.

or ____, Midwife

Address ____

Give name added from a supplemental report ____ (Date of) ____

Filed 9-6, 1940 Mae G. Atwood
Registrar. Bureau of Vital Statistics

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington }
County of Pierce } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Inga Marie Sweeney being first duly sworn says that she is the Mother (Relationship of child)* of Homer Arthur Sweeney born November 1,1913 (Date of birth) at Coeur d' Alene, Idaho, whose certificate of birth is hereto attached, and that Homer Arthur Sweeney desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Homer Arthur Sweeney hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. John Dwyer, M. D., was the Midwife medical attendant at the birth of said Homer Arthur Sweeney and that the said medical attendant is Deceased (Now deceased (or) cannot be located)

Name of Affiant Inga Marie Sweeney

P. O. Address 5320 South Asotin, Tacoma, Washington

Subscribed and sworn to before me this 4th day of September, 19 40

Arthur H. Eaton
Notary Public.

Residing at Tacoma, Pierce County, Washington, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

386 124 006 386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298255
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Shelley
(c) Street Address or R F D No. 2
(d) Name of Hospital or Maternity Home: Thornton - Greene Ranch
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In **THIS** county 19 years 3 months 12 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address R2 Shelley Ida.

3. **RESIDENCE OF FATHER** (city, state) Shelley Ida.

4. **FULL NAME OF CHILD** Roland David Nielson -Thornton

5. Date of Birth (Month, day, year) Sept 24, 1913

6. Sex. Male

7. Twin or Triplet Only one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Berner Nielson
11. Color or Race Swede
12. Age at time of THIS birth 20 yrs.
13. Birthplace Braddock (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara June Thornton
17. Color or Race Irish
18. Age at time of THIS birth 19 years
19. Birthplace Shelley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Domestic

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive/stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary A. Thornton (First name) (Last name) who is related to this child as Grand Mother (Mother, etc.)

25. Attendant's **OWN** signature J G Roberts M.D. or (D.O. Midwife, etc.)
and address Shelley Ida Date Sept 26 1913

26. (a) Sep 26, 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added or changed by Bureau of Vital Statistics (Registrar's signature)

State of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

This is to certify that a Certification of the Decree of Adoption of Roland David Nielson by Mrs. Mary A. Thornton on June 23, 1919 was filed with the Bureau of Vital Statistics on Nov. 30, 1940 and is now attached to the original record of birth, State File #298255. By this Order the name of Roland David Nielson was changed to Roland David Nielson Thornton. Original record of adoption on file in Book 7, at Page 208 of the Procate Court Adoption Records of the County of Bingham, State of Idaho. Dated this 26th day of March, 1942.

Mary M Feller
Director, Bureau of Vital Statistics

..... P. O. Address

Subscribed and sworn to before me on this ..... day of .....

(SEAL) ..... Notary Public, residing at .....

K Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate SS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. No advance payment of fifty cents, money order or coin.

J Use only B in envelope Each certi

DUP OF 1913-17239

12/30/40 - L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1913-17...

IN THE PROBATE COURT OF THE COUNTY OF BINGHAM STATE OF IDAHO

In the Matter of the ADOPTION OF ROLAND DAVID NIELSON, A Minor.	)	CERTIFICATION OF ENTRY OF DECREE

State of Idaho)
) SS
County of Bingham)

I, Earl W. Cory, Probate Judge and ex-officio clerk of the Probate Court of the County of Bingham, do hereby certify that on the 23rd day of June, 1939, a decree of this court was regularly made and entered under the terms and by the provisions of which Roland David Nielson, a minor, born on the 24 day September, 1913, whose parents' names are David B. Nielson and Clara Thornton Nielson of _____, was adopted and judicially determined to be adopted as the child of Mrs. Mary A. Thornton, of Bingham County, Idaho.

I FURTHER CERTIFY that the record of such adoption to which express reference is hereby made for greater particularity, appears in BOOK 7, at Page 208 of the Probate Court Adoption Records of the County of Bingham, State of Idaho.

WITNESS my hand and the seal of the Probate Court aforesaid, this 27th day of November, 1940.

Earl W. Cory
Probate Judge

FEB 21 1962

NOV 30 1940

366 125 022 213

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 298295
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Marysville
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Marysville

3. **RESIDENCE OF FATHER** (city, state) //

4. **FULL NAME OF CHILD** Alden Revere Lovell

5. Date of Birth (Month, day, year) May 25, 1913

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy Normal

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Digmond Lovell

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Clarkston Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Salisbury

17. Color or Race White

18. Age at time of THIS birth 34 years

19. Birthplace Brigham, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1/4

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Sept. 17, 1946 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hattie Salisbury Lovell, being first duly sworn, say that I am Mother (Related to (or) acquainted with) (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Cummings (Name of attendant at birth) who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded**.

Hattie Lovell Name

Marysville, Ida. P. O. Address

Subscribed and sworn to before me on this 2d day of September

(SEAL) Notary Public, residing at Ashton, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar of record in the Bureau of Vital Statistics for the purposes and upon the terms prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

536-202-027-212

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298316

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Jerome
City of Jerome
No. ..... St.
(If born in hospital or institution give name.)

SEP 17 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Felisa Elorrieta

3. Sex: Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term Yes

7. Legitimate? Yes

8. Date of birth June 2, 1913 (Month, Day, Year)

FATHER

9. Full name Manuel Elorrieta

10. Residence (usual place of abode) (If non-resident, give place and State) Jerome

11. Color or race W. | 12. Age at last birthday 27 (years)

13. Birthplace (city or place) (State or Country) Spain

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work Life

MOTHER

18. Full maiden name Felisa Bastia

19. Residence (usual place of abode) (If non-resident, give place and State) Jerome

20. Color or race W. | 21. Age at last birthday 20 (years)

22. Birthplace (city or place) (State or Country) Spain

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

25. Date (month and year) last engaged in this work June, 1913

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 2 0 7 0 Argyrol

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 709 m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) C. F. Zeller M D, M. D.
or ....., Midwife
Address Jerome, Ida

Filed 9/19/40, 193...

Registrar.

SEP 24 1964

DELAYED " DUP OF 1913-13362

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Valley Co. was Boise Co.
City of McCall
No. Farm 8 of McCall St.
619 230 008 413
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 298451
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Emma Katherine Ward

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth
Female				yes	March 30, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Waymon Henry Ward (now deceased)	18. Full maiden name: Lillie E. Matthews
10. Residence (usual place of abode) (If non-resident, give place and State): McCall Ida	19. Residence (usual place of abode) (If non-resident, give place and State): Starr Idaho
11. Color or race: white	20. Color or race: white
12. Age at last birthday: 32 (years)	21. Age at last birthday: 22 (years)
13. Birthplace (city or place) (State or Country): Oklahoma City Oklahoma	22. Birthplace (city or place) (State or Country): Lebanon (now County Laclede) Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19....	25. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work: at least 10 years	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? —

28. Number of children of this mother (At time of this birth and including this child)
total no of children 4 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn non

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs J. L. McFall, ~~M. D.~~ Midwife
or .....
Address McCall Idaho

Give name added from a supplemental report .....
(Date of)

Filed SEPT 1940, 1931

Registrar. Registrar.

JUL 6 - 1953

813-11-039-997

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RECEIVED SEP 23 1940

299630

Registration District No. _____ State File No. 299630

Prim. Registration District No. _____ Local Registrar's No. _____

1. PLACE OF BIRTH
County of Power County
City of American Falls Idaho
No. _____ St. _____
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Theodore Hall

3. Sex ✓

If plural births { 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term ✓

7. Legitimate? _____

8. Date of birth Jan 11th, 1913 (Month, Day, Year)

FATHER

9. Full name John D. Hall

10. Residence (usual place of abode) (If non-resident, give place and State) ✓

11. Color or race White 12. Age at last birthday 27 (years)

13. Birthplace (city or place) McDowell Ky (State or Country) Floyd County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work ✓, 1915

17. Total time (years) spent in this work Most all my life

MOTHER

18. Full maiden name Delilah Rigdon

19. Residence (usual place of abode) (If non-resident, give place and State) ✓

20. Color or race White 21. Age at last birthday 19 (years)

22. Birthplace (city or place) Petersville Ky (State or Country) Lewis County

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work ✓, 19 ✓

26. Total time (years) spent in this work All of my life

27. What prophylactic was used to prevent Ophthalmia Neonatorum? _____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living yes (b) Born alive but now dead ✓ (c) Stillborn ✓

29. If stillborn, period of gestation _____ { months or weeks

30. Cause of Stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Theodore Hall (Born Alive or Stillborn) at _____ m. on the date above stated.

(Signed) V G Logan, M. D.

or _____, Midwife

Address American Falls Idaho

Filed Sep 23, 1940 Mae D. Atwood Registrar

Bureau of Vital Statistics

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of)

_____ Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Dupcy 1913 - 120665

BOTH DELAYED

719-129-044-569

299769

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED
OCT 3 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 299769
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Washington (b) City --
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Apple Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** William Arthur Parsons
5. Date of Birth (Month, day, year) June 29, 1913
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Martin Luther Parsons
11. Color or Race Wh
12. Age at time of THIS birth 36 yrs.
13. Birthplace Tallula, Illinois (City or town) (State or foreign country)
14. Exact Occupation Building Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Alice Norton
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Dandridge, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Vital Statistics (Registrar's signature)

25. Attendant's **OWN** signature.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of California }
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret N. Parsons, being first duly sworn, say that I am related to (Related to (or) acquainted with) William Arthur Parsons (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attendant (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margaret N Parsons Name
3807 Marion Street, Oakland, Calif. P. O. Address

Subscribed and sworn to before me on this 2nd day of October

(SEAL) Agnes Bell Muir Notary Public, residing at Oakland, Calif.

My Commission expires July 6th, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793_121.0 41-251

299771 299771

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299771
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 1 years 5 months ..... days.

OCT 1 1940

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1½ yrs.
(f) Mother's mailing address Driggs, Idaho
3. RESIDENCE OF FATHER (city, state) Driggs, Idaho

4. FULL NAME OF CHILD Amos Acel Pilkington
5. Date of Birth (Month, day, year) Oct. 21, 1913
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph E. Pilkington
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Driggs, (City or town) Idaho (State or foreign country)
14. Exact Occupation brick-layer & plaster mixer
15. Industry or Business mason

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Anna Seamons
17. Color or Race white
18. Age at time of THIS birth 22 years
19. Birthplace Hyde Park, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Rose A. Weeks (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) Oct 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on ..... by Bureau of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature Dr. Cristler M.D. or ..... (D.O., Midwife, etc.)
and address Driggs, Idaho Date

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Pilkington Weeks, being first duly sworn, say that I am related (Related to (or) acquainted with) to Amos Acel Pilkington (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Cristler (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rose R Weeks Name
Smithfield Utah P. O. Address

Subscribed and sworn to before me on this 30th day of September

(SEAL) Faris J. Peterson Notary Public, residing at Smithfield, Utah

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

A F F I D A V I T

THIS INSTRUMENT is to certify and affirm that the information given on the birth certificate of Amos Acel Pilkington, according to the records of the Latter Day Saint Church at Smithfield, Cache County, Utah, is true and correct.

There is no permanent record filed with the State Bureau of Vital Statistics at Utah for or in behalf of the above mentioned person. Mr. Pilkington was born at Driggs, Teton County, Idaho, where no record of birth was made and due to his long residence at Smithfield, Cache County, Utah, where his mother now resides, he therefore wishes to establish date of birth, from this City, and by means of affidavit as attached and perscribed by law.

IN WITNESS WHEREOF, I, the undersigned do swear, depose and say that according to said records, the information concerning the birth of Amos Acel Pilkington contained hereon and hereto attached, is accurate and true.

Rose P Weeks

State of Utah
SS
County of Cache

On this 30th day of September A. D. 1940, before me Faris J. Peterson notary public in and for Cache County, State of Utah, personally appeared Mrs. Rose A. Seamons Pilkington Weeks, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that SHE executed the same.

Faris J. Peterson
Notary Public

RECEIVED
OCT

659-209037-413

299773

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Owyhee

City of DeLamar

No. ____ St. ____

(If born in hospital or institution give name.)

OCT 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

299773

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Emilia Fernandez

3. Sex	If plural births	6. Premature	7. Legitimate?	8. Date of birth
Female	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	Full term Yes	Yes	Feb. 9, 1913 (Month, Day, Year)

FATHER

9. Full name Bonifacio Fernandez

10. Residence (usual place of abode) (If non-resident, give place and State) ____

11. Color or race White | 12. Age at last birthday 37 (years)

13. Birthplace (city or place) (State or Country) Lugo, Spain

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ____

16. Date (month and year) last engaged in this work January 10, 1931

17. Total time (years) spent in this work 10 yrs.

MOTHER

18. Full maiden name Polonia Mallea

19. Residence (usual place of abode) (If non-resident, give place and State) ____

20. Color or race White | 21. Age at last birthday 42 (years)

22. Birthplace (city or place) (State or Country) Ereno, Spain

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ____

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 8 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report ____

(Date of) ____

Registrar.

(Signed) ____, M. D.

or Mrs. M. Secretea, Midwife

Address Shoshone Idaho

Filed Oct 7, 1940 Mary G. Atwood

Registrar.

795-125-037-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299834 **299834**

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH**
(a) County Owyhee (b) City Bruneau Valley
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
OCT 7 1940
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 22 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Bruneau Valley
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 22 yrs.
(f) Mother's mailing address Castleford, Idaho

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Valley

4. **FULL NAME OF CHILD** Ernest Fredrick Pinkston

5. Date of Birth (Month, day, year) Feb. 25, 1913

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick F Pinkston
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace St. Genevive (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Robertson
17. Color or Race white
18. Age at time of THIS birth 26 years
19. Birthplace Bruneau Valley Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Feb. 25, 1913 on the date and at the place stated above, and that personal particulars were furnished by Fred Pinkston (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Oct 7 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on.....by.....
Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fred F Pinkston, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ernest Fredrick Pinkston (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bartlett (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Fred F. Pinkston .....Name
Castleford, Idaho .....P. O. Address

Subscribed and sworn to before me on this 15 day of October, 1940

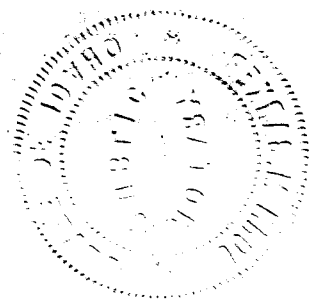
(SEAL) John M Barker .....Notary Public, residing at Buhl, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



519-128-022-369

1. PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

299851

CERTIFICATE OF BIRTH

RECEIVED OCT 10 1940

Registration District No. ..... State File No. 299851

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Maurice Carlton Varin

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate? Yes | 8. Date of birth 1-28, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Eugene Michael Varin	18. Full maiden name Ada Mary Core
10. Residence (usual place of abode) (If non-resident, give place and State) Ashton	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton
11. Color or race White 12. Age at last birthday 30 (years)	20. Color or race White 21. Age at last birthday 25 (years)
13. Birthplace (city or place) David City, Nebr (State or Country) Butler Co.	22. Birthplace (city or place) Drexel, Mo (State or Country) Cass Co.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House-keeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Shop	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
16. Date (month and year) last engaged in this work Still Am, 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother One (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. L. Gargis, M. D.

or ....., Midwife

Address Ashton Idaho

Give name added from a supplemental report .....

(Date of)

Filed Oct. 10, 1940 Mae G Atwood

Registrar. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

469-20-042-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 299861

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 299861
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Kimberly, Ida

4. **FULL NAME OF CHILD** Lena Mae Morrill

5. Date of Birth (Month, day, year) Dec. 1, 1913

6. Sex. Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Morrill
11. Color or Race White
12. Age at time of THIS birth.....yrs.
13. Birthplace..... (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Maniser
17. Color or Race White
18. Age at time of THIS birth.....years
19. Birthplace..... (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Oct 3, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by..... (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gladys Irene Shipley, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Lena Mae Morrill (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Gladys Irene Shipley Name

5601 Maywood Ave. Maywood Calif. P. O. Address

Subscribed and sworn to before me on this 28th day of September, 1940

(SEAL) Dewey J. Mater Notary Public, residing at Maywood

My commission expires July 5, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-123-032-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

299960 299960

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Heyburn
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: at own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County [redacted]
(c) City Heyburn
(d) Street Address or R.F.D. No. 2a
(e) How long has **MOTHER** lived in Idaho? 38 yrs.
(f) Mother's mailing address 335 N. 3rd west

3. **RESIDENCE OF FATHER** (city, state) [redacted]

4. **FULL NAME OF CHILD** Burton Wilson Locke

5. Date of Birth (Month, day, year) Dec. 23 1913

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Wilson Locke
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Salem (City or town) Oregon (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Willburn
17. Color or Race white
18. Age at time of THIS birth 24 years
19. Birthplace Ada County (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2a (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Annie E. Wilson (First name) (Last name), who is related to this child as grand mother (Mother, etc.)

26. (a) 10-11 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)
and address Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Mrs Nettie Irwin, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Burton Wilson Locke (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie E. Wilburn (Name of attendant at birth), who attended said birth living (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Nettie Irwin Name
~~Geo. W. Lucas~~ P. O. Address
Salt Lake City

Subscribed and sworn to before me on this 10th day of Oct.

(SEAL) Geo. W. Lucas Notary Public, residing at Salt Lake City

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-123-039-239

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Power

City of Roy, Idaho

No. ____ St. ____

(If born in hospital or institution give name.) ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

300043

Registration District No. ____ State File No. 300043

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Thomas David Teal

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? Yes

8. Date of birth Oct. 23, 1913 (Month, Day, Year)

FATHER

9. Full name: Archie McKendrick Teal

10. Residence (usual place of abode) (If non-resident, give place and State): Roy, Idaho

11. Color or race: W | 12. Age at last birthday: 35 (years)

13. Birthplace (city or place) (State or Country): Pachico, California

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: ____, 19____

17. Total time (years) spent in this work: 13 yrs

MOTHER

18. Full maiden name: Dolly Evelyn Scrimsher

19. Residence (usual place of abode) (If non-resident, give place and State): Roy, Idaho

20. Color or race: W | 21. Age at last birthday: 32 (years)

22. Birthplace (city or place) (State or Country): Dumas, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: ____, 19____

26. Total time (years) spent in this work: 13

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 10 p.m. on the date above stated.

(Signed) O. J. Logan, M. D.

or ____, Midwife

Address Rockland, Idaho

Filed Oct. 25, 1940

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

Mae G. Atwood Registrar.

Mae G. Atwood Registrar.

Bureau of Vital Statistics

1 copy issued 10/25/40 L.B.

395-03-006-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360053
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Fort Hall,
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: ----- own home
(e) Mother's stay **BEFORE** delivery: At home
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Fort Hall,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Fort Hall,

3. **RESIDENCE OF FATHER** (city, state) Fort Hall, I

4. **FULL NAME OF CHILD** Elizabeth Emily Creasey

5. Date of Birth (Month, day, year) May 3.1913

6. Sex. Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Creasey
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace London, England (City or town) (State or foreign country)
14. Exact Occupation Janitor Public School
15. Industry or Business Fort Hall, Idaho

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Anne Cox
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Berkshire, England. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acide Powder
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Two (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 14, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Bingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sarah Anne Creasey, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Elizabeth Emily Creasey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr H.R. Wheeler (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Anne Creasey ..... Name
Fort Hall, Idaho. ..... P. O. Address

Subscribed and sworn to before me on this 10th day of October, 1940.

(SEAL) ..... Notary Public, residing at .....

1/2

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

CC 10-26-40 mp

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

665-126-001-4/19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 300064

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 300064
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Ada (b) City Boise
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: St. Lukes
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.
(f) Mother's mailing address Boise Id

3. **RESIDENCE OF FATHER** (city, state) " "

4. **FULL NAME OF CHILD** William A Vonn

5. Date of Birth Nov. 26 (Month, day, year) 1913

6. Sex. M.

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry E Vonn

11. Color or Race W

12. Age at time of THIS birth 26 yrs.

13. Birthplace Audubon (City or town) Iowa (State or foreign country)

14. Exact Occupation Logger

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bonnie Mauldin

17. Color or Race W

18. Age at time of THIS birth 24 years

19. Birthplace Spokane (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% to argyol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn 11/26/13 at 4:47 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

25. Attendant's **OWN** Linda Pittenger M.D. or (D.O., Midwife etc.) and address Boise Id Date 10/21/40

26. (a) 10/21/40 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of .....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 9 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1913 - 17797

962-126 042-951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

360106

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County...Twin Falls... (b) City...Twin Falls...
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State...Idaho... (b) County...Twin Falls...
(c) City...Twin Falls...
(d) Street Address or R.F.D. No...519 3rd Ave...
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state)...Twin Falls, I

4. **FULL NAME OF CHILD**...Norman Wilbor Robinson...

5. Date of Birth (Month, day, year)...Mar. 26, 1913...

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME**...Joseph W. Robinson...
11. Color or Race ...white...
12. Age at time of THIS birth...23...yrs.
13. Birthplace...Tennessee... (City or town) (State or foreign country)
14. Exact Occupation...Printer...
15. Industry or Business.....

MOTHER OF CHILD

16. **FULL MAIDEN NAME**...Minnie Reasonover...
17. Color or Race...white...
18. Age at time of THIS birth...24...years
19. Birthplace...Tennessee... (City or town) (State or foreign country)
20. Exact Occupation...Housewife...
21. Industry or Business.....

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child...1st. (b) Born alive and now living...1...
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ...A...M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as.....(Mother) Mae G Atwood

26. (a)...Oct. 24, 1940... (Date received) (b)...Mae G. Atwood... (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....
(D.O., Midwife, etc.)
and address Date

State of...Idaho...
County of...~~Boise~~ Ada... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,...Joseph W. Robinson..., being first duly sworn, say that I am...related to... (Related to (or) acquainted with) ...Norman Wilbor Robinson... (Name of person on certificate above) as...Father... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that...Dr. H. W. Wilson... (Name of attendant at birth), who attended said birth...now deceased... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph W. Robinson ..... Name

Long Beach California ..... P. O. Address

Subscribed and sworn to before me on this...24th... day of...October, 1940.

(SEAL) Mildred Stalley ..... Notary Public, residing at...Boise Idaho

Com Exp 11-5-43

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 copy made 10/24/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713 210 005 465

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301229
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City Chatcolet
(c) Street Address or R F D No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

OCT 21 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City Chatcolet
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? about 21 yrs.
(f) Mother's mailing address. Chatcolet Idaho
3. **RESIDENCE OF FATHER** (city, state) Chatcolet Idaho

4. **FULL NAME OF CHILD** Vera Lois Palmer
5. Date of Birth (Month, day, year) Nov. 10 - 1913
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Arnold Palmer
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Norwich, Ontario Canada (City or town) (State or foreign country)
14. Exact Occupation Grocerman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Sophie Moe
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Osseo, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Oct 21, 1940 (Date) (b) Mae G. Atwood (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of.....
County of.....
} ss.

I Ella Sophie Palmer, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Vera Lois Palmer Burns as Mother (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Lon Cahill (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ella Sophie Palmer Name
331 N. 3rd St. Klamath Falls, Oregon P. O. Address

Subscribed and sworn to before me on this 23rd day of September, 1940

(SEAL) David R. Vandenberg Notary Public, residing at Klamath Falls, Ore.
My commission expires 10/17/41

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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393111-028-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301240

301240

State File No.....
Local Reg. No.....
Reg. Dist. No.....

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Spirt Lake
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED OCT 28 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State of Idaho (b) County Kootenai
(c) City Spirt Lake
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Spirt Lake Gen Del
3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Herbert Harrison Cilley
5. Date of Birth (Month, day, year) Mar. 11th 1913
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Boyd Cilley
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Akron (City or town) Iowa (State or foreign country)
14. Exact Occupation Manager of Feed & Fuel
15. Industry or Business Feed & Fuel Supplies

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Irene Mace
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Medical (City or town) Lake Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Keeping home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 1 A. M. on the date and at the place stated above, and that personal particulars were furnished by George (Boyd) Cilley (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) Oct 28 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** + George Boyd Cilley M.D. or (D.O., Midwife, etc.)
and address 2270 Walnut Ave. Date 10/7/40

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, George Boyd Cilley, being first duly sworn, say that I am..... (Related to (or) acquainted with) Herbert Harrison Cilley (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Greenwood (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

+ George Boyd Cilley Name
2270 Walnut Ave. Long Beach P. O. Address

Subscribed and sworn to before me on this 7th day of October 1940

(SEAL) Elizabeth C. Plant Notary Public, residing at Long Beach Calif.
My Com Ex 6/18/44.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

10/30/40 L.B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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451124 003962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 301254

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301254
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: OCT
In Hosp. or Mat. Home ✓ days.
In **THIS** county ✓ years ✓ months ✓ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Lago
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state) Prosser Wn

4. **FULL NAME OF CHILD** Roe R. Meachem
5. Date of Birth (Month, day, year) 9-24-1913
6. Sex Male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leslie J. Meachem
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Park Valley (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Ella Roberts
17. Color or Race White
18. Age at time of THIS birth 26 years
19. Birthplace Kenosh (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Oct. 24, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
Bureau of Vital Statistics

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leslie J. Meachem, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Roe R. Meachem (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Hubbard (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

L. J. Meachem Name
Prosser Washington P. O. Address

Subscribed and sworn to before me on this 19th day of Oct. 1940.

(SEAL) Horace L. Miller Notary Public, residing at Sunnyside

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

766-102024 193

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

OCT 7 1940

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

301[redacted]

1. PLACE OF BIRTH

County of Gooding
City of Gooding
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Ailshie Gooding

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Apr. 2, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Millard Gooding	18. Full maiden name Martha Loura Ailshie
10. Residence (usual place of abode) (If non-resident, give place and State) Gooding, Ida.	19. Residence (usual place of abode) (If non-resident, give place and State) Gooding, Ida.
11. Color or race W | 12. Age at last birthday 25 (years)	20. Color or race W | 21. Age at last birthday 26 (years)
13. Birthplace (city or place) Ketchum (State or Country) Idaho	22. Birthplace (city or place) Mohawk (State or Country) Tennessee
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheepman	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 2 AM m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

(Signed) J H Cromwell, M. D.
or ....., Midwife
Address .....
Filed OCT 7 - 1940, 193.. Mae G. Atwood
Registrar
Bureau of Vital Statistics

APR 27 1964

JUN 24 1964

MAR 4 1975

MAY 2 1975

719 209 009 955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301327
Local Reg. No.
Reg. Dist. No.

OCT 30 1940

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Sandpoint
(c) Street Address or R F D No. — Lake St.
(d) Name of Hospital or Maternity Home: Child was born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 7 years 5 months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. — Lake St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Sandpoint, Ida.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint Ida.

4. **FULL NAME OF CHILD** Phyllis Lucille Gardner

5. Date of Birth (Month, day, year) May 9, 1913

6. Sex Female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Bernard Gardner
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace not known (City or town) Michigan (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business Restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Essie Edith Reed
17. Color or Race white
18. Age at time of THIS birth 27 years
19. Birthplace Carlton (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business In own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Mae G Atwood

26. (a) Oct. 30, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Anna LeCrerman, being first duly sworn, say that I am related to (Related to (or) acquainted with) Phyllis Lucille Gardner (Name of person on certificate above) as Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Moody (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna LeCrerman Name

1930½ W Boone Ave. Spokane Wash. P. O. Address

Subscribed and sworn to before me on this 24 day of October 1940

(SEAL) Helen Hegeman Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

11/2/40 L.E. one copy

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

993130-029-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301430
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D No. Rural
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

RECEIVED NOV 1 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 22 yrs. 22
(f) Mother's mailing address Kendrick
3. **RESIDENCE OF FATHER** (city, state) Kendrick Ida

4. **FULL NAME OF CHILD** Cecil Melvin Riley
5. Date of Birth (Month, day, year) Sept-30-1913
6. Sex. Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frank Riley
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Moscow (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Pearl Livengood
17. Color or Race white
18. Age at time of THIS birth 23 years
19. Birthplace Topeka (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 10:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nora Pearl Riley (First name) (Last name), who is related to this child as mother (Mother, etc.)

Mae G. Atwood

26. (a) Nov. 1, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** Eva Riley M.D. or Midwife (D.O., Midwife, etc.)
and address Spokane Wash E-2814-31st ave Date Oct. 31-'40

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is ~~NOT LIVING or CANNOT BE LOCATED.~~

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859 11 7 04 145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

301526

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City (Deadwood Gulch near Kellogg, Idaho
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county.....years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address Kingston Idaho

3. RESIDENCE OF FATHER (city, state) Kingston Idaho

4. FULL NAME OF CHILD EINO EMANUEL HIETALA

5. Date of Birth (Month, day, year) SEPT. 17-1913

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy regular

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Abram Hietala
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Sweden - just across line of Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Johanna Juntilla
17. Color or Race White
18. Age at time of THIS birth 27 years
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living ~~None~~ (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at a M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother) Mae G. Atwood

26. (a) Nov. 7, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by Bureau of Vital Statistics

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Shoshone }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John A Hietala and Johanna Hietala, being first duly sworn, say that we are the Father and Mother of Eino Emanuel Hietala (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that we desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of our knowledge. We further state that Mrs. Hulda Auttila (Name of attendant at birth), who attended said birth as Midwife Now lives at Menahka - Minnesota (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Father x John Hietala Name
Mother x Johanna Hietala P.O. Address

Subscribed and sworn to before me on this 4th day of November 1940 - Kingston, Idaho

(SEAL) Robt. L. Duvall Notary Public, residing at

NOTARY PUBLIC, residing at Kellogg, Idaho
My commission expires March 15, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Nov. 12, 1940. E.W.

Full name of child Eino Emanuel Hietala -.

Date of birth: month September day 17th year 1913

Place of birth: town (Deadwood Gulch) Kellogg county Shoshone - Idaho

If birth occurred in hospital, give name of hospital At Home

Is child girl or boy? Boy Hour of birth: ✓ A.M. / P.M.

Were parents married when this child was born? yes

FATHER OF CHILD	MOTHER OF CHILD
Full name John Abram Hietala	Full maiden name Johanna Juntilla
White or colored? White	White or colored? White
Age at child's birth 26 years	Age at child's birth 27 years
Birthplace Sweden (just across the border of Finland)	Birthplace Finland
Occupation Farmer	Occupation Housewife

Name of ~~physician~~ or midwife in attendance at birth ~~Menahka~~ Mrs. Hulda Anttila

His or her present address Menahka, Minnesota

At the ~~time of birth~~ of this child:

How many previous children were living?* Two
How many previous children were dead (including those born dead)?* None
Of these, how many were born dead?* None

*(Please answer every question. If there were none, write "none".)

Was this a nine month baby? or ~~premature?~~ yes

If premature, give months of pregnancy ~~Father~~ ✓

Signature of parent or guardian x John A Hietala — Father
x Johanna Hietala — Mother

Present address of parent ~~or guardian~~ Kingston Idaho

REPEAT YOUR NAME AND ADDRESS IN FULL SO THAT REPLY MAY BE SENT TO YOU.

Name of applicant: Father - John A Hietala
Mother - Johanna Hietala

Address: Kingston Idaho
Street City State

VS.B6
5/40 - 3M

Over

Personally appeared before me, Robt. L. Duvall a Notary Public, John A. Hietala and Johanna Hietala (husband and wife) and acknowledged to me that the answers given to the questions propounded to them by me, are true and correct, to the best of their knowledge.

Subscribed and Sworn to, this 10th day of October 1940

Robt. L. Duvall

NOTARY PUBLIC, residing at Kellogg, Idaho
My commission expires March 15, 1941

392-106-040-312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 301527
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 10 months.....days.

RECEIVED NOV 7 1940

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos.
(f) Mother's mailing address Kellogg, Idaho
3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Robert Cash Tibbitts
5. Date of Birth (Month, day, year) June 6, 1913
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harold Henry Tibbitts
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Manistee, Michigan (City or town) (State or foreign country)
14. Exact Occupation Physical Director Y.M.C.A.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anita Cash
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace Hamilton Missouri (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) Nov 7 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Missouri } ss.
County of Caldwell

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anita Cash Tibbitts, being first duly sworn, say that I am.....(Related to ~~(or) acquainted with~~) Robert Cash Tibbitts (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr's name not remembered (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anita Cash Tibbitts Name
Hamilton, Missouri P. O. Address

Subscribed and sworn to before me on this 5th day of November, 1940.

(SEAL) Marion O. Riding Notary Public, residing at Hamilton, Mo.
My term expires Feb. 3, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-126 008 693

301554

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301554
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): McCall, Idaho

4. **FULL NAME OF CHILD** Ralph Theodore McMurren

5. Date of Birth (Month, day, year) Sept. 26, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John W. McMurren
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Oregon (City or town) (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Saw Mill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Wilson
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) Nov. 12, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by Bureau of Vital Statistics

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lena McMurren, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ralph Theodore McMurren (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ida Wilson (Name of attendant at birth), who attended said birth Now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lena McMurren Lena McMurren Signature

1107 State St., Boise, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of November, 19 40

(SEAL) Beth Pemberton Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1 copy issued 11/12/40 L. B.

APR 3 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-16-001-681

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 301696
Local Reg. No.
Reg. Dist. No.

OCT 25 1940

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Eagle
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: Ranch Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home None days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Ada
(c) City Eagle
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** JAMES FAIRWEATHER

5. Date of Birth (Month, day, year) Sept 16, 1913

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM HARRY FAIRWEATHER
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace DETROIT (City or town) MICH. (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business HORSE TRADER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA MAY O'HARA
17. Color or Race WHITE
18. Age at time of THIS birth 28 years
19. Birthplace DETROIT (City or town) MICH. (State or foreign country)
20. Exact Occupation HOME WIFE
21. Industry or Business HOME WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mae D. Atwood (Registrar's signature)

27. Given name added on ..... by Chief of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature** James L. Stewart M.D. or ..... (D.O., Midwife, etc.)
and address ..... Date

State of Oregon }
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Patrick Fairweather being first duly sworn, say that I am related (Related to (or) acquainted with)
to James Fairweather as Brother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Stewart, who attended
(Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

X Patrick Fairweather Name

X1204 N. E. 20th Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 22 day of Oct. 1940

(SEAL) G. M. Bumgardner Notary Public, residing at Portland, Ore.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-126-cox-493

RECEIVED
NOV 1940

Amended 1/24/75

301736

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Ada
City of near Duncan Station
No.
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Richard Morse Mitchell

3. Sex M | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes. | 8. Date of birth May 26, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Joseph Calvin Mitchell	18. Full maiden name: Mabel Evelina Mitchell
10. Residence (usual place of abode) (If non-resident, give place and State): Duncan Sta	19. Residence (usual place of abode) (If non-resident, give place and State): Duncan Sta
11. Color or race: W | 12. Age at last birthday: 31 (years)	20. Color or race: W | 21. Age at last birthday: 25 (years)
13. Birthplace (city or place) (State or Country): Ill.	22. Birthplace (city or place) (State or Country): Kansas
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: worked on	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: irrigation project.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____	25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? 1% Silver nitrate

28. Number of children of this mother II (At time of this birth and including this child)
(a) Born alive and now living II (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ { months or weeks } | 30. Cause of stillbirth ____ { Before labor ____ During labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 7.10 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____
(Date of)
____ Registrar.

(Signed) John P. Smith, M. D.
or ____, Midwife
Address Boise
Filed Bureau of Vital Statistics Mae L. Atwood Registrar.

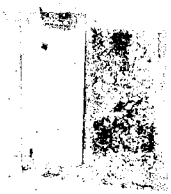
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

D

DUP OF 13-321850

BOTH DELAYED

JUN 27 1963



APR 4 1942

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1-23 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 24 11 32 AM '75

State of Idaho } ss.
County of .....

Certificate No. 301736

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Richard Morris Mitchell (Name on Original Certificate) who was born (Was Born or Died) on May 26, 1913 (Date of Event)
in Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Near Duncan Station (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle Name	Morris	Morse

Subscribed and sworn to before me this 24 day of
....., 19 75
Notary Public, residing at Boise Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed Richard Morse Mitchell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3222 - W. 28 St., Boise Idaho 83703
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

JAN 24 1975

Daughters birth certificate Carla Virginia Mitchell born Dec. 29, 1946at Boise, Idaho, File # 430601 gives fathers name as Richard Morse Mitchell. Viewed by VS

SEP 20 1976

Discharge US Navy Richard Morse Mitchell # 242206 Date of induction 2/23/43 date of discharge Jan. 3, 1946 date of birth May 26, 1913 , Boise, Idaho. Viewed by VS

APR [illegible]

315-109-022-293

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 18 1940

State File No. 301786
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St Anthony
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county .....years. 4 months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Murphy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Murphy Idaho

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Carl M. Cantwell

5. Date of Birth (Month, day, year) Feb 4 - 1913

6. Sex. male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Henry Cantwell

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Lesueur (City or town) Minn. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lenna Sonora Selkey

17. Color or Race White

18. Age at time of THIS birth 29 years

19. Birthplace Montague (City or town) Texas (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child. 3 (b) Born alive and now living. 3
(c) Born alive and now dead. (d) Stillborn.

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 PM M. on the date and at the place stated above, and that personal particulars were furnished by Lenna Cantwell (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Nov. 18, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given Bureau of Vital Statistics by (Registrar's signature)

25. Attendant's **OWN signature** Frances Libby (M.D., Midwife, etc.)
and address 707 O'Farrell Boise, Ida.

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Frances Libby (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this .....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 8 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

653-109 030-597

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 302904

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Goldberg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NOV 27 1940
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Goldberg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Goldberg, Idaho

3. RESIDENCE of FATHER (city, state): Goldberg, Ida.

4. FULL NAME OF CHILD Ruffus Clifford Wells

5. Date of Birth (Month, day, year) Jan 9th 1913

6. Sex Male

7. Twin or Triplet 3rd/

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ruffus Elbert Wells

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Tennessee, (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen N Vigus

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Whites Burow (City or town) Texas (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3r
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11' A. M. on the date and at the place stated above, and that personal particulars were furnished by Helen N Vigus Wells (First name) (Last name), who is related to this child as Mother (Mother)

Mae G. Atwood

26. (a) Nov. 27, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on Affidavit of Vital Statistics (Registrar's signature)

25. Attendant's OWN signature x Helen Ann Wells M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen N Vigus Wells, being first duly sworn, say that I am the Mother (Related to (or) acquainted with)
Ruffus Clifford Wells (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Leon Thompson (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Helen Ann Wells Signature

P. O. Address

Subscribed and sworn to before me on this 26th day of November 1940 at Whittier, Calif.

(SEAL) Eva M. Ferguson Notary Public, residing at Whittier Calif.

My Commission Expires Mar. 30, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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257 128-040-145

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 302927
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Kellogg
(c) Street Address or R F D No. Rural
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years 5 months -- days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Post Office Box

3. **RESIDENCE OF FATHER** (city, state) Kellogg, Idaho

4. **FULL NAME OF CHILD** Reino Walfred Seppamaki

5. Date of Birth (Month, day, year) Jan. 28, 1913

6. Sex. Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. 9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. **FULL NAME** John Seppamaki	16. **FULL MAIDEN NAME** Fiina Laura Juntila
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 26 yrs.	18. Age at time of THIS birth 20 years
13. Birthplace Joki Kyla V.L. Finland (City or town) (State or foreign country)	19. Birthplace Pyha Jarvi O.L. Finland (City or town) (State or foreign country)
14. Exact Occupation Miner	20. Exact Occupation Housewife
15. Industry or Business Mining	21. Industry or Business Neither

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother) Mae G. Atwood

26. (a) NOV 28 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Michigan }
County of Muskegon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Fiina Laura Seppamaki, being first duly sworn, say that I am related to (Related to (or) acquainted with) Reino Walfred Seppamaki (Name of person on certificate above) as mother of Reino W. Seppamaki (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mc Cracken (Name of attendant at birth), who attended said birth, cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

× Mrs. Fiina Laura Seppamaki Name
× 2025 Le Fakte ave Muskegon Address

Subscribed and sworn to before me on this 31st day of October

(SEAL)

Chester J. VanDamm Notary Public, residing at Muskegon Co.

My Commission Expires Sept. 6, 1941

MAR 1 1 1949

12/3/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dep. L 1913 - 11831

DELAYED

386 129 022-234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 5 1940

State File No. 303035
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County. Fremont (b) City. Burton
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county. 8 years. 1 months. 18 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Fremont
(c) City. Burton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address. Redburg
3. **RESIDENCE OF FATHER** (city, state). Burton Idaho

4. **FULL NAME OF CHILD.** Lester Wilbur Thompson
5. Date of Birth (Month, day, year) March 29, 1913
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Norman Thompson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace. Walker (City or town) Missouri (State or foreign country)
14. Exact Occupation. Farm laborer
15. Industry or Business. Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Stuart
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace. Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation. housewife
21. Industry or Business. housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. 2 (b) Born alive and now living. 2
(c) Born alive and now dead. None (d) Stillborn. None

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother). Mae G. Atwood

26. (a) Dec. 5, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

Bureau of Vital Statistics

State of Oregon
County of Baker } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Norman Thompson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lester Wilbur Thompson (Name of person on certificate above) Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Carl J. Putnam (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Norman Thompson Name
Richland Oregon P. O. Address

Subscribed and sworn to before me on this 3rd day of December A.D. 1940

(SEAL) John H. Saul Notary Public, residing at Richland Oregon

My Comm Exp 8/15/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

12/12/40 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 13-13987

DUP OF 13-13987

216127 007 386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

304265

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Hailey
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home:
Stayed in own home.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 20 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Hailey, Idaho

3. **RESIDENCE OF FATHER** (city, state) Hailey

4. **FULL NAME OF CHILD** Roy Leonard Sawyer

5. Date of Birth (Month, day, year) 12/27/1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Cohen Marsh Sawyer
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Ogden, (City or town) Utah (State or foreign country)
14. Exact Occupation Harness Maker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Viola Thompson
17. Color or Race White
18. Age at time of THIS birth 23 years
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8:00 P M. on the date and at the place stated above, and that personal particulars were furnished by Rose Sawyer (First name) (Last name), who is related to this child as Mother (Mother, father, etc.)

25. Attendant's **OWN signature** Nora Thompson (M.D., D.O., Midwife, etc.)
and address Bellevue, Ida. Date 12/15/40

26. (a) Dec. 20, 1940 (Date received) (b) Mae G. Atwood (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)
Bureau of Vital Statistics

State of Idaho }
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. N. L. Thompson, being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy Issued Dec. 30, 1940. E.W.

453 27 1028-235

United States
Department of Commerce
Bureau of the Census

REC (Be sure the information is as of date of birth of THIS child)

DEC 20 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304280
Local Reg. No. 434
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Twin Lakes
(c) Street Address or R F D No. Rathdrum, Route 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 6 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Twin Lakes (Rathdrum
(d) Street Address or R.F.D. No. Route 2
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Rathdrum, Route 2

3. **RESIDENCE OF FATHER** (city, state) Twin Lakes

4. **FULL NAME OF CHILD** Thelma Mary Melder

5. Date of Birth (Month, day, year) August 19, 1913

6. Sex. F

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Eugene Melder
11. Color or Race W
12. Age at time of THIS birth 38 yrs.
13. Birthplace California (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Mary Stevenson
17. Color or Race W
18. Age at time of THIS birth 39 years
19. Birthplace Epsom Downs, England (City or town) (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business Public Schools

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 12-16-1940 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frank S. Melder, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thelma Mary Melder (Name of person on certificate above) as Older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mary Emily Young (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frank S. Melder Name
2215-24 No Seattle, Wn P. O. Address

Subscribed and sworn to before me on this 16th day of December, 1940

(SEAL)

[signature]
Clerk of the District Court
Ex-Officio Auditor and Recorder

Notary Public residing at

By Vera M. Teil, Deputy

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Dec. 31, 1940. E.W.

985/121 025-160

304321

United States
Department of Commerce
Bureau of the Census

RECEIVED
DEC 21 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 234
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Woodland
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: none
child born at home in Woodland, Idaho.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Woodland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11½ yrs.
(f) Mother's mailing address Woodland, Idaho
3. **RESIDENCE OF FATHER** (city, state) Woodland, Ida.

4. **FULL NAME OF CHILD** Paul Everett Ryner.
5. Date of Birth (Month, day, year) September 29, 1913
6. Sex. male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Ryner
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Utah (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming and laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Frederika Johnson
17. Color or Race white
18. Age at time of THIS birth 35 years
19. Birthplace Don't know. (City or town) Sweden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above and that personal particulars were furnished by Anna Frederika Ryner (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Dec. 10th 1940 (Date received) (b) Beulah V. Brown (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** C. H. Bryan M.D. or (D.O., Midwife, etc.)
and address Kamiah, Ida. Date 12/10/40

State of Washington
County of Spokane
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Anna Frederika Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul Everett Ryner (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. H. Bryan (Name of attendant at birth), who attended said birth resides at Kamiah, Idaho (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Frederika Ryner. Name
825 E. North Ave., Spokane, Washington. P. O. Address

Subscribed and sworn to before me on this 6th day of December, 1940.

(SEAL) Burton J. Onstine Notary Public, residing at Spokane, Washington.

My Commission expires August 7th 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-129-025-395

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 30 1940

304450

1. PLACE OF BIRTH
County of Idaho Co.
City of Kamiah Ida.
No. ..... St.
at home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Idaho Virgil Rowland

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature no. Full term yes | 7. Legitimate? yes | 8. Date of birth 10-29-1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Jas. A Rowland	18. Full maiden name Lucy J. Linner
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race W | 12. Age at last birthday 36 (years)	20. Color or race W | 21. Age at last birthday 28 (years)
13. Birthplace (city or place) (State or Country) Tennessee	22. Birthplace (city or place) (State or Country) Tenessee
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work 1940, 19.... | 17. Total time (years) spent in this work many	25. Date (month and year) last engaged in this work 1940, 19.... | 26. Total time (years) spent in this work many

27. What prophylactic was used to prevent Ophthalmia Neonatorum? argyrol

28. Number of children of this mother (At time of this birth and including this child) one
✓ (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. 12-27-40

(Signed) W. F. McMahan, M. D.
or Lewiston, Idaho, ~~Midwife~~
Address Mae G. Atwood

Give name added from a supplemental report .....
(Date of)

Filed Dec. 30, 1940 Mae G. Atwood
Bureau of Vital Statistics
Registrar.

Registrar.

Certified Copy issued January 6, 1941. E.W.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

142-124 023

(Be sure the information is as of date of birth of THIS child)

DEC 31 1940

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304452
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County. Kootenai (b) City. Coeur d'Alene
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Coeur d'Alene
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State. Idaho (b) County. Kootenai
(c) City. Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address. Coeur d'Alene

3. **RESIDENCE OF FATHER** (city, state) "

4. **FULL NAME OF CHILD** Andrew William Imberg

5. Date of Birth (Month, day, year) March 24, 191[illegible]

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew William Imberg
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace. Castle Rock (City or town), Minn. (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl E. Wright
17. Color or Race white
18. Age at time of THIS birth [illegible] years
19. Birthplace. Omaha (City or town), Nebraska (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2, (b) ~~Born alive~~ and now living 2. (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Dec 31 1940 (Date received) (b) Mae G Atwood (Registrar's signature)

27. Given name [illegible] Bureau of Vital Statistics (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or..... (D.O., Midwife, etc.) and address - Date

State of Washington } ss.
County of King }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Andrew W. Imberg (Name of person on certificate above), being first duly sworn, say that I am Father (Related to (or) acquainted with) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John T. Wood (Name of attendant at birth), who attended said birth, Cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Andrew W. Imberg Name
3406 Hunter Road, Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 26th day of December, 1940

(SEAL) [illegible] Notary Public, residing at Seattle, Wash.

AUG 2 9 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified copy issued 1-9-1941. D.P.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304518

1. PLACE OF BIRTH
County of Benewah
City of Santa, Idaho
No. 4295-109005-766 St.
(If born in hospital or institution give name.)

RECEIVED JAN 6 19

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Bernard Nicholas Bretz

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
male	4. Twin, triplet, or other ____ 5. Number, in order of birth ____	____	X	Nov 9, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: Bernard Robert Bretz	18. Full maiden name: Estella Grace Goff
10. Residence (usual place of abode) (If non-resident, give place and State): St. Maries, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): St. Maries, Ida
11. Color or race: white | 12. Age at last birthday: 69 (years)	20. Color or race: white | 21. Age at last birthday: 58 (years)
13. Birthplace (city or place) (State or Country): Germany	22. Birthplace (city or place) (State or Country): Butte Montana
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____ 16. Date (month and year) last engaged in this work: ____, 1928 17. Total time (years) spent in this work: 15	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: ____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____ 25. Date (month and year) last engaged in this work: ____, 19____ 26. Total time (years) spent in this work: ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother: 11 (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 3 (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of) ____

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Jan. 6, 1941, 193... Mae G. Atwood
Registrar.

Mae G. Atwood
Bureau of Vital Statistics Registrar.

PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Benewah } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Estella Grace Goff Bretz being first duly sworn says that she is the mother (Relationship of child)* of Bernard Nicholas Bretz born November 9, 1913 (Date of birth) at Santa, Idaho,

~~whose~~ certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Bernard Nicholas Bretz hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. John Renfro, ~~M.D.~~ Midwife was the medical attendant at the birth of said Bernard Nicholas Bretz and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Estella Grace Goff Bretz

P. O. Address St. Maries, Idaho

Subscribed and sworn to before me this 3rd day of January, 19 41

R. B. Sargent
Notary Public.

Residing at St. Maries, Idaho.

Commission expires June 28, 1942

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

1/11/41 L. B.

A29626 034434

RECEIVED
JAN 6 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304541

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

1. PLACE OF BIRTH
County of Minidoka
City of Rupert
No. No streets, no numbers St. at that time.
(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Brown, Amon Harmon

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term X

7. Legitimate? X

8. Date of birth Oct. 26, 1913 (Month, Day, Year)

FATHER

9. Full name: Brown, Amon Benjamin

10. Residence (usual place of abode) (If non-resident, give place and State): Rupert

11. Color or race: white | 12. Age at last birthday: 32 (years)

13. Birthplace (city or place) (State or Country): Lincolnville, Maine

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: U.S. Reclamation Servic

16. Date (month and year) last engaged in this work: Currently, 19____

17. Total time (years) spent in this work: four.

MOTHER

18. Full maiden name: McManis, Mora Marie

19. Residence (usual place of abode) (If non-resident, give place and State): Rupert

20. Color or race: white | 21. Age at last birthday: 22 (years)

22. Birthplace (city or place) (State or Country): Ogden, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home.

25. Date (month and year) last engaged in this work: Currently, 19____

26. Total time (years) spent in this work: two.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nitrate.

28. Number of children of this mother (At time of this birth and including this child): one.
(a) Born alive and now living: one (b) Born alive but now dead: 0 (c) Stillborn: 0

29. If stillborn, period of gestation ____ months or weeks

30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report: Brown, Amon Benjamin Brown, Mora Marie McManis

(Date of) ____

(Signed) ____, M. D.

or ____, Midwife

Address ____

Filed Jan 6, 1941

Registrar.

Mae G Atwood
Bureau of Vital Statistics
Registrar.

DELAYED DUP OF 1913 - 17187

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California }
County of Riverside } ss.

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mora Marie McManis Brown being first duly sworn says that she is the mother (Relationship of child)* of Amon Harmon Brown born October 26, 1913 (Date of birth) at Rupert, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Amon Harmon Brown hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. B. Kenagy, M. D., was the ~~Midwife~~ medical attendant at the birth of said Amon Harmon Brown and that the said medical attendant is now deceased. (Now deceased (or) cannot be located)

Name of Affiant Mora McManis Brown

P. O. Address 6450 Palm Ave., Riverside, Calif.

Subscribed and sworn to before me this 4 day of January, 1944

Flora Kauffman
Notary Public.

My Commission Expires July 24, 1941

Residing at Riverside, Calif., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Riverside } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Amon Benjamin Brown being first duly sworn says that he is the father (Relationship of child)* of Amon Harmon Brown born October 26, 1913 (Date of birth) at Rupert, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Amon Harmon Brown hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that J. B. Kenagy, M. D., was the ~~MXWIX~~ medical attendant at the birth of said Amon Harmon Brown and that the said medical attendant is now deceased.
(Now deceased (or) cannot be located)

Name of Affiant Amon Benjamin Brown

P. O. Address 6450 Palm Ave., Riverside, Calif.

Subscribed and sworn to before me this 4 day of January, 1941

Flora Kauffman
Notary Public.

My Commission Expires July 24, 1941

Residing at Riverside, Calif., ~~Idaho.~~

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

Certified copy issued Jan. 29, 1941
2/3/41 [illegible]

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 11 1941

493-113-010-766

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304605
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D No. I Street
(d) Name of Hospital or Maternity Home: Fuller Hospital Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
In **THIS** county 3 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. I Street
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Idaho Falls

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** James Marion Miller

5. Date of Birth (Month, day, year) 2-13-1913

6. Sex. Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard M. Miller
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Murray (City or town) Utah (State or foreign country)
14. Exact Occupation Auto Salesman
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Powell Miller
17. Color or Race White
18. Age at time of THIS birth 30 years
19. Birthplace Murray (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7 AM. M. on the date and at the place stated above, and that personal particulars were furnished by Nellie Powell Miller (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Jan. 11, 1941 (Date received) (b) Clyde Bridger, Acting (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.) and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Nellie Powell Miller & Leonard M. Miller being first duly sworn, say that I are related (Related to (or) acquainted with) James Marion Miller (Name of person on certificate above) as Mother and Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fuller (Name of attendant at birth), who attended said birth Cannot locate (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie Powell Miller Name
Leonard M. Miller 119 No. Electric Alhambra, Calif. P.O. Address

Subscribed and sworn to before me on this 10th day of January 1941

(SEAL) [signature] Notary Public, residing at Alhambra

My Commission Expires September 18, 1942

Notary Public in and for the County of Los Angeles, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1972

1/16/41/ EA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-12538

351 109 025 219

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304614
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Joseph
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 7 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Joseph
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Randle, Wn. (Quaint)
3. RESIDENCE of FATHER (city, state): Randle, Wn.

4. FULL NAME OF CHILD Floyd Eugene Cearley
5. Date of Birth (Month, day, year) April 9th 1913
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos.
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Luther Marion Cearley
11. Color or Race White (Scotch Irish)
12. Age at time of THIS birth 24 yrs.
13. Birthplace Ellensberg, Wash. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Juanita Barrett
17. Color or Race White (Scotch Irish)
18. Age at time of THIS birth 17 yrs.
19. Birthplace Brownsville Oregon (City or town) (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borasic Acid - no eye infection
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 P M. on the date and at the place stated above, and that personal particulars were furnished by Juanita Cearley (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan. 10, 1941 (Date received) (b) Clyde A. Bridger, Acting (Registrar's signature) Clyde A. Bridger
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Lissa E. Barrett grand mother of child M.D. (D.O., Midwife, etc.)
present and address Kosmos - Wash - Date Jan 6 - '41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/16/41/ EA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 106 025 133 RECEIVED

United States
Department of Commerce
Bureau of the Census

JAN 1 ? 194?

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304638
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Grangeville
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
In THIS county 4 years 11 month 6 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. One
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address Grangeville, Ida
3. RESIDENCE of FATHER (city, state): " "

4. FULL NAME OF CHILD George Elmer Schwarz
5. Date of Birth (Month, day, year) April 6, 1913
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 8 mo.
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Julius Schwarz
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Kenosha (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Ruth Allen
17. Color or Race white
18. Age at time of THIS birth 39 yrs.
19. Birthplace Grangeville (~~City or~~ town), Ida. R. no. 2 (State ~~or foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 6 p.m. on the date and at the place stated above, and that personal particulars were furnished by Ruth Allen Schwarz (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JAN 1 ? 194? (Date received) (b) Cly de A. Bridger Adm (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

A Ruth Allen Schwarz, being first duly sworn, say that I am Related (Related to (or) acquainted with) George Elmer Schwarz (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. J. Stockton (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ruth Allen Schwarz Signature
P.O. Address

Subscribed and sworn to before me on this 11th day of January 1941

(SEAL) Samuel Swayne Notary Public, residing at Orofino Idaho
My Commission Expires Nov 17, 1942.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1975

1/15/71 EA

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

316-111 006-635

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

304692

JAN 6 1941

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

1. PLACE OF BIRTH

County of Bingham

City of Shelley

No. Farm Home one mile north St. and one half mile east

(If born in hospital or institution give name.)

2. FULL NAME OF CHILD Reid Stanley Lawrence

3. Sex	If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term X	7. Legitimate? Yes	8. Date of birth Nov 11, 1913 (Month, Day, Year)
Male				

FATHER

9. Full name George Howard Lawrence

10. Residence (usual place of abode) (If non-resident, give place and State) Shelley

11. Color or race White | 12. Age at last birthday 33 (years)

13. Birthplace (city or place) (State or Country) American Fork, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. farm

16. Date (month and year) last engaged in this work Nov 11, 1913

17. Total time (years) spent in this work 17

MOTHER

18. Full maiden name Pearl Oler

19. Residence (usual place of abode) (If non-resident, give place and State) Shelley

20. Color or race White | 21. Age at last birthday 27 (years)

22. Birthplace (city or place) (State or Country) American Fork, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. farm

25. Date (month and year) last engaged in this work Nov 11, 1913

26. Total time (years) spent in this work 8

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of Stillbirth ✓ During labor ..... Before labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 2:000 m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) ....., M. D.

or Mrs. Elyade A. Lawrence, Midwife

Address Shelley Idaho

Filed Jan 6, 1941 Mae G. Attwood

Bureau of Vital Statistics Registrar.

296 114 040 619

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 304729
Local Reg. No. 3
Reg. Dist. No. 121

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Black Bear
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Black Bear
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state) Black Bear

4. **FULL NAME OF CHILD** Gordon Dale Brown

5. Date of Birth (Month, day, year) Sept. 14, 1913

6. Sex. M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles D. Brown
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Long Prairie, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Interstate Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie May Ward
17. Color or Race W
18. Age at time of THIS birth 33 years
19. Birthplace Fergus Falls, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) 1.13.41 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elsie May Brown, being first duly sworn, say that I am related to (Related to (or) acquainted with) Gordon Dale Brown (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Laura Brown (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Elsie May Brown Name
Rt #2, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of January, 1941

(SEAL) By Adath Bakke, Deputy Jas. A. Foster Notary Public residing at Clerk of the District Court Ex-Officio Auditor and Recorder

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/23/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-216-014-315

304770

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 304770
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Near New Plymouth
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City (Near) New Plymouth
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 29 yrs.
(f) Mother's mailing address New Plymouth

3. **RESIDENCE of FATHER** (city, state) New Plymouth, Ida.

4. **FULL NAME OF CHILD** Winifred Ruth Detrick

5. Date of Birth (Month, day, year) Aug. 16, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willard Detrick
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Leon (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Langley
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Near Folke Store (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5:00 A M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan. 22, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Willard Detrick, being first duly sworn, say that I am Father (Related to (or) acquainted with) of Winifred Ruth Detrick (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jennie Langley (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Willard Detrick Signature

Corona rt 1 Boise P. O. Address

Subscribed and sworn to before me on this 22 day of January, 1941

(SEAL) John G Dunham Notary Public, residing at Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1/22/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4362 121-08-415

United States
Department of Commerce
Bureau of the Census

DEC 23 1940

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 305900
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Carl David McFall

5. Date of Birth (Month, day, year) May 21, 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank C. McFall
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zella Davis
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 23 1940 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Valeria McFall ~~MDX~~ ~~MXX~~, Midwife, etc.)
and address McCall Idaho Date Jan 16 - 1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1975
NOV 12 1976
NOV 15 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125-102-1040-546

United States
Department of Commerce
Bureau of the Census

RECEIVED
JAN 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306062
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wallace
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
Wallace Hospital; Wallace, Idaho
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home -days.
In **THIS** county -years -months -days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Mullan, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ? yrs.
(f) Mother's mailing address Mullan, Idaho
3. **RESIDENCE OF FATHER** (city, state) Mullan, Idah

4. **FULL NAME OF CHILD** Donald J. Abeling
5. Date of Birth (Month, day, year) August 2, 1913
6. Sex. male
7. Twin or Triplet -
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy -
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chester Harvey Abeling
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace - (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian Edwards
17. Color or Race white
18. Age at time of THIS birth 30 years
19. Birthplace ? (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ? (b) Born alive and now living ?
(c) Born alive and now dead ? (d) Stillborn ?

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lillian Edwards Abeling (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 27 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)
Acting

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** Walter T. Smith M.D. M.D. or (D.O., Midwife, etc.)
and address Box 199; Wallace, Ida Date 1/11/41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Name

P. O. Address

Subscribed and sworn to before me on this day of

(SEAL) Notary Public, residing at

The above information taken from our office and hospital records.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Certified Copy issued Feb. 5, 1941. E.M.

719-218-011-868

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306123
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boundary (b) City Naples
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Naples
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Eleanor Mary Parsons

5. Date of Birth (Month, day, year) July 18-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Parsons

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Drisback Minnesota
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May Hoy

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Morrowville Kansas
(City or town) (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lillie Parsons (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JAN 30 1991 (Date received) (b) Lloyde A. Bridger (Registrar's signature)

25. Attendant's **OWN** signature William Parsons M.D. (D.O., Midwife, etc.)
and address Naples Date 1-28-41

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

JUN 30 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. 791-163-040-417 PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 5 1941

CERTIFICATE OF BIRTH

306203

Registration District No. ..... State File No. .....

Prim. Registration District No. 141 Local Registrar's No. ~~[illegible]~~ 4

2. FULL NAME OF CHILD Frank Quinton Giachino

3. Sex boy | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Apr 13, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Giachino	18. Full maiden name Maddalena Magnino
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan	19. Residence (usual place of abode) (If non-resident, give place and State) Mullan
11. Color or race W | 12. Age at last birthday 38 (years)	20. Color or race W | 21. Age at last birthday 32 (years)
13. Birthplace (city or place) (State or Country) ~~Mullan Ida~~ Italy	22. Birthplace (city or place) (State or Country) Italy
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work Apr, 1913 | 17. Total time (years) spent in this work 6	25. Date (month and year) last engaged in this work Apr, 1913 | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyrol

28. Number of children of this mother 6 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead 1 (c) Stillborn —

29. If stillborn, period of gestation — months or weeks | 30. Cause of Stillbirth — During labor — Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive at 4 a.m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F W Rolfs, M. D.

or ....., Midwife

Address Mullan Ida

Give name added from a supplemental report .....
(Date of)

Filed Feb 4, 1941 Johnnie Bever
Registrar.

Registrar.

DELAYED

219-114-042-552

United States
Department of Commerce
Bureau of the Census

JAN 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306205
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls City Twin Falls
(c) Street Address or R.F.D. No. 351 - 3rd - East
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 351 - 3rd East
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address 351 - 3rd East
3. **RESIDENCE of FATHER** (city, state). 351 - 3rd E

4. **FULL NAME OF CHILD** Benjamin Norton Bailey
5. Date of Birth (Month, day, year) August 19, 1913
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Loyce Milton Bailey
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Lockport, N.Y. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Maud Nesbitt
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Ada Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 31 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maud N. Bailey, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Benjamin Norton Bailey (Name of person on certificate above), whose birth certificate (State relationship or acquaintance) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that W. H. Wilson, who attended (Name of attendant at birth) said birth is deceased and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Maud N. Bailey Signature
Buhl, Idaho P. O. Address

Subscribed and sworn to before me on this 29 day of Jan, 1941

(SEAL) H. W. Conrad Notary Public, residing at Buhl Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

2/17/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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412-105-003-299 RECEIVED

306277

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

FEB 7 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 511
Reg. Dist. No. 22

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Bancroft
   (c) ~~Street Address~~ or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Bancroft
   (d) ~~Street Address~~ or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Keith Brisky Mabey

5. Date of Birth (Month, day, year) July- 5 1913

6. **Sex** Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Albert Mabey

11. Color or Race hite

12. Age at time of THIS birth 37 yrs.

13. Birthplace Woodruff, Utah
(City or Town) (State or foreign country)

14. Exact Occupation Stock raising and rancher

15. Industry or Business Ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nan Brisky

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Milltown Alabama.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:45 PM. on the date and at the place stated above, and that personal particulars were furnished by William A. Mabey (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Feb- 5- 1941 (Date received) (b) Mrs. J. J. Fitz (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's OWN signature had no M. D. M.D.
Alice A ton, Midwife. (D.O., Midwife, etc.)
Deceased.
and address ..... Date .....

2/18/41 L. B.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

William Albert Mabey being first duly sworn says that he is the Father (Relationship of child)* of Keith Brisky Mabey born July- 5- 1913 (Date of birth) at Bancroft, Idaho, whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Keith Brisky Mabey hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs. Alice Aston, ~~M.D.~~ Midwife was the medical attendant at the birth of said Keith Brisky Mabey and that the said medical attendant is Now Deceased (Now deceased (or) cannot be located)

Name of Affiant William Albert Mabey

P. O. Address Bancroft Idaho

Subscribed and sworn to before me this 6th day of February 1941

Charles W. Shanklin
Notary Public.

Residing at Bancroft, Idaho.

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

557-120-005-212

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 306305
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No. - - -
(d) Name of Hospital or Maternity Home: St. Maries Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1/2 days.
In **THIS** county 4 years ? month ? days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address St. Maries, Idaho

3. **RESIDENCE of FATHER** (city, state) St. Maries, Ida.

4. **FULL NAME OF CHILD** Paul B. Negovan
5. Date of Birth (Month, day, year) Nov. 20, 1913
6. Sex male
7. Twin or Triplet Twin
If so—born 1st, 2nd, 3rd second
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Emil Negovan
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Gospich, Jugoslavia (City or town) (State or foreign country)
14. Exact Occupation Bartender
15. Industry or Business Saloon

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Basich
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Gospich Jugoslavia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 19 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bessie Negovan, being first duly sworn, say that I am related to (Related to (or) acquainted with) Paul B. Negovan (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. D. E. Cornwall (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs. Bessie Negovan Signature
E. 11 - 4th Ave., Spokane, Washington P. O. Address

Subscribed and sworn to before me on this 8 day of February, 1941

(SEAL) Milton S. Hanson Notary Public, residing at Spokane, Washington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

6/17/41 L. B.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS JUN 9 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington, } ss.
County of Spokane,

Certificate No. 306305
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Paul B. Negovan (Name on original certificate) who was born (Was born or died) on Nov. 20, 1913 (Date of event)

in St. Maries, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Date of birth	Nov. 20, 1914	Nov. 20, 1913

Subscribed and sworn to before me this 6th day of June, 1941

Notary Public, residing at Spokane, Wash.

My commission expires 1-26-44

[SEAL]

Signed Bessie Negovan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

E. 11 - 4th Ave., Spokane, Wash.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Washington, } ss.
County of Spokane,

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 1941.

Notary Public, residing at Spokane, Wash.

My commission expires 1-26-44

[SEAL]

Signed Ruby Radwick
(Signature of any credible person other than the previous affiant)

E. 1110 - 19th Ave.
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

249-226-04-415 306313

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306313
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 836 Warm Springs ave
(e) How long has MOTHER lived in Idaho? 29 yrs.
(f) Mother's mailing address Boise Idaho

3. RESIDENCE of FATHER (~~city~~, state): Idaho

4. FULL NAME OF CHILD Catherine Smith

5. Date of Birth (Month, day, year) Feb. 26 - 1913

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME Peter James Smith
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Clay Ford (City or town) Iowa (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Miner

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora M. Manning
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Bo Leadville Colo. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 13, 1941 (Date received) (b) ~~Clyde K. Bridger~~ Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature) Acting

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora M Smith, being first duly sworn, say that I am related to (Related to ~~(or) acquainted with~~) Catherine Smith (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) ~~cannot be located~~) and that this birth has ~~not been~~ previously recorded.

Cora M. Smith Signature
Boise, Idaho, Care of Atlanta Stage P.O. Address

Subscribed and sworn to before me on this 7th day of Feby, 1941.

(SEAL) Charles Radock Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2/12/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

267-211025-149

RECEIVED

FEB 11 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306352

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
   (a) County Idaho (b) City Riceburk
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Rice Creek.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address.....

3. **RESIDENCE of FATHER** (city, state).

4. **FULL NAME OF CHILD** Mary Irene Box

5. Date of Birth (Month, day, year) Aug. 11, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Wilbur A. Box
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Springfield, Mo. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Della Mae Murphey
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Little Rock, Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 11 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Minerva Winstead, being first duly sworn, say that I am Related (Related to (or) acquainted with) Mary Irene Box (Name of person on certificate above) as a Grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Farlett (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Minerva Winstead Signature

Cottonwood Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of February, 1941

(SEAL) John L. Booth Notary Public, residing at Cottonwood Ida.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-117-019-231

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 306438
Local Reg. No.
Reg. Dist. No.

FEB 14 1941

1. **PLACE OF BIRTH:**
(a) County Custer (b) City MacRay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Custer
(c) City MacKay
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address (Crew dead)

3. **RESIDENCE of FATHER** (city, state): MacRay Ida.

4. **FULL NAME OF CHILD** Charles Edward Cresto

5. Date of Birth (Month, day, year) Feb 17th 1918

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Dominic Cresto
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Marcelle France (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Stark
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Elyde A. Bridger (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of }
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph Cresto, being first duly sworn, say that I am Father (Related to (or) acquainted with) Charles Edward Cresto (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Wells (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph Cresto Signature
MacRay Idaho P. O. Address

Subscribed and sworn to before me on this 13 day of Feb, 1941

(SEAL) A. L. Anderson Notary Public, residing at Mackay Idaho

MY COMM. EXPIRES JULY 8, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

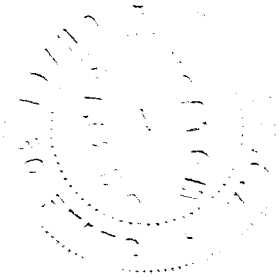
cc 2/24/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED



294-204-028-165

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED FEB 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 30644
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Ford, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None Delivery in family home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 6 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Ford
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address Ford, Idaho

3. RESIDENCE of FATHER (city, state): Ford, Idaho.

4. FULL NAME OF CHILD HARRIET LORENA KRUSE

5. Date of Birth (Month, day, year) March 4, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Frederick Kruse
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Rockford, Washington. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Industry of Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Ellen Jones
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Kinsley, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Industry of Agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) FEB 14 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wash.
County of Spokane, } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am related to (Related to (or) acquainted with) Harriet Lorena Kruse (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that there was no attendant (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas F. Kruse Signature
Rockford Wash. P. O. Address

Subscribed and sworn to before me on this 13 day of Feby 1941

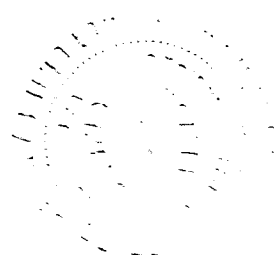
(SEAL) R E Graham Notary Public, residing at Rockford Wash

cc 2/24/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



413-216 028-293

307644

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 20 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No. 1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home.....days. In **THIS** county Yes years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. R F D #1
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Same as above

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Opal Flora Florence Matheson

5. Date of Birth (Month, day, year) Jan. 16, 1919

6. Sex. Female

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Samuel Matheson

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Dundas Prince Edward Island (City or town) (State or foreign country)

14. Exact Occupation Mill worker Lathe Dept.

15. Industry ~~or Business~~ Mill worker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Florence Bittlestone

17. Color or Race White

18. Age at time of THIS birth 23 years

19. Birthplace Kirksville Missouri (City or town) (State or foreign country)

20. Exact Occupation

21. Industry or Business House wife

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~ None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive, stillborn at 1919 M. on the date and at the place stated above and that personal particulars were furnished by Ina Florence Matheson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** M E B Matheson midwife (D.O., Midwife, etc.) and address 1909 5th Coeur d'Alene Idaho

26. (a) 2-17-1940 (Date received) (b) H L Newcomb (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am.....(Related to (or) acquainted with)
.....as....., whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that....., who attended
(Name of attendant at birth)
said birth.....and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2/26/41 rmf

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-107-04438

United States
Department of Commerce
Bureau of the Census

RECF (Be sure the information is as of date of birth of THIS child)

FEB 19 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307663
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa
(c) Street Address or R F.D No. 609 - 10th Ave.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 609 - 10th Ave.
(e) How long has **MOTHER** lived in Idaho? 7 yr. yrs.
(f) Mother's mailing address 609 - 10th Ave

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** James Ashley Roberts

5. Date of Birth (Month, day, year) Jan. 7, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gus Ashley Roberts
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Van Wert (City or town) Ohio (State or foreign country)
14. Exact Occupation Dry Goods Store owner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evadna McHolland
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Kickapoo (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of San Francisco

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gus A. Roberts, being first duly sworn, say that I am Father (Related to (or) acquainted with) of James Ashley Roberts (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. H. P. Ross (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Gus A. Roberts Name
840 Powell San Francisco P. O. Address

Subscribed and sworn to before me on this 17th day of December 1940

(SEAL) Virginia A. Beede Notary Public residing at ..... Notary Public
NOTARY PUBLIC
and for the City and County of San Francisco
State of California

My Commission Expires April 11, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF D55-892 1913

359-131-025-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307740
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Kooskia
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** Oliver Clyde Terry
5. Date of Birth (Month, day, year) May 31, 1913
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George W. Terry
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lewis County, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer and Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Beck
17. Color or Race White
18. Age at time of THIS birth 31 years
19. Birthplace Sand Creek Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

26. (a) Feb 24, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Lacy Ranta M.D. or Midwife (D.O., Midwife, etc.)
and address Kooskia Date Feb 22, 1941

State of Idaho
County of Idaho
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Felix Ranta, being first duly sworn, say that I am related to (Related to (or) acquainted with) Oliver Clyde Terry (Name of person on certificate above) as second cousin (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lacy Ranta (Name of attendant at birth), who attended said birth is my wife and that there was no doctor available (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Felix G. Ranta Name
Kooskia, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of February, 1941

(SEAL) S. F. Cleveland Notary Public, residing at Kooskia, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 2-26-41 hec

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-218-003-255

307784

United States
Department of Commerce
Bureau of the Census

RECEIVED FEB 18 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 307784
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 250 So. 3rd St
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 250 So. 3rd St
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address same

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Leonirda Luisa Pardini

5. Date of Birth (Month, day, year) Mar. 18, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Armando Pardini
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation Section foreman
15. Industry or Business Oregon Short Line RR

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Evelina Benediette
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Evelina B. Pardini (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A Bridger acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Annie Bird M.D. (D.O., Midwife, etc.)
and address Midwife, Salt Lake City Date Feby. 22, 1941
Ut. 49 North West Temple Street

State of Utah
County of Cache } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Armando Pardini, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Annie Bird (Name of attendant at birth), who attended said birth is residing in Salt Lake City, Utah. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Armando Pardini Signature

470 West center St Logan Utah P. O. Address

Subscribed and sworn to before me on this 13 day of Feb, 1941

(SEAL) ..... a Notary Public, residing at Logan Ut.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

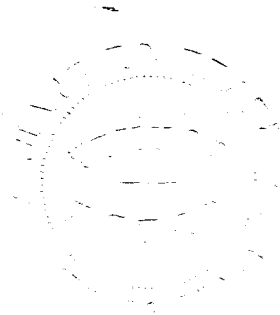
cc 3/3/41 rmf

Dup of 1913-11960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DUP OF 1913-11960

238-105-009-112

307793

United States
Department of Commerce
Bureau of the Census

RECEIVED
FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Ponderay
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 3 years 10 month 23 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Ponderay P.O.
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Ponderay P.O.

3. RESIDENCE of FATHER (city, state) Ponderay Ida

4. FULL NAME OF CHILD John Fredrick Schmitt

5. Date of Birth (Month, day, year) 3rd-5-1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Schmitt
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace ~~Ponderay~~ Odenbach (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inger Marie Aaser
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Onso (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Feb. 24, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho,
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John Schmitt, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Fredrick Schmitt (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attendant but I was present (Name of attendant at birth) at said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Schmitt Signature
Ponderay, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of February, 1941
(SEAL) Arthur L. Bowden Notary Public, residing at Sandpoint, Idaho

(over)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE OF IDAHO)
COUNTY OF BONNER) ss

I, INGER MARIE (AASER) SCHMITT, being first duly sworn, say that I am the mother of John Fredrick Schmitt, and I hereby certify that the foregoing affidavit by John Schmitt is true of my own knowledge.

Inger Marie Schmitt

Subscribed and sworn to before me this 21st day of February, 1941.

Arthur Bowden
NOTARY PUBLIC, Residing at
Sandpoint, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Certified Copy issued 3-3-41. E.W.

218-11-022-695

307795

United States Department of Commerce
Bureau of the Census

RECEIVED MAR 17 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307795
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. No address; Gen Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
~~In Hospital or Inst.~~ Home 30 days.
In **THIS** county years 9 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. Gen Delivery
(e) How long has **MOTHER** lived in Idaho? 9 mos. yrs
(f) Mother's mailing address St. Anthony

3. **RESIDENCE of FATHER** (city, state) St. Anthony, Ida

4. **FULL NAME OF CHILD** Thomas Richard Bayles

5. Date of Birth (Month, day, year) March 17, 1913

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Eli Bayles
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Pleasant Plains, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Edna Freeman
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Columbus, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Believed to be boric acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 0
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 17 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature deceased M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mabel E. Bayles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas R. Bayles (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Mrs. Mabel E. Bayles Signature
1146 North Jackson St. Roseburg Oregon P.O. Address

Subscribed and sworn to before me on this 13 day of March, 1941

(SEAL) Ellsworth P. Johnson Notary Public, residing at Everett, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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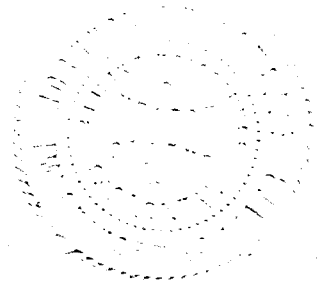


Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED

United States Department of Commerce Bureau of the Census

FEB 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307795

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county years 7 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.
   (f) Mother's mailing address St. Anthony, Idaho

3. **RESIDENCE of FATHER** (city, state) St. Anthony, Ida

4. **FULL NAME OF CHILD** Thomas Richard Bayles

5. Date of Birth (Month, day, year) Mar 17, 1913

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Eli Bayles
11. Color or Race Caucasian
12. Age at time of THIS birth 59 yrs.
13. Birthplace Pleasant Plains, Iowa (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business Building Contractor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Edna Freeman
17. Color or Race Caucasian
18. Age at time of THIS birth 32 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) FEB ... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rita R. Bayles, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas R. Bayles (Name of person on certificate above) as wife (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. West (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rita R. Bayles Signature

2115 Baker St. Everett, Washington P. O. Address

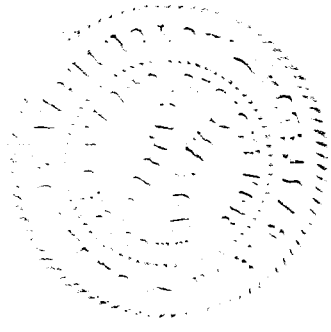
Subscribed and sworn to before me on this ..... day of FEB 17 1941, 19....

(SEAL) ..... Notary Public, residing at SNOHOMISH

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



814-12-002-659

307801

United States Department of Commerce
Bureau of the Census

RECEIVED
FEB 26 1941

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. PLACE OF BIRTH:
(a) County Adams (b) City Council
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
In THIS county 16 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Adams
(c) City Council
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 16 yrs. yrs.
(f) Mother's mailing address Ashland, Oregon

3. RESIDENCE of FATHER (city, state): Same

4. FULL NAME OF CHILD Clifford Carl Harpe

5. Date of Birth (Month, day, year) Dec. 28-1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Alex Harpe
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Council (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Esther Ferguson
17. Color or Race White
18. Age at time of THIS birth 18 yrs yrs.
19. Birthplace Fruitvale (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) No doctor-Midwife dead several years

RECEIVED
FEB 26 1941

26. (a) (Date received) (b) Clyde A Bridges (Registrar's signature) Acting

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alma Esther Cogswell, being first duly sworn, say that I am mother related (Related to (or) acquainted with) Clifford Carl Harpe (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Poynor (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alma Esther Cogswell Signature
Bx. 61 Ashland, Oregon P. O. Address

Subscribed and sworn to before me on this 21st day of February 1941

(SEAL) M. T. Burns Notary Public for Oregon Ashland, Ore.

My commission expires Feb. 3, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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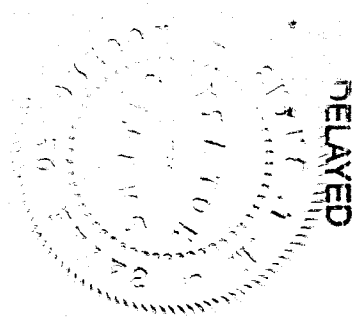

Certified copy issued 3-3-41. L.W.

DuPOD1913-20522

141-103-025-819

United States Department of Commerce
Bureau of the Census

RECEIVED
FEB 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307819
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Idaho (b) City Caribel,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
In **THIS** county 12 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Caribel.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Caribel, Idaho.

3. **RESIDENCE of FATHER** (city, state): Caribel, Idaho.

4. **FULL NAME OF CHILD** Donald Elmer Adams.

5. Date of Birth (Month, day, year) February 3, 1913.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Claude Adew Adams
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Rosalia, (City or town) Washington. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Jewel Harding.
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Paw Paw, (City or town) Illinois. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) Clyde A Bridger Attest (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** W. F. McMahan M.D. (D.O., Midwife, etc.)
and address Lewiston Ida Date 2-7-'41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 8 1976

JAN 27 1981

c.c. 5/14/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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395-202-007-861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 26 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 307833
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Blaine (b) City Fairfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Fairfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Fairfield Ida.

4. **FULL NAME OF CHILD** Ruth Josephine Lindstedt

5. Date of Birth (Month, day, year) Oct. 2. 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Lindstedt
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Haagland
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Josephine Lindstedt (First name) (Last name), who is related to this child as Great Aunt (Mother, etc.)

26. (a) Feb. 26, 1941 (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

25. Attendant's **OWN signature** Erika J. Olson M.D. (Midwife, etc.)
and address Mansard Date Oct 2nd 1913

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ....., who attended (Name of attendant at birth) said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

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Certified copy issued 3-4-41 E.W.

550-121-022-813

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 1 1941

(Be sure the information is as of date of birth of THIS child)

State File No. 307869
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH:** (a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State ____ (b) County ____
(c) City ____
(d) Street Address or R.F.D. No. ____
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address ____

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Jed LeRoy Newby

5. Date of Birth (Month, day, year) April 2 1913

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Newby

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace England (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet Jane Hathaway

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Teton (City or town) Idaho (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive/stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Harriet (First name) Hathaway (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** E. L. Hayes M.D. (D.O., Midwife, etc.) and address Ashton Idaho Date 4-27-41

26. (a) MAR 1 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

cc 3/6/41 rmf

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DECEASED

466-129-035-795

307877

United States Department of Commerce
Bureau of the Census

RECE (Be sure the information is as of date of birth of THIS child)

MAR 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County NEZPERSE (b) City CULDESAC
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 6 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State IDAHO (b) County NEZPERSE
(c) City CULDESAC
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address CULDESAC

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** LESTER ROBERT DOWELL

5. Date of Birth (Month, day, year) JUNE 29 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LESTER SAMUEL DOWELL
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace POLK COUNTY MO. (City or town) (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EVALEN GREENAWAY
17. Color or Race WHITE
18. Age at time of THIS birth 24 years
19. Birthplace MILTON OREGON (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum BORIC ACID
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living YES (c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (born alive, stillborn) at 7 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Lester Samuel Dowell (First name) (Last name) who is related to this child as FATHER (Mother, etc.)

26. (a) March 3, 1941 (Date received) (b) Clyde A. Bridges (Registrar's signature)

25. Attendant's **OWN signature** Lester Samuel Dowell M.D. or FATHER (D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....
(Registrar's signature)

State of Washington } ss.
County of Okanogan }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, L. S. Dowell, being first duly sworn, say that I am related (Related to (or) acquainted with) Lester Robert Dowell (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X L. S. Dowell Name

Brewster, Washington P. O. Address

Subscribed and sworn to before me on this 24 day of February, 1941

(SEAL) Hugh S. Norris Notary Public, residing at Brewster, Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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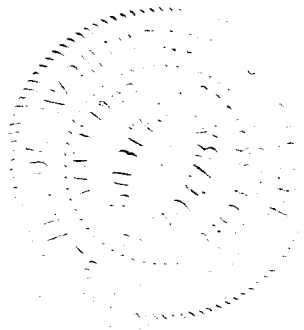

759-211-037-486

307893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Guffey
(c) Street Address or R.F.D. No. no
(d) Name of Hospital or Maternity Home: no
(e) Mother's stay **BEFORE** delivery: no
In Hosp. or Mat. Home ..... days.
In **THIS** county 11 years 4 month 29 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Guffey
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address Guffey

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Lillian May Perry

5. Date of Birth (Month, day, year) Nov 11 - 1913

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frederick Newton Perry

11. Color or Race White

12. Age at time of THIS birth ..... yrs.

13. Birthplace Conn (City or town) (State or foreign country)

14. Exact Occupation dry land farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie May Rhodes

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Richmond Mo (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn no

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Clyde A. Bridger Acting (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillie M Gowen, being first duly sworn, say that I am Related (Related to (or) acquainted with) Lillian M Perry (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Phebe [illegible] (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lillie M Gowen Signature

1309 6th St. No., Nampa P. O. Address

Subscribed and sworn to before me on this 3 day of March, 1941

(SEAL) L. M. Geisler Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 4 1947
SEP 11 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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243-107-014-652

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 307997
Local Reg. No.
Reg. Dist. No.

MAR 4 1941

1. **PLACE OF BIRTH:** (a) County Canyon (b) City New Plymouth.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. In **THIS** county ____ years ____ month ____ days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City New Plynouth
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has **MOTHER** lived in Idaho? ____ yrs.
(f) Mother's mailing address New Plymouth, Idaho

3. **RESIDENCE of FATHER** (city, state). New Plymouth, Id

4. **FULL NAME OF CHILD** William Wilbern Buckley

5. Date of Birth (Month, day, year) Oct. 7, 1913.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John A. Buckley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Elm Springs, Arkansas. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel West.
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cloverdale, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) MAR 4 1941 (Date received) (b) Lyle A. Briggs Acting (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Oklahoma
County of Washington } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I John A Buckley, being first duly sworn, say that I am Father (Related to (or) acquainted with) William Wilbern Buckley (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rhodes (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John A Buckley Signature

Bartlesville, Okla. P. O. Address

Subscribed and sworn to before me on this 28th day of February, 1941

(SEAL) Isabel Lewis Notary Public, residing at Bartlesville Okla

my com expires Jan 28. 1942

3/11/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-106.003-849

308160

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County BANNOCK (b) City OXFORD
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.
(f) Mother's mailing address OXFORD IDAHO

3. RESIDENCE of FATHER (city, state) OXFORD IDA

4. FULL NAME OF CHILD JOSEPH SWEN ANDERSON

5. Date of Birth (Month, day, year) Aug. 6, 1913

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME ANDREW ANDERSON

11. Color or Race WHITE

12. Age at time of THIS birth 46 yrs.

13. Birthplace BRIGHAM CITY UTAH (City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME KATE QUIGLEY

17. Color or Race WHITE

18. Age at time of THIS birth 38 yrs.

19. Birthplace SWAN LAKE IDAHO (City or town) (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 10, 1941 (Date received) (b) Clyde A. Bridger (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kate Quigley Anderson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Joseph Swen Anderson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Elizabeth Kendall (Name of attendant at birth), who attended said birth is no deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Kate Quigley Anderson Signature
Oxford Idaho P.O. Address

Subscribed and sworn to before me on this 7 day of March, 1941

(SEAL) Orson Koford Notary Public, residing at Clifton Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

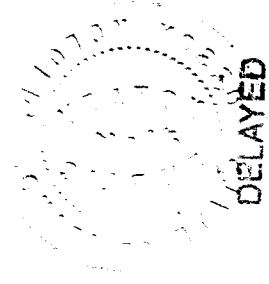
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/17/41 L. B.

DELAYED DUP OF 1913-1683/



536-111-033-893

United States
Department of Commerce
Bureau of the Census

RECEIVED MAR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 308359
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Madison (b) City
(c) Street Address or R.F.D. No. Rexburg Ida R.3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 24 years month 9 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Plano Ida #3
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Rexburg Ida. #3

3. **RESIDENCE of FATHER** (city, state):

4. **FULL NAME OF CHILD** Blaine H. Stoddard

5. Date of Birth (Month, day, year) Aug 11, 1913

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Sheldon William Stoddard
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Brigham City (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Elizabeth Hellman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Clarkston Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 18 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature Hazel Hellman M.D. (D.O., Midwife, etc.)
and address Rexburg Date Aug. 11, 1913

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 0 1975

3/25/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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749-216-032-3/12

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309313
Local Reg. No.
Reg. Dist. No.

MAR 21 1941

1. **PLACE OF BIRTH:**
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
In **THIS** county 2 years 8 month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state): Shoshone, Idaho

4. **FULL NAME OF CHILD** Marjorie Worsley Price

5. Date of Birth (Month, day, year) February 16, 1913

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Montelius Price
11. Color or Race White A.S.
12. Age at time of THIS birth 31 yrs.
13. Birthplace Midas (City or town) Virginia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Genn Massey
17. Color or Race White (AS)
18. Age at time of THIS birth 29 yrs.
19. Birthplace Montreal (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Maud M. Ender (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 MAY 2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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3/26/41 Z.J.

415-216-040-653

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAR 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

309320

State File No.
Local Reg. No. 42
Reg. Dist. No. 142

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Wardner
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4½ years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4½ yrs.
(f) Mother's mailing address Wardner
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Audrey Davey
5. Date of Birth (Month, day, year) Aug. 16, 1913
6. Sex: felamle
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Davey
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Redruth (City or town) Cornwall (State or foreign country) England
14. Exact Occupation Shift Boss
15. Industry or Business Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Jane Welch
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Lancashire (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:10 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Mar. 20-1941 (Date received) (b) Mrs. Helen McBride (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone
} ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Edith Davey Dolan, being first duly sworn, say that I am related (Related to (or) acquainted with) Audrey Davey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo. Kennett (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Edith Davey Dolan Name
129 E Kellogg Ave. Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 18th day of March

(SEAL) Mary M Stout Notary Public, residing at Kellogg, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

3/26/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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245-112-501-413

3c 9225

309335

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309335

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 20 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address R.F.D. #2, Boise, Ida.

3. **RESIDENCE of FATHER** (city, state) Boise Ida

4. **FULL NAME OF CHILD** John Kenneth Smeed

5. Date of Birth (Month, day, year) Sept. 12, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Edwin Smeed

11. Color or Race white

12. Age at time of THIS birth 28 yrs.

13. Birthplace Illinois (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Jane Matcham

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace England (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by James E. Smeed (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) Mar. 28, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ____ by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. E. Smeed, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Kenneth Smeed (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bowers (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

J E Smeed Signature

P. O. Address

Subscribed and sworn to before me on this 28th day of March, 1941

(SEAL) Agnes Dunn Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1975

3/28/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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445-44-042859 309354

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309354
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Rock Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ~~1933~~ 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rock Creek
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Clarence Raymond Dunken
5. Date of Birth (Month, day, year) Dec. 14-1913
6. Sex M
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Clyde Albert Dunken	16. FULL MAIDEN NAME Martha Minna Hertz
11. Color or Race White 12. Age at time of THIS birth 29 yrs.	17 Color or Race White 18. Age at time of THIS birth 26 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)	19. Birthplace Chicago (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr 5-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Martha Minna Dunken, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Clarence Raymond Dunken (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr De White (Name of attendant at birth), who attended said birth Cannot be Located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Martha Minna Dunken Signature
1824 - 5th St Muskegon Mich. P. O. Address

Subscribed and sworn to before me on this 4th day of April 1941

(SEAL) Myrna L. Breuer Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-21-008-819

309380

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Boise (b) City Sweet
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home — days.
In **THIS** county 22 years 2 months 27 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Idaho City
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Idaho City, Idaho

3. **RESIDENCE of FATHER** (city, state) Idaho City, Idaho

4. **FULL NAME OF CHILD** Julia Elizabeth Foster

5. Date of Birth (Month, day, year) May 11, 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eddie Foster

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Quartzburg (City or town) Idaho (State or foreign country)

14. Exact Occupation Placer Mining

15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margh Isabella Hardy

17. Color or Race White

18. Age at time of THIS birth 45 yrs.

19. Birthplace Marion (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 21 1941 (Date received) (b) Mabel H Feeder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margh Isabella Foster, being first duly sworn, say that I am related to (Related to (or) acquainted with) Julia Elizabeth Foster (Name of person on certificate above) as her mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Harry Hamilton (Name of attendant at birth), who attended said birth (is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Margh Isabella Foster Signature

Route #1, Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 21 day of March, 1941

(SEAL) Margaret Clark Notary Public, residing at Boise, Idaho

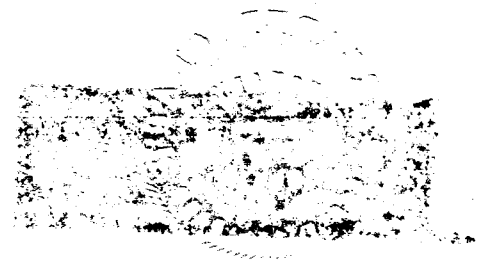
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1960
FEB 25 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



691-120-016-755

309410

United States
Department of Commerce
Bureau of the Census

RECEIVED (All the information is as of date of birth of THIS child)

MAR 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days. None
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Albion, Idaho

3. **RESIDENCE of FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** Frank Henry Orahood

5. Date of Birth (Month, day, year) Dec. 21, 1913

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick L. Orahood.

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Normal, Ills. (City or town) (State or foreign country)

14. Exact Occupation Mechanic

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Pendergrass

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Alabama (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3.
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

RECEIVED

26. (a) MAR 24 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature (deceased) M.D. (D.O., Midwife, etc.)
and address Albion Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Frederick Orahood, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frank Henry Orahood as Father of Frank H. Orahood, whose birth certificate (Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that nurse, who attended (Name of attendant at birth)
said birth is now deceased and that this birth **has not been previously recorded.** (Is now deceased (or) cannot be located)

Frederick L. Orahood Signature

Burley, Idaho P.O. Address

Subscribed and sworn to before me on this 15 day of March, 1941

(SEAL) Henry W. Parker Notary Public, residing at Burley, Idaho

3/28/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-120-028819

309418

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

RECEIVED
MAR 24 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City near Plummer
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 3 years month 7 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Plummer
(d) Street Address or R.F.D. No. no
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Plummer, Idaho
3. **RESIDENCE of FATHER** (city, state): Idaho

4. **FULL NAME OF CHILD** James Harold McCartney
5. Date of Birth (Month, day, year) May 20, 1913
6. Sex male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Eli McCartney
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace near Enterprise, Kansas (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Lillian Harney
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Sheldahl - Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED

26. (a) MAR 24 1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Benewah } ss.

I, Edith Lillian McCartney, being first duly sworn, say that I am related to (Related to (or) acquainted with) James Harold McCartney (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Minty Ann McCartney (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edith Lillian McCartney Signature
Plummer, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of March 1941.

(SEAL) George J. McFadden Notary Public, residing at Plummer Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

3/31/41 L. B.

652-121-028-386

RECEIVED

309515

United States Department of Commerce
Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

State File No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City P.O. Spokane Bridge Wash.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City P.O. Spokane Bridge Wash.
(d) Street Address or R.F.D. No. 8
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state). Same

4. **FULL NAME OF CHILD** Edwin James Webb

5. Date of Birth (Month, day, year) April 21 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sameul Webb
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Mercer County, (City or town) Penna. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertude H. Thorne
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Chicago, (City or town) Ill. (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Mabel Fiedler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Penna
County of Clarion } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Walter S. Webb, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Edwin James Webb (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyre (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

State of Pennsylvania, County of Clarion,

Walter S Webb Signature

RD #1 Knox, Pa. P. O. Address

Subscribed and sworn to before me on this 22nd day of March, 1941

My Commission Expires March 5, 1945 (SEAL) ..... Notary Public, residing at Clarion Pa.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/66 410-0 09-553

309516

United States Department of Commerce Bureau of the Census

MAR 27 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home none days.
In THIS county 2 years 6 month 9 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2½ yrs.
(f) Mother's mailing address Bonners Ferry Ida.

3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Vincent John Moore

5. Date of Birth (Month, day, year) Oct. 10, 1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ernest Andrew Moore
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace St. Agnes Dundee, Quebec, Can. (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Moore's Furniture Stoore

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Alice Nelson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mc Intosh, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -----

22. Name prophylactic used to prevent Ophthalmia Neonatorum -----
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead --- (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAR 27 1941 (Date received) (b) Mabel V Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I William A. Alexander, being first duly sworn, say that I am related to (Related to (or) acquainted with) Vincent John Moore (Name of person on certificate above) as Uncle by marriage (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor E. E. Fry (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William A. Alexander Signature

627-C. East Garfield Ave. Glendale California P. O. Address

Subscribed and sworn to before me on this 20th day of March, 1941

(SEAL) Delbert Espelie Notary Public, residing at

NOTARY PUBLIC In and for the County of Los Angeles, State of California

My Commission Expires October 28, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-306-070-695 RECEIVED APR 4 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309705
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Oneida (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: I was born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Preston, Idaho

3. RESIDENCE of FATHER (city, state): Preston, Ida.

4. FULL NAME OF CHILD Eudora Maline Smith

5. Date of Birth (Month, day, year) April 6, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Thomas Smith
11. Color or Race white
12. Age at time of THIS birth 17 yrs.
13. Birthplace Weston (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Constance Maline Finland
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Oslo (City or town) Norway (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Eudora Smith (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) APR 4 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature G T Parkinson M.D. (D.O., Midwife, etc.) and address Twin Falls Date 3-22-41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1971

5/1/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

38-107-D15-318

United States
Department of Commerce
Bureau of the Census

APR 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309715
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County (b) City Soda Springs Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days. all her life
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? always yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state): same

4. FULL NAME OF CHILD Ray Stanley Christensen
5. Date of Birth (Month, day, year) 2/7/13
6. Sex M
7. Twin or Triplet One
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frederick Walter Christensen
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Aalborg (City or town) Denmark (State or foreign country)
14. Exact Occupation
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Lilly Call
17. Color or Race W
18. Age at time of THIS birth 26 yrs.
19. Birthplace Soda Springs Idaho (City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Lilly Christensen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Apr 3 - 1941 (Date received) (b) Maud F Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Celia Kasky M.D. (D.O., Midwife, etc.)
and address Soda Springs Idaho Date 2-24-41

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/11/41 Z.J.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-14-022-449

MAR 31 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 309723
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ~~67~~ yrs.
(f) Mother's mailing address St. Anthony

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Hyrum D. Durney

5. Date of Birth (Month, day, year) 11/14/1913

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Hyrum G. Durney	16. FULL MAIDEN NAME Mary Monroe Durney
11. Color or Race White 12. Age at time of THIS birth 43 yrs.	17 Color or Race White 18. Age at time of THIS birth 39 yrs.
13. Birthplace Richmond Utah (City or town) (State or foreign country)	19. Birthplace Lewiston Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at 6 A M. on the date (born alive, ~~XXXXXX~~) and at the place stated above, and that personal particulars were furnished by mother (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAR 31 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. Ida Nelson, M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Monroe Durney, being first duly sworn, say that I am ..... (Related to (~~XXXXXXXXXXXX~~th)
Hyrum D. Durney (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Molot (Name of attendant at birth), who attended said birth ..... (Is now deceased (~~XXXXXXXXXXXXXXX~~) and that this birth has not been previously recorded.

Mary Durney Signature

..... P. O. Address

Subscribed and sworn to before me on this 29 day of March, 1941

(SEAL) E J Rumsey by K Coffey Notary Public, residing at .....
Clerk of District Court.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/10/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-121-002-219 RECEIVED

309811

United States
Department of Commerce
Bureau of the Census

APR 8 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Lincoln (b) City Dietrich
(c) Street Address or R.F.D. No. No Number
(d) Name of Hospital or Maternity Home: Child born at home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No. days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Dietrich
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address Dietrich Idaho

3. RESIDENCE of FATHER (city, state): Dietrich, Idaho.

4. FULL NAME OF CHILD Lloyd Earl Maxwell

5. Date of Birth (Month, day, year) Dec 21, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Horace Seymond Maxwell

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Knoxville, Tennessee, U.S.A. (City or town) (State or foreign country)

14. Exact Occupation Rancher.

15. Industry or Business Livestock.

MOTHER OF CHILD (BARROWS)

16. FULL MAIDEN NAME Ethel Blanche Barrows.

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Shedd (Station), Oregon (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead No 2 (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 8 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ~~Cannot be Located.~~ M.D. (D.O., Midwife, etc.)
and address Date

State of Kansas
County of Sedgwick } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Beatrice McBratney, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Lloyd Earl Maxwell (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I do not Know (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Beatrice M. McBratney Beatrice Maxwell McBratney Signature

Wichita, Kansas P.O. Address

Subscribed and sworn to before me on this 3rd day of April, 1941

(SEAL) Leon C. Jones Notary Public, residing at Wichita, Kansas

My commission expires Feb. 3, 1945

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

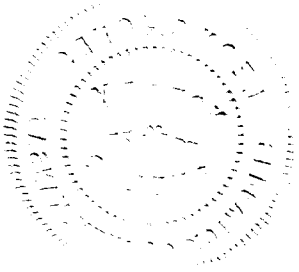
DEC 2 1954

MAR 19 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



695-120-003-294

309868

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

APR 7 1941

1. PLACE OF BIRTH:
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 702 So. 2nd St.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home X X days. at home.
In THIS county 1 years 2 month ? days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 702 So. 2nd St.
(e) How long has MOTHER lived in Idaho? 37 yrs.
(f) Mother's mailing address 702 So. 2nd St.

3. RESIDENCE of FATHER (city, state): Pocatello Idaho

4. FULL NAME OF CHILD Frank Gordon French

5. Date of Birth (Month, day, year) 7-20-1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? No

FATHER OF CHILD

10. FULL NAME Willard E. French

11. Color or Race White - French + English

12. Age at time of THIS birth 37 yrs.

13. Birthplace Towanda (City or town) Kansas (State or foreign country)

14. Exact Occupation Painter - O.S.L. R.R. Co.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Amelia Simpson

17. Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace East Porterville (City or town) Utah (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead None (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:45 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ida A. French (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) APR 7 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Ida A. French - Mother M.D. (D.O., Midwife, etc.)
and address 5860 Mento ave. Los Angeles, Cal. Date 2-26-41

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ida A. French, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Frank Gordon French (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Selma Wolsey (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ida A. French Signature
5860 Mento ave P.O. Address

Subscribed and sworn to before me on this 26 day of Feb, 1941

(SEAL) Graham Garfield Meadville Notary Public, residing at 742 W 77th St. S.C. Cal.

My Commission Expires Oct. 23, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1950

4/15/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-1523 J

247-12-025-124

309945

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

RECEIVED APR 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No. 1 Box #19
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No. 1 Box # 19
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address Winona, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Casper Kurdy

5. Date of Birth (Month, day, year) July 21, 1913

6. Sex Male

7. Twin or Triplet ..... If so born 1st, 2nd, 3rd .....

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Thomas Kurdy
11. Color or Race Syrian
12. Age at time of THIS birth 42 yrs.
13. Birthplace Syria (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bebra Abdallah
17. Color or Race Syrian
18. Age at time of THIS birth 32 yrs.
19. Birthplace Syria (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead ..... (d) Stillborn .....

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ..... a M. (born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Alice Kurdy (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. C. Higgins M.D. (D.O., Midwife, etc.)
and address Evangeline Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-119-028-6034

309951

United States
Department of Commerce
Bureau of Census

APR 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 120
Local Reg. No. 121
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Cataldo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at residence
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 10 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Cataldo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address Cataldo Idaho.

3. **RESIDENCE of FATHER** (city, state) Cataldo Ida

4. **FULL NAME OF CHILD** Theodore William Schmidt

5. Date of Birth (Month, day, year) Sept 19, 1913.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Theodore William Schmidt
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Dubuque (City or town) Iowa (State or foreign country)
14. Exact Occupation mining
15. Industry or Business developing mining prospect

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Estelle Olmsted
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Garden (Bay) Michigan (City or town) (State or foreign country)
20. Exact Occupation home maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 4. 14. 41. (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Theodore William Schmidt, and Nora Estelle Schmidt, (Name of person on certificate above) being first duly sworn, say that I ~~am~~ we are each (Related to (or) acquainted with) father and mother, whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Morgan (Name of attendant at birth), who attended said birth ..... and that this birth has not been previously recorded.
(~~is now deceased (or)~~ cannot be located)

as Father and mother (State relationship or acquaintance)

Mrs nora estelle Schmidt Theodore William Schmidt
Signature

Coeur d' Alene, Idaho,
P. O. Address

Subscribed and sworn to before me on this 14th day of April, 1941,

(SEAL)

[signature]
Notary Public, residing at Coeur d' Alene, Idaho.

C.C. 4/21/41. wh

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-106-222-654

309964

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 14 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 5 years 6 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Rexburg.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Carl Lewis Metzener

5. Date of Birth (Month, day, year) 6/6/1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Jacob Metzener
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Berne, (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Weibel
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Berne, (City or town) Switzerland. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 14-1941 (Date received) (b) Mabel T Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Madison } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Rose Hansen, being first duly sworn, say that I am related to (Related to (or) acquainted with) Carl Lewis Metzener (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Walz (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Rose Hansen Signature

RFD#1, Thornton, Idaho. P. O. Address

Subscribed and sworn to before me on this 10th day of April, 19 41.

(SEAL) ..... Clerk of the District Court residing at Rexburg, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. W.n.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP. OF 13-14326

DELAYED

575-117-028-452

RECEIVED

United States
Department of Commerce
Bureau of the Census

APR 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 309977
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home no days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene, Idaho
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 16000 Puritan Ave. Detroit, Mich

3. **RESIDENCE of FATHER** (city, state): same

4. **FULL NAME OF CHILD** Arthur Van Laken

5. Date of Birth (Month, day, year) June 13, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter John Van Laken
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Rupelmonde (City or town) Belgium (State or foreign country)
14. Exact Occupation General Contractor
15. Industry or Business Building Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marie De'Buyser
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Tamise (City or town) Belgium (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) April 14 - 1941 (Date received) (b) Mabel T. Felder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Michigan
County of Wayne } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marie Van Laken, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Arthur Van Laken (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Marie Van Laken Signature

16000 Puritan Avenue, Detroit, Mich. P. O. Address

Subscribed and sworn to before me on this 7th day of April, 1941.

(SEAL) Wayne Notary Public, residing at 15200 Fenkell Ave.

My commission expires March 22, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/21/41. wh.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-210-031-231 309990 **309990**

United States
Department of Commerce
Bureau of the Census

RECEIVED
APR 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Lewis (b) City Nezperce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 2 years 7 month 10 days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nezperce
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yr. 7 mo. yrs.
(f) Mother's mailing address Nezperce, Idaho
3. **RESIDENCE of FATHER** (city, state): Nezperce, Ida.

4. **FULL NAME OF CHILD** Dorothy Opal Stapleton
5. Date of Birth (Month, day, year) June 10, 1913
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sanford Lee Stapleton
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Mudlick (City or town) Ky. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Belle Stafford
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Staffordsville (City or town) Ky. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Apr. 16, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Sanford Lee Stapleton, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dorothy Opal Stapleton (Name of person or certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Dan Sparks (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Sanford Lee Stapleton Signature
Nezperce, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of April, 1941

(SEAL) Perry W Mitchell Notary Public, residing at Nezperce Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

4/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892.224-022-386

Registrar.

309992

Registrar.

309992

RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than
e child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Fremont

City of Kilgore

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Bernis Hibbert

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? Yes

8. Date of birth Jan. 24, 1913 (Month, Day, Year)

FATHER

9. Full name B. Chas. Hibbert

10. Residence (usual place of abode) (If non-resident, give place and State) Kilgore Ida

11. Color or race W | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Enterprise Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Evalyn Thomison

19. Residence (usual place of abode) (If non-resident, give place and State) Kilgore Ida.

20. Color or race ..... | 21. Age at last birthday 26 (years)

22. Birthplace (city or place) (State or Country) Topeka Kansas

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at 9:15 a. m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

Give name added from a supplemental report .....

(Date of)

(Signed) ....., M. D.

or ....., Midwife

Address .....

Filed April 21-1914 193 Mabel F. Eeder

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Ada } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

I B. Charles Hibbert being first duly sworn says that He is the Father (Relationship of child)* of Bernis Hibbert born Jan. 24th 1913. 9:15 AM (Date of birth) at Kilgore Ida., Idaho, whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Bernis Hibbert hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Oscar DeHeart, M. D., was the Midwife medical attendant at the birth of said Bernis Hibbert and that the said medical attendant is ~~(Now deceased (or)~~ cannot be located)

Name of Affiant B. Charles Hibbert.

P. O. Address R. 4. Boise

Subscribed and sworn to before me this 19 day of April, 1941

J. Reed Millard
Notary Public.

Residing at Boise, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

442-20910 36-763

United States
Department of Commerce
Bureau of Census

VED
APR 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 310063
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Delivery at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years 8 month + days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has MOTHER lived in Idaho? 4-5 yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state) American Falls

4. FULL NAME OF CHILD Martha Sophia Muster
5. Date of Birth 9+ (Month, day, year) 12/9/1913
6. Sex girl female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Gottlieb Muster	16. FULL MAIDEN NAME Maria Gottschalk
11. Color or Race white 12. Age at time of THIS birth 27 yrs.	17 Color or Race white 18. Age at time of THIS birth 25 yrs.
13. Birthplace Friedensdale (City or town) Rumania (State or foreign country)	19. Birthplace Constanza (City or town) Rumania (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation housewife
15. Industry or Business + grain buyer	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11.30 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 18-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of San Joaquin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Kathrina Muster, being first duly sworn, say that I am related to (Related to (or) acquainted with) Martha Sophia Muster (Name of person or certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937, Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Katherina Matopel (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Maria Muster Signature
525 Flora St P. O. Address

Subscribed and sworn to before me on this 16 day of April 1941

(SEAL) J W Rogers Notary Public, residing at Lodi Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 4/24/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355717 007 497

ED

311160

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

APR 16 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311160
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (a) County ~~Kanard~~ Blaine (b) City Manard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Manard
(d) Street Address or R.F.D. No. 13
(e) How long has **MOTHER** lived in Idaho? ~~22~~ ..... yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state) ~~dead~~

4. **FULL NAME OF CHILD** Cecil Dixon Lee
5. Date of Birth (Month, day, year) Oct. 17 1913
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Hyrum Bracken Lee
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Tooele, Utah (City or town) (State or foreign country)
14. Exact Occupation rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Eveline Dixon
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Harrisville, Weber Co., Utah (City or town) ~~Manard, Idaho~~ (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead ..... (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 16-1941 (Date received) (b) Mabel B Fecher (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice L. Burton, being first duly sworn, say that I am the mother of (Related to (or) acquainted with) Cecil Dixon Lee (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Annie V. Thurber (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alice L. Burton Signature

Afton, Wyoming P. O. Address

Subscribed and sworn to before me on this 15 day of April, 1941

(SEAL) ..... Notary Public, residing at Afton, Wyoming.

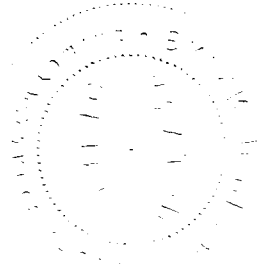
My Commission Expires Oct. 20, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 4/26/41. w.h.



464720-024728

RECEIVED

APR 22 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311181
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. 521 California Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: at home
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State ~~Gov~~ Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. 521 California
(e) How long has MOTHER lived in Idaho? 36 yrs. yrs.
(f) Mother's mailing address Gooding

3. RESIDENCE of FATHER (city, state): Gooding Idaho

4. FULL NAME OF CHILD Clifford Dale Mounce

5. Date of Birth (Month, day, year) June 20 - 1913 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Fred Mounce
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lewiston (City or town) Idaho (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Irene Ashlock
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Center Point (City or town) Iowa (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by Effie I Mounce (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Apr. 22, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's OWN signature Mrs. Lola Price M.D. (D.O., Midwife, etc.)
and address Gooding, Idaho Date April 21 1941

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie I Mounce, being first duly sworn, say that I am related (Related to (or) acquainted with) ..... (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Lola Price (Name of attendant at birth), who attended said birth has signed (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Effie I. Mounce Signature
Gooding Ida P. O. Address

Subscribed and sworn to before me on this 21 day of April, 1941

(SEAL) [signature] Notary Public, residing at Gooding Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2

4/28/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-104-034-455

311231

311231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Minidoka (b) City Rupert.
(c) Street Address or R.F.D. No. 5th St.
(d) Name of Hospital or Maternity Home: No.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert.
(d) Street Address or R.F.D. No. 5th St.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Rupert.

3. RESIDENCE of FATHER (city, state): Rupert. Idaho

4. FULL NAME OF CHILD Edgar Franklin Rosecrans

5. Date of Birth (Month, day, year) Oct 4, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Elmer Clair Rosecrans
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oberlin Ohio (City or town) (State or foreign country)
14. Exact Occupation Live Stock.
15. Industry or Business Butcher Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Denney.
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace La Grande Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 5, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F Elder (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elmer C Rosecrans, being first duly sworn, say that I am related to (Related to (or) acquainted with) Edgar C Rosecrans (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Scott (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmer C. Rosecrans Signature

..... P. O. Address

Subscribed and sworn to before me on this 3 day of May 1941

(SEAL) A B Redford Notary Public, residing at Rupert Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/5/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

967 227022 554 Re

United States
Department of Commerce
Bureau of the Census

APR 28 1941 (Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311322
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 21 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address (For registration notice): Chester
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Chester, Ida.

4. **FULL NAME OF CHILD** Pauline Alice Rogers
5. Date of Birth (Month, day, year) July 27, 1913
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Albert Rogers
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Champaign, Ill. (City or Town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Marion Nedrow
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Abeline, Kansas (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lucy Nedrow Rogers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) April 28-1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho 4-24-41 Date 4-24-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

MAR 29 1966

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

DECEASED

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

221/09 022-719

United States
Department of Commerce
Bureau of Census

RECEIVED APR. 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311324
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or ~~R.F.D.~~ No. 244 E. Main
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address ~~or R.F.D.~~ No. 244 E Main
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.
   (f) Mother's mailing address same

3. **RESIDENCE of FATHER** (city, state) same

4. **FULL NAME OF CHILD** Herbert Ole Skalet

5. Date of Birth (Month, day, year) June 9, 1913

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd ~~1st~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** O. O. Skalet
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Roberta Parry
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace St. Ives, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Mother (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. R. Eby M.D. (D.O., Midwife, etc.) and address Elko, Nevada Date 4/15/41

26. (a) April 26-1941 (Date received) (b) Maud I. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819 117 014 495 RECEIVED

311404

United States
Department of Commerce APR 28 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Canyon (b) City NAMPA.
(c) ~~Street Address or~~ R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
IN **THIS** county ✓ years ✓ month ✓ days ✓

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) ~~Street Address or~~ R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Nampa Idaho.

3. **RESIDENCE of FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Glenn Roy Harrison

5. Date of Birth (Month, day, year) Sept. 17. 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Soloman Harrison
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Smilda Mineely
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Pennsylvania. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 8 (c) Born alive and now dead 3 (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) April 28-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ruth Harrison Hays, being first duly sworn, say that I am ~~Sister~~ related (Related to (or) acquainted with) Glenn Roy Harrison (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Stevens (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Ruth Harrison Hays Signature
X 211 E 76 Place P. O. Address

Subscribed and sworn to before me on this 26th day of April 1941

(SEAL) Jim Gamble Notary Public, residing at Los Angeles Calif
Com Ex Pires Nov. 1, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/5/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-216-003855

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 1 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Thatcher
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wilma Barthlome

5. Date of Birth (Month, day, year) Nov 16, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME David Oliver Barthlome

11. Color or Race Wh

12. Age at time of THIS birth 21 yrs.

13. Birthplace Providence, Utah
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucile Hendricks Pond

17. Color or Race Wh

18. Age at time of THIS birth 17 yrs.

19. Birthplace Lewiston, Utah
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive at 10:30 A. M. on the date
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 1 - 1941 (Date received) (b) Muriel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. David Barthlome, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilma Barthlome (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. H. Hubbard, M.D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. David Barthlome Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) [signature] Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251-225-005-294

RECEIVED
APR 30 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311441
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Benewah (b) City Decemb.
   (c) Street Address or R.F.D. No. Star Route
   (d) Name of Hospital or Maternity Home:
   (e) Ranch Home.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Winchester
   (d) Street Address ~~or R.F.D. No.~~ Main Street
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address Same as above

3. **RESIDENCE of FATHER** (city, state) same as above

4. **FULL NAME OF CHILD** Jessie Jewel Seale

5. Date of Birth (Month, day, year) June 25th 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Walter Earl Seale
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Fresno Calif (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nell Glen Sims, Seale
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 12 noon M. on the date and at the place stated above, and that personal particulars were furnished by Nell Seale (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Apr. 30, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by Mabel F. Elder (Registrar's signature)

25. Attendant's **OWN signature** J. A. Nelson M.D. (D.O., Midwife, etc.)
and address Tekoa Wn Date Apr 26-1941

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

5/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-124 005-846

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

311477

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Penwah (b) City St. Maries
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
none born at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years ..... months ..... days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Penwah
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address St. Maries

3. RESIDENCE OF FATHER (city, state) St. Maries Idaho

4. FULL NAME OF CHILD Clyde Albert Moss

5. Date of Birth (Month, day, year) Oct. 24th 1913

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Asa Roy Moss
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace West Portage (City or town) Utah (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Huffman
17. Color or Race white
18. Age at time of THIS birth 25 years
19. Birthplace (City or town) Colorado (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 3
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10 A.M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by [illegible] (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 3-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature M.D. or Father (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Alameda }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Moss, being first duly sworn, say that I am (Mother) related (Related to (or) acquainted with) Clyde Albert Moss (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kinsolving (Name of attendant at birth), who attended said birth connot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lydia Moss Name
778-19th Street Oakland P. O. Address

Subscribed and sworn to before me on this 2 day of May 1941

(SEAL) [signature] Notary Public, residing at 731 Broadway Oakland

Notary Public in and for Alameda, State of California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-215014-281

311559

United States
Department of Commerce
Bureau of the Census

MAY 5 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Nampa.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Esther Louise Ward
5. Date of Birth (Month, day, year) Jan. 15-1913
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Benedict Ward
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Boise (City or Town) Idaho (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock Raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Elizabeth Share
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Reynolds (City or Town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum $AgNO_3$ Sol.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Henry B. Ward. (First name) (Last name), who is related to this child as Father. (Mother, etc.) Former date of birth incorrect. G.D.A.K.

26. (a) May 5-1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Geo. D. A. Kellogg M.D. (D.O., Midwife, etc.)
and address Nampa, Ida. Date 5-3-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

DEC 28

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

796 19 028 788 RECEIVED

311562

United States Department of Commerce
Bureau of the Census

MAY 4 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Kootnai (b) City Setters
   (c) Street Address or R.F.D. No. Ford Ida
   (d) Name of Hospital or Maternity Home: 0
   (e) Mother's stay **BEFORE** delivery: —
   In Hosp. or Mat. Home — days.
   In **THIS** county — years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Ida (b) County Kootanai
   (c) City Setters
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address (For registration notice): Cedonia Wn
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Robert Proctor

5. Date of Birth (Month, day, year) 3/19-1913

6. Sex male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy —

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Calvin R Proctor
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Setters Ida
    (City or Town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Pearl Sly.
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Setters Ida
    (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive at M. on the date
    (born alive, stillborn)
    and at the place stated above, and that personal particulars were furnished by Julia Proctor, who is
    (First name) (Last name)
    related to this child as mother
    (Mother, etc.)

26. (a) May 4-1941 (b) Mabel T Felder
    (Date received) (Registrar's signature)

25. Attendant's **OWN signature** L Blanton M.D.
    (D.O., Midwife, etc.)
    and address Rockford Wash Date

27. Given name added on by
    (Registrar's Signature)

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

369-201 014 299

311566

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

MAY 6 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County CANYON (b) City NAMPA
   (c) Street Address or R.F.D. No. R# ?
   (d) Name of Hospital or Maternity Home: AT HOME ON R#2 - NAMPA - IDA.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home — days.
   In **THIS** county 20 years — months — days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State IDAHO (b) County CANYON
   (c) City NAMPA
   (d) Street Address or R.F.D. No. R# ?
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** ELEANOR GORWIN (NO SECOND NAME)

5. Date of Birth (Month, day, year) 1-1-13

6. Sex FEMALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES GORWIN
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace JOPLIN - MISSOURI (City or Town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LAURA HAZEL BRIMBERRY
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace BOISE IDAHO (City or Town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (born alive, stillborn) at 8:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by ELEANOR (First name) GORWIN (Last name), who is CHILD LISTED ABOVE ~~related to this child as~~ (Mother, etc.)

26. (a) May 6, 1941 (Date received) (b) Mabel F. Elder (Registrar's signature) Mabel F. Elder

27. Given name added on by (Registrar's Signature)

25. Attendant's **OWN signature** Geo. A. McCoy M.D. (D.O., Midwife, etc.)
and address Nampa, Idaho. Date 5-6-'41.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

5/8/41 L. B.

364-102-041-719

RECEIVED

MAY 8 1941

311663

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311663
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Teton (b) City Victor
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Victor
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.
   (f) Mother's mailing address Victor Idaho

3. **RESIDENCE of FATHER** (city, state) Victor, Ida.

4. **FULL NAME OF CHILD** Elwin William Fowler

5. Date of Birth (Month, day, year) June 2, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Joseph Fowler
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Morgan, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Eliza Pearson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Victor (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1
    (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Florence Davidson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho } ss.
County of Teton

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

We William Joseph Fowler and Frances Eliza Fowler, being first duly sworn, say that ~~I am~~ we related to (Related to (or) acquainted with) Elwin William Fowler (Name of person on certificate above) as Father & Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Crosby (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Joseph Fowler
Frances Eliza Fowler Signature
Victor Ida. P. O. Address

Subscribed and sworn to before me on this 5 day of May, 1941

(SEAL) Will Strong Notary Public, residing at Driggs Idaho

c.c. 5/15/41. W.L.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-218-028-296

311666

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 812 Elm St.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Coeur d'Alene

3. RESIDENCE of FATHER (city, state) " , Idaho

4. FULL NAME OF CHILD Helen Frances Brown

5. Date of Birth (Month, day, year) July 18, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew D. Brown

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Nodaway Co. Missouri (City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Christine D. Brown

17 Color or Race White

18. Age at time of THIS birth 40 yrs.

19. Birthplace Galt, Ontario, Canada (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 8-1941 (Date received) (b) Muriel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature John Allwood M.D. (D.O., Midwife, etc.) and address Coeur d'Alene Ida Date May 5.41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 13 1963

JUN 15 1944

JUN 13 1944

c.c. 5/15/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

916-127022-415 ED

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311764
Local Reg. No. 72
Reg. Dist. No. 6-57

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county life years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Of Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. #3
(e) How long has MOTHER lived in Idaho? life yrs.
(f) Mother's mailing address St. Anthony Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Eldred George Rawson

5. Date of Birth (Month, day, year) Mar. 27-1913

6. Sex Male

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME George Francis Rawson
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Egin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business ✓

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith J. Davis
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Egin (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to ~~prevent~~ Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 11 - P. M. on the date and at the place stated above, and that personal particulars were furnished by Edith J. Rawson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 10-1941 (Date received) (b) W. M. Hansen (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Louisa G. Davis (D.O., Midwife, etc.) and address St. Anthony Idaho Date Mar. 29-1941

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

MAY 27 1970

5/20/41 L. S.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134-102-029-313

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311796
Local Reg. No. 1441
Reg. Dist. No. 200

1. PLACE OF BIRTH
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at parents farm home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home 14 days. In THIS county years 1 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Oregon (b) County
(c) City Wilbur
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 0 yrs.
(f) Mother's mailing address Wilbur, Ore.

3. RESIDENCE of FATHER (city, state): Wilbur, Ore.

4. FULL NAME OF CHILD Glen Thomas Aldrich

5. Date of Birth (Month, day, year) May 2 1913

6. Sex M

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Elton Aldrich
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Verdonia (City or town) New York (State or foreign country)
14. Exact Occupation Mail carrier
15. Industry or Business U.S. Postal Service

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruby L. Lathrop
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Argyle Wis (City or town) (State or foreign country)
20. Exact Occupation mail carriers wife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) ____ (Date received) (b) Johnny Einhorn (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.) and address ____ Date ____

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha (Aldrich) Jackson, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Elton Aldrich (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Bertha (Aldrich) Jackson Signature

Lewiston Idaho P. O. Address

Subscribed and sworn to before me on this 23rd day of April 1941

Notary Public in and for State of Idaho (SEAL) Residing in Lewiston, Idaho

Notary Public, residing at Lewiston Idaho

My commission expires March 20, 1942

C.C. 5/21/41. W.D.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

632-101 040-613

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Shoshone
City of Mullan
No. ____ St.
(If born in hospital or institution give name.)

MAY 15 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

311822

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Lloyd Elmer Olsson OLSON

3. Sex boy | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term yes | 7. Legitimate? yes | 8. Date of birth Jan 1, 1923 (Month, Day, Year)

FATHER

9. Full name Elmer Emanuel Olsson
10. Residence (usual place of abode) (If non-resident, give place and State) Mullan
11. Color or race W | 12. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill man (Dray)
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) last engaged in this work Jan, 1913
17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Gerda Erika Wallback
19. Residence (usual place of abode) (If non-resident, give place and State) Mullan
20. Color or race W | 21. Age at last birthday 23 (years)
22. Birthplace (city or place) (State or Country) Sweden

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work Jan, 1913
26. Total time (years) spent in this work 6 yrs +

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver

28. Number of children of this mother 4 (At time of this birth and including this child)
(a) Born alive and now living 4 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks
30. Cause of stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ____ at 9 a m. on the date above stated.
(Born Alive or ~~Stillborn~~)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) F W Ralfs, M. D.
or ____, Midwife
Address Mullan Ida

Give name added from a supplemental report ____
(Date of)

Filed May 15, 1941 Maud M Keefer
Registrar.

Registrar.

c.c. 5/25/41. w.h.

1

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 311822

Date Filed May 15, 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lloyd Elmer Oleson (Name on Original Certificate) who was born (Was Born or Died) on January 1, 1913 (Date of Event)
in Mullen (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lloyd Elmer Oleson	Lloyd Elmer Olson
Birthdate	January 1, 1913	~~January 1, 1914~~

Subscribed and sworn to before me this 27th day of February, 1942

Notary Public, residing at Mullan, Ida

My commission expires Mar 15, 1944
(Seal)

Signed Mrs Elmer Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs Elmer Olson
(Street Address, City, State)
214 Hunting Line, Mullan, Ida

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1942

Notary Public, residing at Mullan, Ida

My commission expires Mar 15, 1944
(Seal)

Signed Mrs Oscar Hafstrand
(Signature of Any Credible Person Other Than Previous Year)

131 Mill Road
(Street Address, City, State)

442-130-003-315

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

MAY 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311826
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: at home
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State ..... (b) County .....
(c) City .....
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address .....

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Paul Orrin Duke

5. Date of Birth (Month, day, year) Apr. 30 - 1913.

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 M.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Duke
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Fern Farmer
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Mound Valley Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 15 - 1941 (Date received) (b) Mabel V. Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Albert Duke, being first duly sworn, say that I am Father of (Related to (or) acquainted with) Paul Orrin Duke (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Hubbard (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Albert Duke Signature

Burley Ida. P. O. Address

Subscribed and sworn to before me on this 13th day of May 1941

(SEAL) Tom Lewis Notary Public, residing at Burley, Ida.

c.c. 5/23/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266-119 022-643

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311897
Local Reg. No.
Reg. Dist. No.

RECEIVED MAY 17 1941

1. **PLACE OF BIRTH:**
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: none (at home of friends)
In Hosp. or Mat. Home ..... days.
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address St. anthony

3. **RESIDENCE of FATHER** (city, state) St. Anthony Ida.

4. **FULL NAME OF CHILD** William Soom

5. Date of Birth (Month, day, year) Feb 19th 1913

6. Sex Male

7. ~~Twin or~~ Triplet — If so—born 1st, ~~2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Edward Soom

11. Color or Race white

12. Age at time of THIS birth 25 yrs.

13. Birthplace Solothurn (City or town) Switzerland (State or foreign country)

14. Exact Occupation Barber also

15. Industry or Business Poolhall and Confections

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Zeeta Fullmer

17. Color or Race white

18. Age at time of THIS birth 18 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation none

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not remember

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living ~~One~~ (c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at morning M. on the date stated above, and that personal particulars were furnished by Zeeta Soom (First name) (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED MAY 17 1941

26. (a) ..... (Date received) (b) Mabel T. Keefer (Registrar's signature)

25. Attendant's **OWN signature** Dr. Bershey is now dead M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Gem }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Effie Zeeta Soom, being first duly sworn, say that I am Related to (Related to (or) acquainted with) William Soom (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bershey (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Effie Zeeta Soom Signature

315 So. Washington Ave. Emmett, Idaho Address

Subscribed and sworn to before me on this 15 day of May, 19 41

(SEAL) ..... Notary Public, residing at Emmett, Idaho

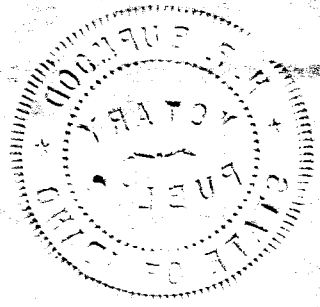
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5/23/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-16-022-799

United States Department of Commerce
Bureau of Census

MAY 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 311928
Local Reg. No. 44
Reg. Dist. No. 620

1. **PLACE OF BIRTH**
(a) County Fremont (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 6 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Driggs, Idaho

3. **RESIDENCE of FATHER** (city, state) Driggs, Idaho

4. **FULL NAME OF CHILD** Leon Williams

5. Date of Birth (Month, day, year) December 16, 1913 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Mat Williams
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace LOUISIANA (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maranda Victoria Grissom
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace TEXAS (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Maranda V. Williams (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 16, 1941 (Date received) (b) Florence Davidson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Idaho
County of Teton } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. M. V. Williams, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Leon Williams (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Ora Keith (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs. M. V. Williams Signature
Driggs, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of May, 1941

(SEAL)

Notary Public, residing at Driggs, Ida

County Recorder

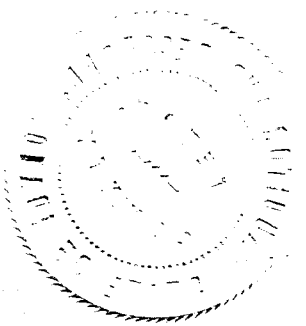
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 5/26/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



795-101-020-757

United States Department of Commerce
Bureau of Census

RECEIVED MAY 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 311947
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Gooding (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry Idaho
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Wilbur Joyce Green
5. Date of Birth (Month, day, year) July 1 1913
6. Sex
7. Twin or Triplet (If so—born 1st, 2nd, 3rd)
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Homer Green
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Centralia Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business own farm.

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Peak
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Norton Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother 3 (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 30/9 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) MAY 20 1941 (Date received) Mary Sullivan (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Florence Peak Greer, being first duly sworn, say that I am related to (Related to (or) acquainted with) Wilbur Joyce Green (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Geo Davis (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Florence Peak Greer Signature
Glenns Ferry Idaho P. O. Address

Subscribed and sworn to before me on this 17 day of May 19 41

(SEAL) Geo. F. Robertson Notary Public, residing at Glenns Ferry Ida

5/28/41 L. E.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

311949

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH Amended 4-2-73

County of ADA

City of Boise

No. R.F.D. 2 St.

466-215-001-698

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 311949

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. *FULL NAME OF CHILD* Lucille M. Mooney

3. Sex: Female

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate? yes

8. Date of birth May 15, 19[illegible] (MONTH, DAY, YEAR)

FATHER

9. Full name: James L. Mooney

10. Residence (usual place of abode) (If non-resident, give place and State): Boise

11. Color or race: W | 12. Age at last birthday: 21 (years)

13. Birthplace (city or place) (State or country): Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Mechanic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

16. Date (month and year) last engaged in this work _____, 19___ | 17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Estella May Fry

19. Residence (usual place of abode) (If non-resident, give place and state): Boise

20. Color or race: W | 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or country): Neb

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 19___ | 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks

29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (BORN ALIVE OR STILLBORN) at 2A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Burk, M. D.

or _____, Midwife

Address Boise, Ida.

Give name added from a supplemental report _____ (DATE OF)

_____ *Registrar.*

Filed May 20, 1941 Mabel H. Fraser *Registrar.*

c.c. 5/24/41. w.h.

10 25 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR - 2 1973
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 311949

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lucile M. Mooney (Name on Original Certificate) who was born (Was Born or Died) on May 15, 1913 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Lucile M. Mooney	Lucille M. Mooney
Mothers name	Stella May Fry	Estella May Fry

Subscribed and sworn to before me this 26 day of March, 1973

Robert P. Fink
54 - FAIRVIEW OFFICE - 54
Notary Public, residing at The Idaho First National Bank
My commission expires 92-168 BOISE, IDAHO 92-168
(Seal)

Signed Ralph E. Fry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

6308 Primrose Boise, Id.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of March, 1973

Richard Macaffee
Notary Public, residing at BOISE, IDAHO
My commission expires 9-22-76
(Seal)

Signed Mary B Edwards
(Signature of Any Credible Person)

1716 W. Jefferson St.
(Street Address, City, State)
Boise, Idaho 83702

FORM DH 60-155

APR 2 1973

Order of the Eastern Star LODGE Membership Certificate Mar. 9, 1959
Victory Chapter No. 161Opportunity, WASHINGTON gives name as
Estella, Mooney.
Viewed by VS

Central Valley High School,Greenacres , Washington Diploma June 1, 1932
gives name as Lucille Mercedes Mooney.

Viewed by VS

Certificate of Marriage Spokane County,Washington date of marriage
January 20, 1955 Charles T. Williams and Lucille M. Mooney.
Viewed by VS

Family Record Book - by Family Obviously Old gives name
As Estella Fry married James Mooney Oct. 2,1912.
Viewed by VS

912-118-839-465

313086

United States Department of Commerce
Bureau of the Census

MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

State File No.

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. **PLACE OF BIRTH:**
   (a) County Power (b) City near American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born on farm, no hospital or home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county 1 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City near American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address American Falls, Idaho

3. **RESIDENCE of FATHER** (city, state): American Falls, Idaho

4. **FULL NAME OF CHILD** Emanuel Henry Rast

5. Date of Birth (Month, day, year) March 18, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rudolf Rast
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Bessarabia (City or town) Russia (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Doering
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Kulm (City or town) North Dak. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business on farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
    (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. ~~Attendant's~~ Mother's **OWN** signature ..... MD (D.O., Midwife, etc.)
and address ~~American Falls~~ Aberdeen, Idaho Date 5-19-41 mother

State of Idaho
County of Power } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lydia Rast, being first duly sworn, say that I am mother of (Related to (or) acquainted with) Emanuel Henry Rast (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Gottfried Adolf (Name of attendant at birth), who attended said birth has left this state and is quite old and childish (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

said to be living in California.

Lydia Rast Signature

Aberdeen, ~~American Falls~~, Idaho. P. O. Address

Subscribed and sworn to before me on this 19th day of May, 1941

(SEAL) W. C. Loofbourrow Notary Public, residing at American Falls, Idaho

My commission expires December 8, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-121-E 14-3 19 Nampa Idaho 313103

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than One child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH
County of Canyon
City of Nampa
No. Rural St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

313103

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Harry Eugene Lyon

3. Sex: Male

If plural births: 4. Twin, triplet or other: ✓ 5. Number, in order of birth: ✓

6. Premature: ✓ Full term: Yes 7. Legitimate: Yes

8. Date of birth: June 21 1913 (Month, Day, Year)

FATHER

9. Full name: Floyd D Lyon

10. Residence (usual place of abode) (If non-resident give place and State): ✓

11. Color or race: White 12. Age at last birthday: 30 (years)

13. Birthplace (city or place) (State or country): Ames Iowa

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc: ✓

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name: Bertha J Larson

19. Residence (usual place of abode) (If non-resident, give place and State): Nampa Ida

20. Color or race: White 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or country): Story City Iowa

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc: ✓

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Sod as Nit.

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks

30. Cause of stillbirth ✓ Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 9 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. H. Murray, M. D.

or ....., Midwife

Address Nampa Idaho

Give name added from a supplemental report .....
(Date of)

Filed May 27, 1914 Mabel H Eccles
Registrar.

..... Registrar.

5/29/41 L. B.

415-122-028 RECEIVED
1/2

United States Department of Commerce
Bureau of Census

MAY 31 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313134
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Kootenai (b) City Fernwood
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Fernwood
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Fernwood,

3. **RESIDENCE of FATHER** (city, state) Fernwood,

4. **FULL NAME OF CHILD** Paul Munroe Mannon

5. Date of Birth (Month, day, year) Dec. 22, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Munroe Mannon
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation barber
15. Industry or Business barbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora jakobi
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Forsyth (City or town) Montana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) May 31, 1941 (Date received) (b) Abel F. Elder (Registrar's signature)

27. Given name added on ..... by Abel F. Elder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Montana, } ss.
County of Yellowstone }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dora Mannon, being first duly sworn, say that I am mother related to (Related to (or) acquainted with) Paul Munroe Mannon (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Renford (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Dora Mannon. Signature

15 North 32nd. Billings, Montana P. O. Address

Subscribed and sworn to before me on this 27th day of May, 1941

(SEAL) Louis Chapple Notary Public, residing at Billings, Montana

JUN 27 1952

6/7/41 L. B.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-125-840-711

313204

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 28 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.
(f) Mother's mailing address Enaville Idaho.

3. **RESIDENCE of FATHER** (city, state) Deceased dead

4. **FULL NAME OF CHILD** Severt Jacobson

5. Date of Birth (Month, day, year) Sept. 25, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alex Jacobson
11. Color or Race white
12. Age at time of THIS birth 48 yrs.
13. Birthplace Vassa (City or town) Finland (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Paavola
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Houstinen (City or town) Finland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 p.m. M. on the date and at the place stated above, and that personal particulars were furnished by Jennie Bodzek (First name) (Last name), who is related to this child as Sister (Mother, etc.)

26. (a) MAY 28 1941 (Date received) (b) Mary M Steuart (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Jennie Bodzek, being first duly sworn, say that I am related to (Related to (or) acquainted with) Severt Jacobson (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Alina Michaelson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located), and that this birth has not been previously recorded.

Mrs Jennie Bodzek Signature

524 Main st. Kellogg Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of May, 1941

(SEAL) Mary M Steuart Notary Public, residing at Kellogg Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/11/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866 122-026-155

313330

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Jefferson (b) City Lewisville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Lewisville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 39 yrs.
   (f) Mother's mailing address Idaho Falls, Idaho

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Warren Lavell Hofhine

5. Date of Birth (Month, day, year) Aug.22, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Warren Alexander Hofhine
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Mariah Jensen
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Fairview, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____ (c) Born alive and now dead ____ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) June 3-1941 (Date received) (b) Mabel H Elder (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith M. Hofhine, being first duly sworn, say that I am related to (Related to (or) acquainted with) Warren Lavell Hofhine (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. D. Tucker (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edith M. Hofhine Signature

520 H Street, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of June, 1941

(SEAL) Notary Public, residing at Idaho Falls, Idaho

c.c. 6/13/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-224034 194

United States
Department of Commerce
Bureau of Census

RECEIVED
MAY 26

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313368
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. R.R.2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. R.F.D.2
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address R.R.2, Rupert, Ida.

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Gertrude Marie Dell
5. Date of Birth (Month, day, year) 8-24-1913
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Adam Dell	16. FULL MAIDEN NAME Sadie Velma Armstrong
11. Color or Race white 12. Age at time of THIS birth 38 yrs.	17 Color or Race white 18. Age at time of THIS birth 24 yrs.
13. Birthplace Lansing, Michigan (City or town) (State or foreign country)	19. Birthplace Cripple Creek, Colorado (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) May 26-1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address Date

State of Michigan
County of Ingham } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Eda C. Dell, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Gertrude Marie Dell (Name of person on certificate above) as aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor — (Unknown) (Name of attendant at birth) who attended said birth deceased (?) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Eda C. Dell Signature
411 W. Jones St., Lansing, Michigan P. O. Address

Subscribed and sworn to before me on this 31st day of May 1941

(SEAL) Melva F Krosby Notary Public, residing at Lansing Michigan

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/16/41. W.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

649125028 632

313376

United States
Department of Commerce
Bureau of the Census

RECEIVED
MAY 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:** (a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R F D No.....
(d) Name of Hospital or Maternity Home: Born at Residence
(e) Mother's stay **BEFORE** delivery: Residence
In Hosp. or Mat. Home.....days.
In **THIS** county 2 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Coeur d'Alene
3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Ralph Telmer Furuness
5. Date of Birth (Month, day, year) Jan 25, 1913
6. Sex. Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Sigurd Furuness
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bygn (City or town) Norway (State or foreign country)
14. Exact Occupation Piling Lumber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olga Olsen
17. Color or Race White
18. Age at time of THIS birth 19 years
19. Birthplace Woodville (City or town) Wisconsin (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 7:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Olga Furuness (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 26-1941 (Date received) (b) Mabel H Edler (Registrar's signature)

27. Given name added on.....by.....
(Registrar's signature)

25. Attendant's **OWN signature** Olga Furuness M.D. or Mother (D.O., Midwife, etc.)
and address Date

State of United States of America
County of Territory of Alaska } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margot Henrikson, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with)
Ralph Telmer Furuness as acquaintance, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Olga Furuness, who attended
(Name of attendant at birth)
said birth is now living and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Margot Henrikson Name
Juneau Alaska P. O. Address

Subscribed and sworn to before me on this 20th day of May, 1941

(SEAL) Noellen Monagle Notary Public, residing at Juneau, Alaska
MY COMMISSION EXPIRES MAY 7, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2 c,c. 6/16/41. w.h.

State of ~~U. S.~~ of America)
County of Territory of Alaska) ss.

AFFIDAVIT To be completed when the attend... at birth is NOT LIVING OR CANNOT BE LOCATED.

I, Mrs Olga Furuness being first duly sworn, say that I am Related to Ralph Telmer Furuness (Related to (or) acquainted with) (Name of person on certificate above) as ~~Related to~~ Mother whose birth certificate appears above, (State relationship or acquaintance) and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Busby, who attended said birth (Name of attendant at birth) is now deceased and that this birth has not been previously recorded. (Is now deceased (or) cannot be located)

Mrs Olga Furuness Name

Box 678, Juneau, Alaska P. O. Address

Subscribed and sworn to before me on this 3rd day of June 1941.

(SEAL)

Roselle Monagle Notary Public, residing at Juneau, Alaska

My commission expires May 7, 1945.

853109-042-381

United States Department of Commerce Bureau of the Census

RECD JUN 6 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313379

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 1 days.
In THIS county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City TWIN FALLS
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address COTTAGE RANCH

3. **RESIDENCE of FATHER** (city, state): TWIN FALLS ID

4. **FULL NAME OF CHILD** RAY LIN HELMICK

5. Date of Birth (Month, day, year) DEC. 9, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ray Helmick

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Richardson Co. Nebr.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Roseen Thaden

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Kansas City Mo.
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) JUN 6 1941 (b) Mabel H. Keller (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ray Helmick, being first duly sworn, say that I am the father (Related to (or) acquainted with)
RAY LIN HELMICK (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Morgan (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ray Helmick Signature

7636 Apperson at P. O. Address

Subscribed and sworn to before me on this 4th day of June, 1941 Tujunga Calif

(SEAL) Anne M. Stanton Notary Public, residing at Tujunga, Calif.

My Commission Expires Nov. 10, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL _3 1968

c.c. 6/16/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

689-116-028-689

RECEIVED

JUN 9 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313410
Local Reg. No. 194
Reg. Dist. No. 120

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 805 Sherman
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 17 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 805 Sherman
(e) How long has MOTHER lived in Idaho? 17 yrs.
(f) Mother's mailing address 805 Sherman

3. RESIDENCE of FATHER (city, state): Coeur d'Alene Idaho

4. FULL NAME OF CHILD Joseph Clarence White, Jr.

5. Date of Birth (Month, day, year) March 16, 1913

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Clarence White
11. Color or Race W
12. Age at time of THIS birth 48 yrs.
13. Birthplace Wyoming (City or town) Nebraska (State or foreign country)
14. Exact Occupation Owner
15. Industry or Business Red Collar Boats

MOTHER OF CHILD

16. FULL MAIDEN NAME Harriet Mansfield Whitmore
17. Color or Race W
18. Age at time of THIS birth 38 yrs.
19. Birthplace Corinth (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 4, 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Hattie M. White, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Joseph Clarence White Jr. (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Hattie M. White Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 4th day of June, 1941

(SEAL) Jas. A. Foster Clerk of the District Court, Ex-Officio Auditor and Recorder, residing at Bay Ardath Babbe Deputy

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

c.c. 6/16/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168 703-007 189

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313417
Local Reg. No.
Reg. Dist. No.

JUN 9 1941

1. PLACE OF BIRTH
(a) County Blaine (b) City on ranch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 48 yrs.
(f) Mother's mailing address Gannett

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Laurence Jay Johnson

5. Date of Birth (Month, day, year) Sept. 3, 1913

6. Sex male

7. Twin or Triplet If so—born ~~1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Thomas Jerome Johnson	16. FULL MAIDEN NAME Hazel Lenore Uhrig.
11. Color or Race white	17 Color or Race White
12. Age at time of THIS birth 26 yrs.	18. Age at time of THIS birth 21 yrs.
13. Birthplace Eureka (City or town) Kansas (State or foreign country)	19. Birthplace Stanton (City or town) Idaho (State or foreign country)
14. Exact Occupation Rancher	20. Exact Occupation House wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 9 1941 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Blaine } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Hazel Lenore Johnson being first duly sworn, say that I am Related to (Related to (or) acquainted with) Laurence Jay Johnson (Name of person on certificate above) as mother. (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that D.E. Brooks (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hazel Lenore Johnson, Signature
Gannett, Idaho. P. O. Address

Subscribed and sworn to before me on this 7th day of June, 1941

(SEAL) R.H. McCoy Notary Public, residing at Hailey Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 '42

c.c. 6/17/41. w.h.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

662-227 022.249

313435

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 1 1 194-

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Was attended at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Ida.

4. **FULL NAME OF CHILD** Inez May Foster

5. Date of Birth of Child (Month, day, year) Feb. 27, 1913

6. Sex Female Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Albert Foster
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stockton (City or town), Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Burt
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Salt Lake City (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at Home P.M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle Foster (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Jeanette M. Brown M.D. Midwife Address St. Anthony Date Dec 27, 1913

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 194- by Mary E. Eaton, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666 225 014-453 RECEIVED

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 6 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313472
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County (b) City Wilder Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home days.
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Wilder
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 8 yrs.
(f) Mother's mailing address Wilder Idaho

3. RESIDENCE of FATHER (city, state) Wilder Idaho

4. FULL NAME OF CHILD Jone Malinda Wood

5. Date of Birth (Month, day, year) April 25 1913

6. Sex girl

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Evenstine Wood

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Lexington (City or town) Nebraska (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Eliza Metcalf

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Castle Rock (City or town), Wash. (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead one (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by Alice Eliza Allen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 6 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

~~State of~~ Province of British Columbia
County of Vancouver } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Eliza Allen, being first duly sworn, say that I am the mother (Related to (or) acquainted with) of Jone Malinda Wood (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Harold Sampson (Name of attendant at birth), who attended said birth of Jone Malinda Wood ~~(Is now deceased (or) cannot be located)~~ and that this birth has not been previously recorded.

Alice Eliza Allen Signature
4313 Mosscrop Rd New Westminster B.C. P. O. Address Canada

Subscribed and sworn to before me on this 27th day of May, 1941

(SEAL) Ralph Lawe Notary Public, residing at Vancouver, B.C. Canada

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

c.c. 6/20/41. w.h.

DECEASED

656-105-016-219

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 313640
Local Reg. No.
Reg. Dist. No.

JUN 17 1941

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address
3. **RESIDENCE of FATHER** (city, state): Burley Ida

4. **FULL NAME OF CHILD** Zelman Herbert Fewkes
5. Date of Birth (Month, day, year) Nov 5th 1913
6. Sex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy Full
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Herbert Fewkes
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Upton (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Bailey
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Inwood (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) June 17-1941 (Date received) (b) Mabel H Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Durand M.D. (D.O. or Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elizabeth Bailey Fewkes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Zelman Herbert Fewkes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Wahlgren (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elizabeth Bailey Fewkes Signature
RR#2 Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 16 day of June, 1941

(SEAL) Henry H Tucker Notary Public, residing at Burley, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355 722 016 613

United States
Department of Commerce JUN 19 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 313681
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at Home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county years 29 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. Gen Del.
(e) How long has MOTHER lived in Idaho? 34 yrs.
(f) Mother's mailing address Albion Idaho.

3. RESIDENCE of FATHER (city, state) Reno Nevada

4. FULL NAME OF CHILD Thomas Henry Lee.

5. Date of Birth (Month, day, year) Oct 22. 1913

6. Sex Male.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? —

FATHER OF CHILD

10. FULL NAME John Franklin Lee.
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Dawagiac Mich. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Margaret Walton
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Albion Idaho. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead 2 (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 19 1941 (Date received) (b) Mabel Y. Eldar (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Helen Mecum, being first duly sworn, say that I am Mother (Related to (or) ~~acquainted with~~) Thomas Henry Lee (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. DeWight (Name of attendant at birth), who attended said birth not located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Helen Mecum Signature
618 No. 3rd Ave. Yakima Wash. P. O. Address

Subscribed and sworn to before me on this 18 day of June, 1941

(SEAL) S. Hemmer Notary Public, residing at Yakima

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-109 007-595 RECEIVED

United States
Department of Commerce
Bureau of Census

JUN 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.
(f) Mother's mailing address Same

3. RESIDENCE of FATHER (city, state Picabo, Ida

4. FULL NAME OF CHILD Ronald Cecil Baker

5. Date of Birth (Month, day, year) Jan. 9, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. ~~FULL~~ NAME Rolly Louie Baker	16. FULL MAIDEN ~~NAME~~ Clara Pluma Niedermeyer
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 29 yrs.	18. Age at time of THIS birth 22 yrs.
13. Birthplace Joseph, Oregon (City or town) (State or foreign country)	19. Birthplace Smith Center, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Clara (First name) Baker (Last name), who is related to this child as Mother (Mother, etc.)

RECEIVED

26. (a) JUN 21 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs. Carolina C. Baker ~~M.D.~~ (~~Dr.~~, Midwife, ~~etc.~~)
and address Picabo, Idaho. Date June 16, 1941.

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

132-111-003-515

RECEIVED

314846

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States Department of Commerce
Bureau of the Census

JUN 16 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 27
new Reg. Dist. No. 520

1. **PLACE OF BIRTH**
(a) County Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address (For registration notice):
Mrs. Alice Stiles, Conda, Idaho
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Soda Springs

4. **FULL NAME OF CHILD** Clarence George Albrecht

5. Date of Birth (Month, day, year) Nov. 11, 1913

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate Yes

FATHER OF CHILD

10. **FULL NAME** George Albrecht

11. Color or Race W

12. Age at time of THIS birth 39 yrs.

13. Birthplace Germany
(City or Town) (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Nanney

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace Grace, Idaho
(City or Town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4P M. on the date and at the place stated above, and that personal particulars were furnished by Mary Alice Stiles (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) March 4, 1941 (Date received) (b) Dr. Russell Tigert (Registrar's signature)

25. Attendant's **OWN signature** Ellis Kackley M.D. (D.O., Midwife, etc.)
Dr. Ellis Kackley
and address Soda Springs Date 3/3/41

27. Given name added on ..... by .....
(Registrar's Signature)

FEB 5 1969

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

DUP OF 13-16285

951 224 034 449

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 11 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 14857
Local Reg. No. 88
Reg. Dist. No. 450

1. **PLACE OF BIRTH**
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert, Fairmont
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.
(f) Mother's mailing address Rupert

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Sylvia Lola Read

5. Date of Birth (Month, day, year) December 24 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Archie Fredrick Read
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Murphy
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chapin (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 3 9, M. on the date and at the place stated above, and that personal particulars were furnished by Rebecca Read (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) May 23 1941 (Date received) (b) E. R. Simmons (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** W. P. Simmons M.D. (D.O., Midwife, etc.)
and address Portella Id Date 6/12/41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 18 1975

AUG 28 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

942117 V01 863

314870

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 314870
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. North 8th St.
(d) Name of Hospital or Maternity Home: None — Private home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home None days.
IN THIS county 28 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada.
(c) City Boise
(d) Street Address or R.F.D. No. No. 8th
(e) How long has MOTHER lived in Idaho? 18 yrs.
(f) Mother's mailing address Boise, Idaho

3. RESIDENCE of FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Victor Russell

5. Date of Birth (Month, day, year) 5/17/13

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leonard Russell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salina, Utah (City or town) (State or foreign country)
14. Exact Occupation Brick hauler from brick plant
15. Industry or Business Brick hauler

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Mae Holcomb
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kansas City, Missouri (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) June 16-1941 (Date received) (b) Mabel T. Geeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Leonard Russell, being first duly sworn, say that I am ..... (Related to (or) acquainted with) Victor Russell (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Holverson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Leonard Russell Signature
Eagle, Idaho. Box 31 P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1941

(SEAL) Sibyl O. Rudisell Notary Public, residing at Star Ida
my commission expires 7-17-44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-106 010-759

United States
Department of Commerce
Bureau of the Census

JUN 23 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 314890
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. #1
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6.0 yrs.
   (f) Mother's mailing address (For registration notice):
   Ontario – California
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ontario – Calif.

4. **FULL NAME OF CHILD** Smith Ernest Munson

5. Date of Birth (Month, day, year) Mar. 6, 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Frank Munson

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Paris, (City or Town) Idaho (State or foreign country)

14. Exact Occupation

15. Industry or Business None –

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Perrett

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Paris (City or Town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 20%

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5
(c) Born alive and now dead 2 (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Mrs Margaret Munson, who is (First name) (Last name)
related to this child as Mother Wife (Mother, etc.)

REC

26. (a) JUN 23 1941 (Date received) (b) Mabel V Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** John A. Mellor M.D. (D.O., Midwife, etc.)
and address Apr. 15-1941 Date
Idaho Falls.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications if .....

.....

.....

(b) Labor; Complications: .....

.....

..... Induced? .....

.....

(c) Was there an operation for delivery? .....

State all operations: .....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

462 114 023 249

United States
Department of Commerce
Bureau of the Census

RECEIVED
JUN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 314901
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Jefn (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 11 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Jefn
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Ola Ida

3. **RESIDENCE of FATHER** (city, state). Ola Ida

4. **FULL NAME OF CHILD** Herschel Earl Mobley

5. Date of Birth (Month, day, year) July 14 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Bryce Mobley
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Linen Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lelia May Burlingham
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Otsego Allegon Co Mich (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 7
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Clark } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lelia May Mobley, being first duly sworn, say that I am mother (Related to (or) acquainted with)
of Herschel Earl Mobley (Name of person on certificate above) mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Whitlock (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lelia May Mobley Signature
Lyons Ore P. O. Address

Subscribed and sworn to before me on this 21st day of June, 19 41

(SEAL) W. B. McCleary Notary Public, residing at Battle Ground

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1961
SEP 29 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418 105 005 258

314909

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUN 24 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Benawa (b) City Tensed
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benawa
   (c) City Tensed
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Herman Savannah May

5. Date of Birth (Month, day, year) June 5 - 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pleasant Savannah May
11. Color or Race White
12. Age at time of THIS birth 55 yrs.
13. Birthplace Trade (City or town) Tennessee (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Carnelius Snyder
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Mountain City (City or town) Tennessee (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) June 5-1913 at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Fannie C. Doane (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JUN 24 1941 (Date received) (b) Mabel H Geddes (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Oregon
County of Lake } ss.

I, Fannie C. Doane, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above; and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Stenger (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Fannie C Doane Signature
Route 4 Box 155 P. O. Address

Subscribed and sworn to before me on this 23 day of June, 1941

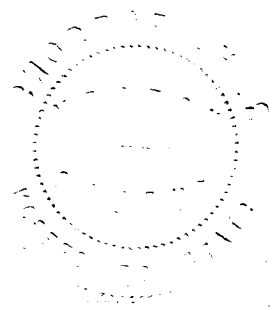
(SEAL) O H Parsons Notary Public, residing at Eugene Ore
Comm. Exp 4-19-45

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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314945

United States Department of Commerce
Bureau of Census

JUN 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Payette
   (c) Street Address or R.F.D.No. R.F.D.#2
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 11 years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Payette
   (d) Street Address or R.F.D.No. R.F.D.#2
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.
   (f) Mother's mailing address R.F.D.#2 Payette

3. **RESIDENCE of FATHER** (city, state) Payette, Ida

4. **FULL NAME OF CHILD** Orville Glenn Roe

5. Date of Birth (Month, day year) Apr. 11, 1913

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James G. Roe
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Formoso (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena A. Smith
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Oseola (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lena A. Roe (First name) (Last name), who is related to this child as mother. (Mother, etc.)

26. (a) JUN 25 1941 (Date received) (b) Mark H. Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Pearl Baker M.D. (~~D.O.~~, Midwife, etc.)
and address 1750 - 10th St Date 6/23/41

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 23rd day of June, 1941

(SEAL) Blanche M. Carlson Notary Public, residing at Santa Monica, California

MY COMMISSION EXPIRES DECEMBER 12, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

6-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED

498-22014651

315074

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
JUL 1 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 315074
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 119-12 Ave. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. at home
   IN **THIS** county 1 years 2 month 14 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 119-12 Ave. No.
   (e) How long has **MOTHER** lived in Idaho? 33 yrs.
   (f) Mother's mailing address 108-12 Ave. No.

3. **RESIDENCE of FATHER** (city, state) Nampa ~~Idaho~~

4. **FULL NAME OF CHILD** Angelina Urquiaga

5. Date of Birth (Month, day, year) January 22. 1913

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jose Gregorio Urquiaga
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Murelaga (City or town) Spain (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara Onaindia
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Amoroto (City or town) Spain (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at midnight M. on the date and at the place stated above, and that personal particulars were furnished by Barbara Urquiaga (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) JUL 1 1941 (Date received) (b) Mabel H. Fuller (Registrar's signature)
27. Given name added on ____ by ____ (Registrar's signature)
25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.) and address ____ Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jose Gregorio Urquiaga, being first duly sworn, say that I am related (Related to (or) acquainted with) Anelina Urquiag (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. S. D. Calonge (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jose Gregorio Urquiaga Signature

Nampa Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of June, 1941

(SEAL) Jack L. Beverly Notary Public, residing at Nampa Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

RECEIVED
JUL 8 1941
No money enclosed

EARL E. GARRITY
ATTORNEY AT LAW
SMALLWOOD BUILDING
NAMPA, IDAHO

July 8, 1941.

Department of Vital Statistics
Boise, Idaho

Gentlemen:

After some refiguring, it develops that Angelina was born on January 22, 1913.

Hope that this will straighten things out.

Very truly yours,

Earl E. Garrity

EARL E. GARRITY

EEG:b
Enc.

Angelina Wright

14-91-4

945-114-036-813

315113

United States
Department of Commerce JUN 30 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D.No. #2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Woodruff
(d) Street Address or R.F.D.No. #2
(e) How long has MOTHER lived in Idaho? 24 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, State) Malad Idaho

4. FULL NAME OF CHILD Iril Donald Zundel

5. Date of Birth (Month, day year) Sept. 14, 1913

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine Sept

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Isaac David Zundel
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Willard (City or town) 7 Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Bell Hall
17. Color or Race White
18. Age at time of THIS birth ..... yrs
19. Birthplace Portage, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 9 (c) Born alive and now dead 4 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUN 30 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Nevada
County of Washoe } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Verlin Zundel, being first duly sworn, say that I am related (Related to (or) acquainted with) Itil Donald Zundel (Name of person on certificate above) as older brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that M. Landon (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Verlin Zundel Signature
P. O. Address

Subscribed and sworn to before me on this 26th day of June, 1941

(SEAL) R. Simms Notary Public, residing at Sparks, Nevada

MY COMMISSION EXPIRES DEC. 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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849-127-042-849

RECEIVED JUL 8 1941

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315258
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County TWIN FALLS (b) City KIMBERLY
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 1 years 4 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County TWIN FALLS
(c) City KIMBERLY
(d) Street Address or R.F.D.No. —
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address KIMBERLY IDAHO

3. RESIDENCE of FATHER (city, state) KIMBERLY IDA

4. FULL NAME OF CHILD CURTIS LYLE HURD

5. Date of Birth (Month, day year) DEC 27 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME ELMER ELLSWORTH HURD	16. FULL MAIDEN NAME NETTIE PEARL HURD ✓
11. Color or Race WHITE — 12. Age at time of THIS birth 30 yrs.	17. Color or Race WHITE — 18. Age at time of THIS birth 26 yrs
13. Birthplace CAIRO (City or town) NEBRASKA (State or foreign country)	19. Birthplace OAK GROVE (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER	20. Exact Occupation HOUSE WIFE
15. Industry or Business FARMER	21. Industry or Business HOUSE WIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum UNKNOWN

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

RECEIVED JUL 8 1941

26. (a) ..... (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, PEARL HURD, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) CURTIS LYLE HURD (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR JOHN WHITE (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Pearl Hurd Signature

Filer, Idaho P. O. Address

Subscribed and sworn to before me on this 7th day of July 1941

(SEAL) Lewis E. Hack Notary Public, residing at Filer, Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

7-10-41

APR 12 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

967-105-269-36

315259

United States Department of Commerce
Bureau of Census

JUL 7 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. own home.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address 5-23-Bo Rt Superior Wis.

3. **RESIDENCE of FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** William Murlie Ropp

5. Date of Birth (Month, day year) May 5 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Floyd Otto Ropp
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Urbana (City or town) Ohio (State or foreign country)
14. Exact Occupation /
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Stover
17. Color or Race white
18. Age at time of THIS birth 25 yrs
19. Birthplace Summersville W. Va. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum was taken care of by Dr.
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living 8
(c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Floyd Ropp (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN signature** Helen Hagerman M.D. (D.O., Midwife, etc.)
and address Priest River Date July 2 1941

26. (a) JUL 7 1941 (Date received) (b) Maud McKelvey (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. C. Gerstaff (Name of attendant at birth), who attended said birth is now deceased and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

K

7-10-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED

735-229-029-699

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

JUL 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315399
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Harvard
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 1 years 4 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Harvard
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 1 - 4 months yrs.
(f) Mother's mailing address Harvard

3. RESIDENCE of FATHER (city, state) Harvard

4. FULL NAME OF CHILD Ida Norma Gleason

5. Date of Birth (Month, day year) 1-29-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME John Christian Gleason	16. FULL MAIDEN NAME Ida Nettie [illegible] Frick
11. Color or Race white — 12. Age at time of THIS birth 42 yrs.	17. Color or Race White — 18. Age at time of THIS birth 29 yrs
13. Birthplace Clinton (City or town) Iowa (State or foreign country)	19. Birthplace Spangle (City or town) Washington (State or foreign country)
14. Exact Occupation Section Foreman	20. Exact Occupation house wife
15. Industry or Business Railway Service	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 4 a.M. on the date and at the place stated above, and that personal particulars were furnished by John C Gleason (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) July 10-1941 (Date received) (b) Mabel F Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Dr. Deceased M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John C. Gleason, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ida Norma Gleason (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sylvia Gleason (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x John C. Gleason Signature

P. O. Address

Subscribed and sworn to before me on this 1 day of July, 1941

(SEAL) [signature] Notary Public, residing at

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Feb. 1, 1944

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

753 101-010-815

315403

United States
Department of Commerce - 1 2 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH.**
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D.No. 285 2nd Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D.No. 285 2nd St.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address 285 2nd Idaho Falls Ida.

3. **RESIDENCE of FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Leland Nephi Peterson

5. Date of Birth (Month, day year) June 1, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Nephi H. Peterson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan (City or town) Utah - USA. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Loveda Hansen
17. Color or Race White
18. Age at time of THIS birth 24 yrs
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 P. M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Annie L. Hansen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 17-1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** John O. Mellar M.D. (D.O., Midwife, etc.) and address Idaho Falls Date June 25 1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7-17-41

DELAYED REGISTRATION LAW

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Mothers correct current name on this one

DELAYED

659 102 010 335

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JUL 8 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315419
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Bonneville (b) City
   (c) Street Address or R.F.D.No. 2
   (d) Name of Hospital or Maternity Home:
   Home of Frank Cleverley Rigby, Ida.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days. Lived at home
   IN **THIS** county 24 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City
   (d) Street Address or R.F.D.No. 2, Rigby, Ida.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.
   (f) Mother's mailing address Rigby, Idaho. Rte 2

3. **RESIDENCE of FATHER** (city, state) Rigby, Ida.

4. **FULL NAME OF CHILD** Ernest William Ferguson

5. Date of Birth (Month, day year) 3/2/1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert William Ferguson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Logan, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Cleverley
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Shelton Ward, Rigby Rte. 2 (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5
    (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at Sun. 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Edith Ferguson (First name) (Last name), who is related to this child as the mother (Mother, etc.)

26. (a) JUL 8 1941 (Date received) (b) Mabel M. Geller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Josephine Brewer M.D. (D.O., Midwife, etc.)
and address Rigby R 1 Box a Date July 2-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (State relationship or acquaintance), whose birth certificate (Name of person on certificate above) appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) .....Notary Public, residing at .....

7-17-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

367130-001962

#315500

315500

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 218 - N. 6th
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay BEFORE delivery:
In ~~Hosp.~~ or ~~Mat.~~ Home 1 days.
IN THIS county 2 years 1 month 10 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 218 - N. 6th
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address P.O. Box 644

3. RESIDENCE of FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD John Joe Lopez

5. Date of Birth (Month, day year) 4/30/13

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Antonio Lopez

11. Color or Race White

12. Age at time of THIS birth 32 yrs.

13. Birthplace Pamplona (City or town) Spain (State or foreign country)

14. Exact Occupation Shoe Maker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucia Robles

17. Color or Race white

18. Age at time of THIS birth 32 yrs

19. Birthplace Lequeitio (City or town) Spain (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 20 o'clock P M. on the date and at the place stated above, and that personal particulars were furnished by Lucia (First name) Lopez (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) July 21-1941 (Date received) (b) Marvel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lucia Lopez, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Joe Lopez (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. McCalla (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lucia Lopez Signature
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of July, 1941

(SEAL) Margaret Smoke Notary Public, residing at Emmett, Idaho

My Commission expires Oct. 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1948

JAN 19 1971

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

863-130014 653 #315501

United States JUL 23 1941 (Be sure the information is as of date of birth of THIS child)
Department of Commerce
Bureau of Census

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315501
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Ola Ida

4. FULL NAME OF CHILD Samuel George Holbrook
5. Date of Birth (Month, day year) 3/30/1913
6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy term
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George W Holbrook
11. Color or Race W
12. Age at time of THIS birth 41 yrs.
13. Birthplace Parma (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude M Wells
17. Color or Race W
18. Age at time of THIS birth 32 yrs
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 23 1941 (Date received) (b) Mabel F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature R N Cummings M.D. (D.O., Midwife, etc.)
and address Emmett Date 7-22-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

815 112 026 249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 14 1941

State File No. 315547
Local Reg. No. 76
Reg. Dist. No. 641

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Jefferson (b) City Ammon
   (c) ~~Street Address~~ or R.F.D. No. 1 Box 49
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days. Home.
   In **THIS** county 9 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Jefferson
   (c) City Ammon Lorenzo
   (d) Street Address or R.F.D. No. 1 Box 49
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address (For registration notice): #1 Box 49 (Street of R. F. D.) Lorenzo (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Fabyn Albert Hansen

5. Date of Birth (Month, day, year) Oct 12 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert John Hansen

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Ammon Idaho
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Hannah Smith

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Coalville Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag No3

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9.30 A. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** Ray B. Fisher M.D. (D.O., Midwife, etc.)
and address Oakley, Idaho Date 6/12/41

26. (a) June 30/41 (Date received) (b) Mrs A B Eckersell (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

Formerly Ruples-Ida.

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DUP OF 13-16455

459 109 003 235 JUL 17 1941

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 315563
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D.No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home no days. IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 52 yrs.
(f) Mother's mailing address Preston, Idaho

3. RESIDENCE of FATHER (city, state) Preston, Ida.

4. FULL NAME OF CHILD Milford S. Merrill
5. Date of Birth (Month, day year) Nov. 9, 1913
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Orrin Preston Merrill	16. FULL MAIDEN NAME	Alice May Stephenson
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	39 yrs.	18. Age at time of THIS birth	28 yrs
13. Birthplace (City or town)	Smithfield (State or foreign country) Utah	19. Birthplace (City or town)	Lewiston (State or foreign country) Utah
14. Exact Occupation	Farmer	20. Exact Occupation	Housewife
15. Industry or Business	Farmer	21. Industry or Business	Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 17 1941 (Date received) (b) Mabel T. Ellis (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, O. P. Merrill, being first duly sworn, say that I am related (Related to (or) acquainted with) to Milford S Merrill (Name of person on certificate above) as his father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Casher Pond (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

O. P. Merrill Signature
Preston Idaho D. O. Address

Subscribed and sworn to before me on this 11 day of July, 1941
(SEAL) Arthur M. Cast Notary Public, residing at Preston Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

7/rm4

MAR 17 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

599·210029·751

United States Department of Commerce Bureau of Census

JUL 21 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 316776
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Latah (b) City Nora (Now Troy)
(c) Street Address or R.F.D.No. Route 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 8 years 5 month 8 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Nora (Now Troy)
(d) Street Address or R.F.D.No. Route 2
(e) How long has MOTHER lived in Idaho? 8½ yrs.
(f) Mother's mailing address Troy, Idaho

3. RESIDENCE of FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD Ruth Eunice Maria Erickson
5. Date of Birth (Month, day year) January 10, 1913
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Erickson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Östmark (City or town) Vermland (State or foreign country) Sweden
14. Exact Occupation Laborer
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Carolina Pearson
17. Color or Race White
18. Age at time of THIS birth 43 yrs
19. Birthplace Östmark (City or town) Vermland (State or foreign country) Sweden
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 21 1941 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Latah } ss.

I, Carolina Erickson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ruth Eunice Maria Erickson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Fred Jenson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Carolina Erickson Signature
Troy Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of July, 1941

(SEAL) ..... Notary Public, residing at Troy Idaho

OCT 15 1941

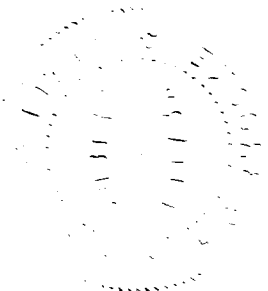
NOV 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

Dupof 1913 - 11301



DELAYED

295-204-001-795

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JUL 30 1941 STATE OF IDAHO

State File No. 316977
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Ada (b) City Kuna
(c) ~~Street Address or~~ R.F.D.No. #2
(d) Name of Hospital or Maternity Home: Family residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 6 years 6 month 12 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Kuna
(d) ~~Street Address or~~ R.F.D.No #2
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Kuna, Idaho

3. RESIDENCE of FATHER (city, state) Kuna Idaho

4. FULL NAME OF CHILD Thelma Ardelle King

5. Date of Birth (Month, day year) March 4 1913

6. Sex Female

7. Twin or Trip'let single

If ~~s~~—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Lawson Lorwell King	16. FULL MAIDEN NAME Isabelle Green
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 32 yrs.	18. Age at time of THIS birth 36 yrs
13. Birthplace Butler (City or town) Missouri (State or foreign country)	19. Birthplace Nashville, (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15. Industry or Business Farmer	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 30 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lawson Lorwell King Thelma Ardelle King, being first duly sworn, say that I am Father (Related to (or) acquainted with)
(Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that C. L. Dutton M. D. (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lawson Lorwell King Signature
R2 Kuna, Idaho P. O. Address

Subscribed and sworn to before me on this 29th day of July 19 41

(SEAL) J. A. Martin Notary Public, residing at Kuna, Idaho

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

315-203-044-693

United States
Department of Commerce JUL 28 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317003
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. 651 W. Butterfield
(d) Name of Hospital or Maternity Home: born at my mothers home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D.No. 651 W butterfield
(e) How long has MOTHER lived in Idaho? 1 11 months yrs.
(f) Mother's mailing address Weiser Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Elva Blanch Lancaster
5. Date of Birth (Month, day year) Sept 3 - 1913
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 4
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Francies Lancaster
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Bible grove Mo. (City or town) (State or foreign country)
14. Exact Occupation Labor.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Biglow Williams.
17. Color or Race American
18. Age at time of THIS birth 24 yrs
19. Birthplace Imperial Neb. (City or town) (State or foreign country)
20. Exact Occupation house wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JUL 28 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Kern } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emma Biglow Lancaster, being first duly sworn, say that I am mother (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Connaut (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emma Biglow Lancaster Signature
1214 - 13th Ave Delano, Calif. P. O. Address

Subscribed and sworn to before me on this 24th day of July 1941
(SEAL) [signature] Notary Public, residing at Delano Calif.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

418-220-030-259

317034

United States
Department of Commerce JUL 30 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Hayden Crk. Basin
(c) Street Address or R.F.D.No. Lemhi
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 2 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Lemhi

4. FULL NAME OF CHILD Ester Olive Mahoney

5. Date of Birth (Month, day year) Aug. 20, 1913

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Vanta James Mahoney
11. Color or Race white
12. Age at time of THIS birth ..... yrs.
13. Birthplace Glenns Ferry, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Ranch

MOTHER OF CHILD

16. FULL MAIDEN NAME Phebe Bergeron
17. Color or Race white
18. Age at time of THIS birth ..... yrs
19. Birthplace Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag no.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 9 A. M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Vanta J. Mahoney (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) July 22, 1941 (Date received) (b) Mary F. Elder Olio C. Bellamy (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Vanta James Mahoney, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ester Olive Mahoney (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Ed. Call (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Vanta James Mahoney Signature
Salmon, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of July, 1941
(SEAL) Preston Thatcher Notary Public, residing at Salmon, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

245-122-001-363

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317048
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** JUL 30 1941
   (a) County Ada (b) City Star
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Star
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.
   (f) Mother's mailing address Star, Idaho

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** LaRoy Madison Kingery

5. Date of Birth (Month, day year) Feb. 22, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Vernon Kingery
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Dawson County, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farm laborer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agusta Georgena Colton
17. Color or Race White
18. Age at time of THIS birth 19 yrs
19. Birthplace Harrisburg, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) JUL 30 1941 (Date received) (Mother, etc.) Mabel T. Keefer (Registrar's signature)

Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of California } ss.
County of San Joaquin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Agusta Georgena Kingery, being first duly sworn, say that I am related to (Related to (or) acquainted with) LaRoy Madison Kingery (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the physician (Name of attendant at birth), who attended said birth was from Caldwell, Idaho and that this birth has not been previously recorded; I cannot (Is now deceased (or) cannot be located) remember the name of the attending physician. Agusta Georgena Kingery (Signature)

Rt. 1, Box 652X, Stockton, Calif. P. O. Address

Subscribed and sworn to before me on this 26th day of July, 19 41

(SEAL) Fred M. Bullinger Notary Public, residing at Stockton, Calif.

My Commission Expires May 6, 1944

FEB 3 1970
MAR 16 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

271-118-037-396

RECEIVED AUG 2 1941

317156

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Owyhee (b) City Grand View
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home days. IN THIS county 3 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Grand View
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs yrs.
(f) Mother's mailing address Grand View

3. RESIDENCE of FATHER (city, state) G.V.Ida

4. FULL NAME OF CHILD Mathias Spang

5. Date of Birth (Month, day year) May 18, 1913

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Mathias Nicholas Spang
11. Color or Race White
12. Age at time of THIS birth 3940 yrs.
13. Birthplace Coleta, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Jane Proctor
17. Color or Race White
18. Age at time of THIS birth 36 yrs
19. Birthplace Coleta, Illinois (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at P M. on the date and at the place stated above, and that personal particulars were furnished by Minnie J. Spang (First name) (Last name), who is related to this child as mother (Mother, etc.).

RECEIVED

26. (a) AUG 2 1941 (Date received) (b) Mabel H. Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Geo. R. Proctor (M.D. (D.O. Midwife, etc.)) and address Nampa Idaho Date Aug 1, '41

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 15 1965

JUN 24 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

415-130-039-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

317157

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Power (b) City American Falls
(c) Street Address or R F D No. R F D
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
In **THIS** county 4 years .....months .....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address 1123 E Whitman
3. **RESIDENCE OF FATHER** (city, state) Pocatello Ida

4. **FULL NAME OF CHILD** Dale Davis
5. Date of Birth (Month, day, year) April 30-1913
6. Sex. male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Homer E Davis
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Peoria (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Zeich
17. Color or Race white
18. Age at time of THIS birth 21 years
19. Birthplace Silver Lake (City or town) Minn (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rose Davis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 7-1944 (Date received) (b) Mabel H Felder (Registrar's signature)

27. Given name added on .....by..... (Registrar's signature)

25. Attendant's **OWN signature** —.....M.D. or..... (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Rose Davis, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Dale Davis (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Davis Name
1123 E Whitman P. O. Address

Subscribed and sworn to before me on this 1st day of August, 1944

(SEAL) My commission expires Aug. 19, 1943 Notary Public residing at Pocatello Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-119-026-918

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317166
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Jefferson (b) City Roberts AUG 4 1941
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Roberts
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 30 yrs.
(f) Mother's mailing address Roberts

3. RESIDENCE of FATHER (city, state) Roberts, Ida.

4. FULL NAME OF CHILD Melton Polson

5. Date of Birth (Month, day year) 9/19/13

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME William Henery Polson	16. FULL MAIDEN NAME Minnie Elizabeth Ott Ray
11. Color or Race White — 12. Age at time of THIS birth 44 yrs.	17. Color or Race White — 18. Age at time of THIS birth 38 yrs
13. Birthplace Manti (City or town) Utah (State or foreign country)	19. Birthplace Unknown (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Housewife
15 Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Mabel T. Geefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Henry Polson, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Chas Melton Polson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Melton (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Henry Polson Signature
Roberts, Idaho P. O. Address

Subscribed and sworn to before me on this 1 day of Aug, 1941
(SEAL) Arthur P. Jensen Notary Public, residing at Roberts, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1969

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

415-105-028-692

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317200
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Kootenai (b) City Cor D Alene
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home None days. IN **THIS** county 6 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D. A. lene
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address Coeur D. A. lene Ida

3. **RESIDENCE of FATHER** (city, state) "

4. **FULL NAME OF CHILD** Robert Frank Davis.

5. Date of Birth (Month, day, year) Aug 5-1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Frank Davis.
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Woods Work.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Fischback
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Frank Davis (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) AUG 5 1941 (Date received) (b) Mabel Y Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ~~Robert~~ Frank Davis, being first duly sworn, say that I am the Father. (Related to (or) acquainted with)
Robert Frank Davis (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no attdnt (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Frank Davis Idaho Signature
602 N. 16th Coeur d'Alene P. O. Address

Subscribed and sworn to before me on this 2 day of August, 1941

(SEAL) John M Booth Notary Public, residing at Coeur d'Alene
my Commission exp June 4/22/43

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-118-035-258

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census AUG 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317211
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Southwick

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Ted Grinolds

5. Date of Birth (Month, day year) Nov 18, 1913

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leon Addison Grinolds
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Aberdeen S. Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Wilhelmina Behrens
17. Color or Race White
18. Age at time of THIS birth 25 yrs
19. Birthplace St Paul Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 8. A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. L. A. Grinolds (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) AUG 4 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Mrs Louise Behrens M.D. (D.O., Midwife, etc.)
and address Juliaetta, Ida. Date 8-2-41

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. L. A. Grinolds, being first duly sworn, say that I am (Related to (or) acquainted with) Ted Grinolds (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rockwell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. L. A. Grinolds Signature

Southwick, Idaho P. O. Address

Subscribed and sworn to before me on this 2 day of Aug 1941

(SEAL) ..... Notary Public, residing at Kendrick

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

253-211-014-667 #317306 317306

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Rd 2
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ✓ days.
In THIS county 13 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Rd. 2
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Nampa

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Elsie Marie Betts
5. Date of Birth (Month, day, year) May 11-1913
6. Sex Girl
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. FULL NAME David Betts
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Flora (City or town) Ind. (State or foreign country)
14. Exact Occupation Farmer-Minister
15. Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Anna Viola Fogle
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Richland Center (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 18 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on by (Registrar's signature)

State of IDAHO
County of ADA } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, David Betts, being first duly ~~sworn~~ affirm, say that I am related to (Related to (or) acquainted with) Elsie Marie Betts (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Housman (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

David Betts Signature
Nampa, Idahom Route 2 P. O. Address

Subscribed and sworn to before me on this 18 day of August, 1941

(SEAL) Myrna L. Brewer Notary Public, residing at Boise, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

846-106-010-345

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 317335
Local Reg. No.
Reg. Dist. No.

AUG 23 1941

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls,
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City 5 miles north, Idaho Falls
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Dubois, Idaho

3. RESIDENCE of FATHER (city, state) Dubois, Ida.

4. FULL NAME OF CHILD Wendell Larie Hoopes

5. Date of Birth (Month, day year) June 6, 1913

6. Sex Male

7. Twin or Triplet Single

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jonathan Nelson Hoopes
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace 5 Miles North, Idaho Falls (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Lund
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace 5 miles north, Idaho Falls, (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Jonathan Hoopes (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) AUG 23 1941 (Date received) (b) Mabel H. Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25 Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Clark }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Jonathan Nelson Hoopes, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Wendell Larie Hoopes (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Beach (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jonathan Nelson Hoopes Signature
Dubois, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of August, 1941

(SEAL) ..... Notary Public, residing at Dubois, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-101-035-363

United States
Department of Commerce
Bureau of Census

AUG 14 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 317353
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Leland,
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Private home.
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 5 years 2 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Leland
(d) Street Address or R.F.D.No. Box 64.
(e) How long has MOTHER lived in Idaho? 5 yrs.
(f) Mother's mailing address Leland, Idaho.

3. RESIDENCE of FATHER Deceased Leland, Idaho.

4. FULL NAME OF CHILD Woodrow Wilson Fleshman

5. Date of Birth (Month, day year) Dec. 1, 1913.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Edward Fleshman
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Neote Lotspeich
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Turon, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4 ✓
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 14 1941 (Date received) (b) Mabel F. Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Mildred Johnson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Woodrow Wilson Fleshman (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Blackburn (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Mildred Johnson Signature
Leland, Idaho P. O. Address

Subscribed and sworn to before me on this 12 day of Aug. 1941

(SEAL) [signature] Notary Public, residing at Kendrick

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 8 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

319-215-025-752

317504

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)—
AUG 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D.No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home No days.
IN THIS county 9 years 0 month 0 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Beulah-Helen-Laine
5. Date of Birth (Month, day year) 12-15-'13
6. Sex Female
7. Twin or Triplet One
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Emil Laine	16. FULL MAIDEN NAME Hilda Pesonen
11. Color or Race White	17. Color or Race White
12. Age at time of THIS birth 30 yrs.	18. Age at time of THIS birth 39 yrs
13. Birthplace Finland (City or town) (State or foreign country)	19. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation Home Wife.
15. Industry or Business Farmer	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) AUG 13 1941 (Date received) (b) Maud V. Reed (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Emil Laine, being first duly sworn, say that I am Related (Related to (or) acquainted with) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that None (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Emil Laine Signature
Rt. #1 Clearwater, Wash. P. O. Address

Subscribed and sworn to before me on this day of Aug. 19 41
(SEAL) John L. Phillips Notary Public residing at Lewiston Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 317504
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Beulah Helen Laine (Name on original certificate) who born (Was born or died) on 12-15-1913 (Date of event)
in Kooskia, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Date	1914	1913

Subscribed and sworn to before me this 4
day of Dec 1943
John L. Phillips
Notary Public, residing at Lewiston, Idaho
My commission expires 6-21-45
[SEAL]

Signed Emil Laine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt #1 - Clarkston, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This affidavit MUST also be executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of Dec 1943
John L. Phillips
Notary Public, residing at Lewiston, Idaho
My commission expires 6-21-45
[SEAL]

Signed Emil Laine
(Signature of any credible person other than the previous affiant.)
Rt #1 - Clarkston, Wash.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

336-217039469

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 21 1941

318807

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Rockland
(c) Street Address or R.F.D.No. ----------
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D.No. ----------
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Rockland, Idaho

3. RESIDENCE of FATHER (city, state) Rockland, Ida.

4. FULL NAME OF CHILD Mary Hattie Lloyd

5. Date of Birth (Month, day year) Jan. 17, 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Ottis Lloyd

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Wheatland, Indiana (City or town) (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Adeline Morehead

17. Color or Race White

18. Age at time of THIS birth 30 yrs

19. Birthplace Wheatland, Indiana (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3.30 P M. on the date and at the place stated above, and that personal particulars were furnished by Wm. O. Lloyd (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) AUG 21 1941 (Date received) (b) Mabel H. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature V. G. Logan M.D. (D.O. Midwife, etc.)
and address Cameron Falls Idaho Date Aug 18. 1941

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

818-124 044 693

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 318925
Local Reg. No.
Reg. Dist. No.

AUG 25 1941

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D.No. 20 Mi.No. of Weiser
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser,
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 10 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Weiser, Ida.

4. FULL NAME OF CHILD LAWRENCE NEWTON HAYES

5. Date of Birth (Month, day year) Feb.24,1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Willis Alexander Hayes	16. FULL MAIDEN NAME Minnie Margrett Wilson
11. Color or Race white 12. Age at time of THIS birth 25 yrs.	17. Color or Race white 18. Age at time of THIS birth 18 yrs
13. Birthplace Springfield, Illinois (City or town) (State or foreign country)	19. Birthplace Delta, Colorado (City or town) (State or foreign country)
14. Exact Occupation farming	20. Exact Occupation housewife
15. Industry or Business farm	21. Industry or Business at home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Willis Alexander Hayes (First name) (Last name) who is related to this child as father (Mother, etc.)

26. (a) AUG 25 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature F A Schmitz M.D. (D.O., Midwife, etc.) and address Weiser, Idaho Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Willis Alexander Hayes, being first duly sworn, say that I am father (Related to (or) acquainted with) Lawrence Newton Hayes (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schmitz (Name of attendant at birth), who attended said birth lives at Weiser, Idaho (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Willis Alexander Hayes Signature
Walla Walla, Washington P. O. Address

Subscribed and sworn to before me on this 21st day of August, 1941

(SEAL) [signature] Notary Public, residing at Walla Walla, Wn.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

313 113 030-314

United States Department of Commerce
Bureau of Census

AUG 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 318927
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Lemhi (b) City May
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 14 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City May
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address May, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lester Leonidas Calvin

5. Date of Birth (Month, day year) Sept. 13, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Calvin

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Dexter (City or town) Missouri (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Myrtle Anna Campbell

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace Hurdland (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) AUG 22 1941 (Date received) (b) Mabel M. Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Franklin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Myrtle A. Campbell Calvin, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lester Leonidas Calvin (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. W. Kelley (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Myrtle A. Campbell Calvin Signature

Kennewick, Washington P. O. Address

Subscribed and sworn to before me on this 19th day of August 19, 1941

(SEAL) John Hamper Notary Public, residing at Pasco

Superior Court Commissioner for Franklin County

8-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231.124016.245

318960

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

AUG 22 1941

1. PLACE OF BIRTH
(a) County Cassia (b) City Heglar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Heglar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Heglar, Idaho

3. RESIDENCE of FATHER (city, state) Heglar, Id.

4. FULL NAME OF CHILD MELVIN GLENN BLANCHARD

5. Date of Birth (Month, day year) Jan. 24, 1912

6. Sex m 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gilbert LeRoy Blanchard
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Montpelier, Idaho (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Building

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Callie EVa Bunnell
17. Color or Race white 18. Age at time of THIS birth 27 yrs.
19. Birthplace Wallowa, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 22 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon } ss.
County of Yamhill }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Callie Eva Blanchard, being first duly sworn, say that I am related to (Related to (or) acquainted with) Melvin Glenn Blanchard (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Jerusha Blanchard (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Callie Eva Blanchard Signature
Newberg, Oregon. P. O. Address

Subscribed and sworn to before me on this 21 day of August, 1941.
(SEAL) Paul H. [illegible] Notary Public, residing at Dayton, Oregon.
My commission expires Dec. 14, 1941.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-27-41

659.207015-893

319060

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 19

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD LaPreal Ferguson

5. Date of Birth (Month, day year) May 7, 1913

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Angus Ferguson
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Spanish Fork, Utah (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Hicks
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Monroe Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Elsie Ferguson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Aug 19 1941 (Date received) (b) Mabel Heller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Ellis Kackley M.D. (D.O., Midwife, etc.)
and address Soda Springs, Ida. Date 8-18-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....
(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291/130 009-758

319116

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

AUG 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City McArthur, Idaho
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Mother was in her own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 1 years no month no days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City McArthur
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address R.F.D.

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Lloyd Earl Bradley

5. Date of Birth (Month, day year) July 30- 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** LeRoy Bradley
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wasco County (City or town) Oregon (State or foreign country)
14. Exact Occupation Electrician
15. Industry or Business Jacobson & Bradley, Lewiston, Ida.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucile Alvina Gehrke
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Blue Earth (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living three (c) Born alive and now dead (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) AUG 30 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lucile Alvina Bradley, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lloyd Earl Bradley (Name of person or certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

NOTARY PUBLIC FOR OREGON
COMMISSION EXPIRES SEP 4, 1944

Lucile Alvina Bradley Signature
1924 S.E. Reedway P. O. Address

Subscribed and sworn to before me on this 25th day of August, 1941

(SEAL) W. C. Justice, Notary Public, residing at Portland, Oregon.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253 118 001 893

#319220

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319220
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D.No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D.No. 2
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Richard Hilton Selleck
5. Date of Birth (Month, day year) Oct-18-1913
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Curtis Selleck
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Onawa (City or town) Iowa (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sue Hilton
17. Color or Race White
18. Age at time of THIS birth 37 yrs
19. Birthplace Kasson (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, ~~stillborn~~) at 2 A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Edwin Curtis Selleck (First name) (Last name) related to this child as ..... (Mother, etc.)

26. (a) Sept 5-1941 (Date received) (b) Mabel H Eeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Marcus E. Lindsay, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Richard Hilton Sellick (Name of person on certificate above) as Neighbor at time of birth (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that attending physician (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Marcus E. Lindsay Signature
1319 No. 16th St. P. O. Address

Subscribed and sworn to before me on this 5th day of September, 1941

(SEAL) Dorothy M. Gray Notary Public, residing at Boise, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

369 103 037 353

United States
Department of Commerce
Bureau of the Census

SEP 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

319239

State File No.
Local Reg. No. 52
Reg. Dist. No. 395

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City
(c) Street Address or R.F.D No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? about 5 yrs.
(f) Mother's mailing address Jordan Valley, Ore.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Joe Frank Cortabitarte
5. Date of Birth (Month, day, year) Dec 3, 1913
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eustaquio Cortabitarte
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Lequitio (City or town) Spain (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Claudia Lecertua
17. Color or Race White
18. Age at time of THIS birth 33 years
19. Birthplace Erenó (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12 A.M. on the date and at the place stated above, and that personal particulars were furnished by Claudia Cortabitarte (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) June 17, 1941 (Date received) (b) T. H. Leonard (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's **OWN signature** Agueda Mallea (Dr., Midwife, etc.)
and address Jordan Valley Ore. Date June 15, 1941

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I,....., being first duly sworn, say that I am..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name

.....P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-8-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-124 001-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

319246

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH:**
(a) County Ada (b) City Boise
(c) Street Address or R F D No. R.F.D. No. 5
(d) Name of Hospital or Maternity Home:
Private home - 1603 Boise Ave.
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years 2 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Utah (b) County Sevier
(c) City Salina
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....
3. **RESIDENCE OF FATHER** (city, state) Salina Utah

4. **FULL NAME OF CHILD** Robert Willard Arentson
5. Date of Birth (Month, day, year) Dec. 24 - 13
6. Sex. male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carl B. Arentson
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Broadford (Near Hailey) Idaho
(City or town) (State or foreign country)
14. Exact Occupation U.S. Forest Service
15. Industry or Business Forestry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Crane
17. Color or Race White
18. Age at time of THIS birth 22 years
19. Birthplace Boise Idaho
(City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) SEP 3 1941 (Date received) (b) Mabel H. Keeler (Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

27. Given name added on.....by.....(Registrar's signature)

State of Wyoming }
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ethel Arentson, being first duly sworn, say that I am related to the mother (Related to (or) acquainted with) of Robert Willard Arentson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Collister (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ethel Crane Arentson .....Name
Kemmerer, Wyoming .....P. O. Address

Subscribed and sworn to before me on this 2 day of September

(SEAL) Mae Bentley Notary Public, residing at Kemmerer, Wyo.
County Clerk
My term expires 1st Mon. in Jan. 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

264-130 001-566 #319304 319304

United States
Department of Commerce SEP 10 1941
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Caldwell
(c) Street Address or R.F.D. No. RFD 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Caldwell
(d) Street Address or R.F.D. No. RFD 1
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Caldwell, Idaho

3. RESIDENCE of FATHER (city, state) Caldwell, Ida

4. FULL NAME OF CHILD Elny Clarence Sommers

5. Date of Birth (Month, day year) Apr. 30, 1913

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David E. Sommers
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Archibal (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Nofziger
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Archibal (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, John Nofziger, being first duly sworn, say that I am grandfather (Related to (or) acquainted with) Elny Clarence Sommers (Name of person on certificate above) as grandfather (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Jim Kingrey (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John Nofziger Signature
Caldwell, Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of September 1941
(SEAL) Mrs. H. J. Thompson Notary Public, residing at Caldwell, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5-11-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669-214-024-262 319333

United States
Department of Commerce SEP 18 1941
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319333
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: N.W. Home at Ranch
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address (For registration notice):
Gooding, Idaho
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Gooding, Ida

4. **FULL NAME OF CHILD** Donna Deborah Worden

5. **DATE OF BIRTH** (Month, day, year) Apr. 14 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Guy Prentiss Worden

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace ~~Xxxxxxxx~~ Ogden, Utah (City or Town) ~~Idaho~~ (State or foreign country)

14. Exact Occupation Stockman

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Sophia Bostrom ~~Xxxxxxx~~

17. Color or Race white

18. Age at time of THIS birth 29 yrs.

19. Birthplace Chicago (City or Town) Ill. (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3~~0~~ (b) Born alive and now living ~~4~~ 2
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Sophia Worden (First name) (Last name), who is related to this child as mother (Mother, etc.) and who was attended by her mother who is now deceased.

Ruth Sophia Worden
Mother
Gooding, Idaho, 9-17-1941

25. ~~Attendant's~~ ~~OWN signature~~ Lieura W Lucke (D.O., Midwife, etc.)
and address Notary Public, State of Idaho Date

26. (a) SEP 18 1941 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Subscribed and sworn to, September 17, 1941, before me, the undersigned a Notary Public, State of Idaho My Comm. Expires Dec. 2, 1944

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

SEP 18 1941

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

714105-014-391

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319343
Local Reg. No.
Reg. Dist. No.

SEP 9 1941

1. PLACE OF BIRTH
(a) County Gem (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Ola, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD LOuis William Paddock

5. Date of Birth (Month, day year) July 5, 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Paddock
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Spring field (City or town) Musiouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Mary Cramer
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Springfield, Musiouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 6 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 12.00 p.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. (First name) William (Last name) Paddock who is related to this child as Mother (Mother, etc.)
26. (a) SEP 9 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Verna Paddock, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Louis William Paddock (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Fannie Widtlock (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Verna Paddock Signature

P. O. Address

Subscribed and sworn to before me on this 6 day of Sept. 1941

(SEAL) W. H. Fowler Notary Public, residing at Arlington

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 2 2014

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-119 009-666

United States
Department of Commerce
Bureau of Census

AUG 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319345
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BONNER (b) City COLEMAN
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days. AT HOME
IN THIS county 8 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City COLEMAN
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 28 yrs.
(f) Mother's mailing address SPIRIT LAKE IDA

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD FRANK BARNES

5. Date of Birth AUGUST 19 1913 (Month, day year)

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME THOMAS WILLIAM BARNES	16. FULL MAIDEN NAME JESTINA ELIZABETH WOOD
11. Color or Race WHITE	17. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.	18. Age at time of THIS birth 38 yrs
13. Birthplace LONDON (City or town) ENGLAND (State or foreign country)	19. Birthplace LONDON (City or town) ENGLAND (State or foreign country)
14. Exact Occupation ENGINE WATCHMAN	20. Exact Occupation HOUSE WIFE
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (born alive, ~~stillborn~~) at 7 30 A.M. on the date and at the place stated above, and that personal particulars were furnished by JESTINA (First name) BARNES (Last name), who is related to this child as MOTHER (Mother, etc.)

AUG 20 1941

26. (a) ..... (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, THOMAS WILLIAM BARNES, being first duly sworn, say that I am ..... (Related to (or) acquainted with) FRANK BARNES (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. McCORMICK (Name of attendant at birth), who attended said birth DECEASED (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Thomas William Barnes, Signature
N. 717 MADELIA ST. SPOKANE, WASH. P. O. Address

Subscribed and sworn to before me on this 14th day of August, 1941.

(SEAL) [signature] Notary Public, residing at Spokane

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be ~~received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

634 101 009 418

319368

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 9 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Cocolalla
(c) Street Address or R.F.D. No. ✓
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
IN **THIS** county 5 years ✓ month ✓ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Cocolalla
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Then-Cocolalla, Idaho Now 1721 E Sinto, Spokane

3. RESIDENCE of FATHER (city, state) Cocolalla, Idaho

4. FULL NAME OF CHILD Ervin Leonard Fluman

5. Date of Birth (Month, day year) May 1, 1913

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mike A. Fluman
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Berne (City or town), Switzerland (State or foreign country)
14. Exact Occupation Farming and cutting wood
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Caroline Dahler
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Ridgeway (City or town), Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 5 (c) Born alive and now dead 5 (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at noon M. on the date and at the place stated above, and that personal particulars were furnished by Anna Caroline Fluman (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) SEP 9 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Doctor now deceased M.D. (D.O., Midwife, etc.) and address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Caroline Fluman, being first duly sworn, say that I am mother (Related to (or) acquainted with) Ervin Leonard Fluman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Patterson (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Caroline Fluman Signature
1721 E Sinto ave Spokane Wn P. O. Address

Subscribed and sworn to before me on this 2nd day of September, 1941
(SEAL) C. D. Stough Notary Public, residing at Spokane

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-11-7

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313 113 014 331

319425

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 12 1941

1. PLACE OF BIRTH
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 1½ months days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Wash. (b) County Thurston
(c) City Tumwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 weeks ~~yrs.~~
(f) Mother's mailing address Tumwater

3. RESIDENCE of FATHER (city, state) Tumwater, Wash.

4. FULL NAME OF CHILD Frederick Floyd Calhoun Jr.

5. Date of Birth (Month, day year) Feb. 13 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Frederick Floyd Calhoun.
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kearney (City or town) Nebraska (State or foreign country)
14. Exact Occupation Brewer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Ann Clark.
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kearney (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric-acid water.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8 (c) Born alive and now dead none (d) Stillborn none.
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) SEP 12 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Thurston } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Bertha Calhoun, being first duly sworn, say that I am related to (Related to (or) acquainted with) Frederick Floyd Calhoun Jr (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Bertha Calhoun. Signature
721 - E. 14th Ave. Olympia Wash. P. O. Address

Subscribed and sworn to before me on this 10 day of September 1941
(SEAL) Ron L Wage Notary Public, residing at Olympia

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 9 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Priest River Idaho

4. FULL NAME OF CHILD Frances Ida Dick

5. Date of Birth (Month, day year) Oct. 30, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Harry Vernon Dick

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Moore's Mills, New Burnswick (City or town) (State or foreign country) Canada

14. Exact Occupation Grader

15. Industry or Business Lumber mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Mable E. Carpenter

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Walker (City or town) Iowa (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Harry Dick (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) SEP 9 1941 (Date received) (b) Mabel H. Feller (Registrar's signature)

25. Attendant's **OWN** signature Frank Harry Gallagher M.D. (D.O., Midwife, etc.) and address Priest River, Ida. Date 9/2/41

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319507
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ney Perces (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ney Perces
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Southwick Ida.

3. RESIDENCE of FATHER (city, state) Southwick Ida.

4. FULL NAME OF CHILD Virgil Woodrow Phillips

5. Date of Birth (Month, day year) March 23, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John H Phillips
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Johnstown Penn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Armitage
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Agnes City Kansas (City or town) (State or foreign country)
20. Exact Occupation farmers wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living ~~4~~ 4 (c) Born alive and now dead none (d) Stillborn
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 5 P M. on the date and at the place stated above, and that personal particulars were furnished by Sarah (First name) Phillips (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) ..... (Date received) SEP 10 1941 (b) Mabel T Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sarah Phillips, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Virgil Woodrow Phillips (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Johnnie Richel (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Phillips Signature
Route 2, Moscow, Idaho P. O. Address

Subscribed and sworn to before me on this 9 day of Sept, 1941
(SEAL) [signature] Notary Public, residing at Moscow Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319518
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Wilson Avenue
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 24 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Wilson Avenue
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Blackfoot, Idaho

3. RESIDENCE of FATHER (city, state Blackfoot,

4. FULL NAME OF CHILD Doyle Herbert Adams

5. Date of Birth (Month, day year) May 4, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Adams
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Richmond, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie O. Allred
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Ibapah, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate Silver 2% Sol.
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One
(c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive at 3:00 P M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by Fannie O. Adams who is related to this child as Mother (Mother, etc.) (First name) (Last name)
26. (a) Sept 15-1941 (Date received) (b) Mabel H. Keller (Registrar's signature) SEP 15 1941
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature W. E. Patrick M.D. (D.O., Midwife, etc.) and address Blackfoot Ida Date 9-13-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 12 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 319560
Local Reg. No.
Reg. Dist. No.

SEP 10 1941

1. PLACE OF BIRTH
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D.No. none
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address none

3. RESIDENCE of FATHER (city, state) Albion, Ida

4. FULL NAME OF CHILD Lillian Joy Glover

5. Date of Birth (Month, day year) Oct. 15, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Collier Glover
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace South Haven, Kansas (City or town) (State or foreign country)
14. Exact Occupation Teamster
15 Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Evelyn Johnson
17. Color or Race white
18. Age at time of THIS birth 25 yrs
19. Birthplace Sprague, Mo. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Lottie E. Glover (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) SEP 10 1941 (Date received) (b) Mabel H Eadler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lottie E. Glover, being first duly sworn, say that I am related to (Related to (or) acquainted with) Lillian Joy Glover (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Katheryn V. Smith (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lottie E. Glover Signature

202 N. Holly St., Compton, Calif. P. O. Address

Subscribed and sworn to before me on this 4th day of September, 19 41

(SEAL) ..... Notary Public, residing at 611 E. Compton Blvd. Compton, Cal

My Commission Expires June 14, 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: 0
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 11 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Cambridge, Ida.

3. RESIDENCE of FATHER (city, state) Cambridge, Ida

4. FULL NAME OF CHILD MARY ANN CARRICK

5. Date of Birth (Month, day year) May 28, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Carrick

11. Color or Race W

12. Age at time of THIS birth 38 yrs.

13. Birthplace Fall River, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Winder

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace Springville, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 13 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Eva Carrick, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Ann Carrick (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Chas. Schmitz (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Eva Carrick Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me on this 8th day of Sept., 19 41

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Ida.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 2 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

SEP 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address Lapwai Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Nellie Evelyn Lyon

5. Date of Birth (Month, day, year) 5-17-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Loyd William Lyon	16. FULL MAIDEN NAME Nora Hollingsworth
11. Color or Race White — 12. Age at time of THIS birth 27 yrs.	17 Color or Race White — 18. Age at time of THIS birth 18 yrs.
13. Birthplace Swan (City or town) Iowa (State or foreign country)	19. Birthplace Galena (City or town) Kansas (State or foreign country)
14. Exact Occupation Baker	20. Exact Occupation Housewife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Nora Lyon (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 26 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature William P. H. Hatel M.D. (D.O., Midwife, etc.) and address J. Thompson-S.D. Date 6-24/41

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259 226 032 - 317

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)
SEP 15 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 319670
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.
(f) Mother's mailing address Shoshone, Idaho

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Margaret Berriochoa

5. Date of Birth (Month, day year) Oct. 26, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ignacio Berriochoa

11. Color or Race Spanish Latin

12. Age at time of THIS birth 50 yrs.

13. Birthplace Shoshone, Idaho (City or town) (State or foreign country)

14. Exact Occupation Stone Mason

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Antonia Capistain

17. Color or Race Spanish Latin

18. Age at time of THIS birth 39 yrs.

19. Birthplace Faion, Spain (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ignacio Berriochoa (First name) (Last name), who is related to this child as father (Mother, etc.)

26. (a) SEP 15 1941 (Date received) (b) Mabel T. Keeler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Shoshone, Idaho Date 9/13/41

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am related to (Related to (or) acquainted with) Margaret Berriochoa (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I (Name of attendant at birth), ~~who~~ attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Ignacio Berriochoa Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of Sept. 1941.
(SEAL) O. H. Mahon Notary Public, residing at Shoshone, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED, certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 21 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-228-035-863

320942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: St. Joseph's Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 1 hr~~s~~ ~~days~~.
IN **THIS** county 2 years 7 month 27 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
(f) Mother's mailing address Lewiston, Idaho

3. RESIDENCE of FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Clara Margreta Johnson

5. Date of Birth (Month, day year) February 28, 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Horatio Blair Johnson

11. Color or Race White

12. Age at time of THIS birth 44 yrs.

13. Birthplace Lafayette, Oregon (City or town) (State or foreign country)

14. Exact Occupation Salesman

15. Industry or Business Furniture

MOTHER OF CHILD

16. FULL MAIDEN NAME Petrea Laurentsina Holmes

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Hasle, Denmark (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum --- (I don't know the name)

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____.

26. (a) Sept 19-1941 (Date received) (b) Maire H Edler (Mother, etc.) (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. H. Blair Johnson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clara Margreta Johnson (Name of person on certificate above) as her Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Schaf (Name of attendant at birth), who attended said birth is now deceased (~~Is~~ now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs H Blair Johnson
Signature
3512 N.E. 42nd Avenue, Portland, Oregon
P. O. Address

Subscribed and sworn to before me on this 19th day of September, 1941.

(SEAL)

Vera A. Eagles
Notary Public, residing at Portland, Oregon
MY COMMISSION EXPIRES JAN. 28, 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

618 127 040-211

321028

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Larson
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Larson
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 3 yrs.
(f) Mother's mailing address Larson

3. RESIDENCE of FATHER (city, state) Larson Idaho

4. FULL NAME OF CHILD Eino Henry Wayrynen

5. Date of Birth (Month, day year) June 27, 1913

6. Sex Male

7. Twin or Triplet

If so 4 born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Konstu Wayrynen

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Finland (City or town) (State or foreign country)

14. Exact Occupation Farming. Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Kaataja

17. Color or Race White

18. Age at time of THIS birth 30 yrs

19. Birthplace Finland (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: 8 (a) At time of birth and including this child 4 (b) Born alive and now living yes (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born a live (born alive, stillborn) at 3 P. M. on the date and at the place stated above, and that personal particulars were furnished by John Wayrynen (First name) (Last name), who is related to this child as Brother (Mother, etc.)

26. (a) Sept 26-1941 (Date received) (b) Mabel F Eeefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Wm Juttila M.D. (D.O., Midwife, etc.) and address Mullan Idaho Date

State of Michigan
County of Ontonagon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Wayrynen, being first duly sworn, say that I am Mother (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that She (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Isaac E Nara Signature

Ontonagon Co. Mich. P. O. Address

Subscribed and sworn to before me on this 22 day of Sept, 1941

(SEAL) My Com Ex 2.9.42 Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 15 1962

SEP 2 6 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

246-114 006 957

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321062
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bingham (b) City Sterling rural
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county -- years 7 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Louie Marcel Buffi
5. Date of Birth (Month, day year) Dec. 14th 1913
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy yes
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Barney Buffi
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Vico (City or town) Italy (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Lucy Regony
17. Color or Race white
18. Age at time of THIS birth 28 yrs
19. Birthplace Digon (City or town) France (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11oc P. M. on the date and at the place stated above, and that personal particulars were furnished by Louise L. Buffi (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) SEP 17 1941 (Date received) (b) Mary F Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature X + Joe Buffi XX (D.O., Midwife, etc.)
and address Sterling Idaho Date 9-15-1941

State of California.
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Louise L. Buffi, being first duly sworn, say that I am the Mother of (Related to (or) acquainted with) Louie Marcel Buffi (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Joe Buffi (Name of attendant at birth), who ~~attended~~ was present/ is my son, was 7 yrs old (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Louise L. Buffi Signature

Rte 1 Box 96 Artesia, California P. O. Address

Subscribed and sworn to before me on this 11th day of September 1941, 19..

(SEAL) R A Sutton Notary Public, residing at Artesia, Calif.

My Commission Expires Feb. 1st, 194..

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9-27-41

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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659-130-028-552

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 23 1941

State File No. 321156
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Rimrock
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: Home
In Hosp. or Mat. Home ..... days.
IN **THIS** county 9 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rimrock
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Corbin, Idaho

3. RESIDENCE of FATHER (city, state) Corbin, Idaho

4. FULL NAME OF CHILD ELZA FERREL

5. Date of Birth (Month, day year) June 30, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Milton Ferrel
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Venton County, Ohio (City or town) (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Melissa Nestor
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Topeka, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know.
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 1 (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P M. on the date and at the place stated above, and that personal particulars were furnished by Clara E. Wise (First name) (Last name), who is related to this child as Sister (Mother, etc.)
26. (a) SEP 23 1941 (Date received) (b) Mary Feeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Clara E. Wise, being first duly sworn, say that I am related to (Related to (or) acquainted with) Elza Ferrel (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs L. A. Ferrel, Midwife (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Clara E. Wise Signature
Medical Lake, Wash P. O. Address

Subscribed and sworn to before me on this 19 day of Sept, 1941
(SEAL) E. Gretchin Notary Public, residing at Medical Lake

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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569-207 039-544

321166

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 22 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH RECEIVED
(a) County Power (b) City American Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years 5 month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 5 Mos yrs.
(f) Mother's mailing address Ben Del -

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Ibbie Elizabeth Norris

5. Date of Birth (Month, day year) Nov. 7 - 1913

6. Sex Fem

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Norris

11. Color or Race wt

12. Age at time of THIS birth 30 yrs.

13. Birthplace St. Joseph Missouri (City or town) (State or foreign country)

14. Exact Occupation Farm Laborer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna E. Endsley

17. Color or Race wt.

18. Age at time of THIS birth 21 yrs

19. Birthplace Monmouth, Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife -

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Oregon
County of Cass } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ~~Ibbie Elizabeth Norris~~ Anna E. Norris, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Ibbie Elizabeth Norris (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that nurse (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna E. Norris Signature

P. O. Address

Subscribed and sworn to before me on this 9 day of August, 1941

(SEAL) Geo. Higgins Notary Public, residing at Marshfield, Oregon

My commission exp 7/21/44

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-211 022-693

321168

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 25 1941

1. PLACE OF BIRTH
(a) County Clark (b) City Spencer
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. Home
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Spencer
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Spencer Idaho

4. FULL NAME OF CHILD VIOLET JANICE MILTON

5. Date of Birth (Month, day year) Dec. 11, 1913

6. Sex female

7. Twin or Triplet single If so—born 1st, 2nd, 3rd 1st.

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** SAMUEL NEWTON MILTON
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace Chanute (City or town) Kansas (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JANICE IRENE WILSON
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Beaver (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living -
(c) Born alive and now dead (d) Stillborn --

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 25 1941 (Date received) (b) Mary T. Eeder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature now deceased. M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Alameda } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Janice Milton Roberts being first duly sworn, say that I am related (Related to (or) acquainted with) VIOLET JANICE MILTON (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Steely (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Janice Milton Roberts Signature
2541 San Pablo Ave. Oakland, Calif. P. O. Address

Subscribed and sworn to before me on this 22nd day of Sept. 1941.
(SEAL) Bessie R. O'Tallman Notary Public, residing at Oakland, Calif.
My Commission Expires June 28, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Hope
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 2 days.
IN **THIS** county years 11 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Gem Idaho

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Thomas Wellington Mann

5. Date of Birth (Month, day year) Oct. 15, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Raymond Mann

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Hillsboro (City or town) Oregon (State or foreign country)

14. Exact Occupation Blacksmith

15. Industry or Business Industry

MOTHER OF CHILD

16. FULL MAIDEN NAME Caroline McDonald

17. Color or Race white

18. Age at time of THIS birth 33 yrs.

19. Birthplace Portland (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2. (c) Born alive and now dead none (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) SEP 30 1941 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature Wm T. Smith M.D. (D.O., Midwife, etc.) and address Wallace Ida Date 9-24-41

27. Given name added on by (Registrar's signature)

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, , being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

256-104-023 493

#321222 321233

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

OCT 9 1941 RECEIVED

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321233
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home -
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 27 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Sweet, Ida.

3. RESIDENCE of FATHER (city, state) Sweet, Ida

4. FULL NAME OF CHILD Cecil Howard Knowlton

5. Date of Birth (Month, day year) June 4-1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Elisha Knowlton
11. Color or Race Amer White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Pendleton, Ore. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Dill
17. Color or Race Amer, White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Sweet (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2. (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 9 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Elizabeth Knowlton being first duly sworn, say that I am Mother to (Related to (or) acquainted with) Cecil Howard Knowlton (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. A. E. Byrd (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has **not been previously recorded.**

Elizabeth Knowlton Signature
Sweet - Idaho P. O. Address

Subscribed and sworn to before me on this 9th day of October 19 41.
(SEAL) Lane A. Boyd Notary Public, residing at Boise, Idaho

My Comm. Expires Oct 22 1942.

OCT 9 1941

OCT 20 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321279

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Oneida (b) City Arbon Valley
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home -- days.
IN **THIS** county 27 years -- month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Arbon Valley
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address Malad, Idaho

3. RESIDENCE of FATHER (city, state) Malad, Idaho

4. FULL NAME OF CHILD Willard Roderick Bailey

5. Date of Birth (Month, day year) April 6, 1913

6. Sex Male

7. Twin or Triplet --- If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Willard Hawkins Bailey
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Maria Roderick
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ----

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn 3

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 1 1941 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given RECEIVED ded on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Annie M. Bailey, being first duly sworn, say that I am Related (Related to (or) acquainted with) Willard Roderick Bailey (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Annie Shandrew (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Annie M. Bailey Signature
Malad, Idaho P. O. Address

Subscribed and sworn to before me on this 27th day of September, 1941
(SEAL) Marie Billingsley Notary Public, residing at Malad, Idaho
My commission expires August 23, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

865-116 032-266

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

321290

OCT 3 1941

RECEIVED

1. PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Mary Lu Anna Honess

3. Sex	If plural births	6. Premature / Full term	7. Legitimate?	8. Date of birth
F	4. Twin, triplet, or other ..... 5. Number, in order of birth	.....	.....	Aug. 16, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: John Franklin Honess	18. Full maiden name: Jessie Mina Bowlby
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) .....
11. Color or race ..... 12. Age at last birthday ..... (years)	20. Color or race ..... 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) (State or Country) .....
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ..... 16. Date (month and year) last engaged in this work ....., 19..... 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. ..... 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) last engaged in this work ....., 19..... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....

(Date of) .....

Registrar.

(Signed) [signature] , M. D.

or ....., Midwife

Address .....

Filed Oct 3, 1941 [signature]

Registrar.

DELAYED

DUP OF 1911-33054 8 (USNR BROTHERS BIRTH DATE)

MAR 29 1954

Omission of sex noted when card was requested. obvious sex should be female. 6-5-84 fc

556 217040 495

321305

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321305
Local Reg. No. 41
Reg. Dist. No. 310

JUL 8 1941

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 16 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.
   (f) Mother's mailing address Silvinite Ida

3. **RESIDENCE of FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Alice Elana Newell

5. Date of Birth (Month, day, year) May 17-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	**MOTHER OF CHILD**
10. **FULL NAME** William Warren Newell	16. **FULL MAIDEN NAME** Stella May Dinney
11. Color or Race White	17 Color or Race White
12. Age at time of THIS birth 19 yrs.	18 Age at time of THIS birth 16 yrs.
13. Birthplace Huntington (City or town) Oregon (State or foreign country)	19. Birthplace Kellogg (City or town) Idaho (State or foreign country)
14. Exact Occupation Miner	20. Exact Occupation Housewife
15. Industry or Business Mine	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at 10:1 P M. on the date and at the place stated above, and that personal particulars were furnished by Stella Newell (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. B. Mason M.D. (D.O., Midwife, etc.)
and address ..... Date June 30-41

26. (a) June 30-41 (Date received) (b) Myrtle Gardner (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... June 30-41
County of Shelby ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, J. D. Newell, being first duly sworn, say that I am the father of (Related to (or) acquainted with) Alice Elana Newell (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that J. B. Mason (Name of attendant at birth), who attended said birth Not Known (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

William Warren Newell Signature
Silvinite Idaho P. O. Address

Subscribed and sworn to before me on this 25th day of June 1941

(SEAL) ..... Notary Public, residing at Wallace Shoshone Co. Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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321386

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

SEP 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.
(f) Mother's mailing address P. O. Box

3. RESIDENCE of FATHER (city, state) Boise, Ida.

4. FULL NAME OF CHILD Robert Theodore Stewart

5. Date of Birth (Month, day year) Mar. 17, 1913

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 mo. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Melvin Flennoy Stewart, Sr.
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Rye Cove, (City or town) Virginia (State or foreign country)
14. Exact Occupation farmer-stockman
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Ellen Davidson
17. Color or Race white **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Rye Cove, (City or town) Virginaa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) SEP 30 1941 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Ada

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Melvin Flennoy Stewart Sr., being first duly sworn, say that I am relative (Related to (or) acquainted with) Robert Theodore Stewart (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Gregory (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Melvin Flennoy Stewart Signature

P. O. Address

Subscribed and sworn to before me on this 30th day of September 19 41

(SEAL) Notary Public, residing at Boise, Idaho.

Rout 4 Boise Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-222009-393

United States
Department of Commerce
Bureau of Census

SEP 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321413
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D.No. Oak St.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address Sandpoint, Ida

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Doris May Cotter
5. Date of Birth (Month, day year) 7/22/1913
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Byron Cotter
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Newago County - Mich (City or town) (State or foreign country)
14. Exact Occupation Logging woods
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola May Tilton
17. Color or Race White
18. Age at time of THIS birth 23 yrs
19. Birthplace Oak harbor, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 15 1941 (Date received) (b) Mabel Fleeder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature W B Cotter (D.O. Midwife, etc.)
and address Port Orford Oregon

State of Oregon
County of ? City Port Orford } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Viola May Cotter, being first duly sworn, say that I am Viola May Cotter (Related to (or) acquainted with) Mrs Doris May Garrison (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Pete Shanstone (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Viola May Cotter Signature
P. O. Address

Subscribed and sworn to before me on this 11th day of September 1941

(SEAL) [signature] Notary Public, residing at

NOTARY PUBLIC ... STATE OF IDAHO
SANDPOINT, IDAHO
MY COMMISSION ... JUNE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DECEASED

555-230-002-689

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

SEP 23 1941

CERTIFICATE OF BIRTH

321447

1. PLACE OF BIRTH
County of Ada County
City of Star Idaho
No. ..... St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Naomi Julia Neely

3. Sex Female
If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth 2
6. Premature ..... Full term .....
7. Legitimate? yes
8. Date of birth Sept. 30, 1913 (Month, Day, Year)

FATHER
9. Full name Walter James Neely
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 26 (years)
13. Birthplace (city or place) (State or Country) Economy Penn.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19....
17. Total time (years) spent in this work .....

MOTHER
18. Full maiden name Anna Mabel White
19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
20. Color or race White | 21. Age at last birthday 47 (years) 18
22. Birthplace (city or place) (State or Country) 4 miles So. of Thurman Iowa Fremont Co.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19....
26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 2 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks
30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m, on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mother Anna M. Neely, M.D.
or ....., Midwife
Address Box 61 - Hermiston Ore
Filed SEP 23 1941 193 Mavel H. Eeder
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 8 1941

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

FULL NAME OF CHILD

1. Plural: 4. Twin, triplet, or other ..... 6. Premature ..... 7. Legitimate ..... 8. Month, Day, Year

2. Number, in order of birth ..... Full term ..... Male? .....

9. Full name	FATHER	13. Full maiden name	MOTHER
10. Residence (usual place of abode) (If non-resident, give place and State)		14. Residence (usual place of abode) (If non-resident, give place and State)	
11. Color or race	12. Age at last birthday (years)	15. Color or race	16. Age at last birthday (years)
17. Birthplace (city or place)		18. Birthplace (city or place) (State or Country)	
19. Trade, profession, or particular kind of work done, as spinner, cowyer, bookkeeper, etc.		19. Trade, profession, or particular kind of work done, as spinner, cowyer, bookkeeper, etc.	
20. Industry or business in which work was done, as silk mill, etc.		20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
21. Total time (years) spent in this work	22. Total time (years) spent in this work	23. Total time (years) spent in this work	24. Total time (years) spent in this work

25. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

26. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn ..... (d) Stillborn period of gestation ..... months or weeks

27. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated (Born Alive or Stillborn).

When there was no attending physician or midwife, then the father, householder, etc. should make this return.

Give name added from a supplemental report.

(Signed) ..... M.D.

or ..... Mil. wife

Address .....

(Date of) .....

Filed ..... 193 .....

Registrar

555-230007-689

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Mrs Anna M. Neely being first duly sworn says that She is the Mother (Relationship of child)* of Naomi Julia Neely born Sept 30 - 1913 (Date of birth) at Star, Idaho, whose certificate of birth is hereto attached, and that Mrs Anna M. Neely desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Naomi Julia Neely hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mrs Ringery M. D. was the Midwife medical attendant at the birth of said Naomi Julia Neely and that the said medical attendant is deceased (Now deceased (or) cannot be located)

Name of Affiant Mrs Anna M. Neely - Mother
P. O. Address Box 61 - Hermiston Ore.

Subscribed and sworn to before me this 20th day of Sept, 1941

Maud Henry
Notary Public.

Residing at Nampa Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 8 1941

258 114 028 297

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 7 1941

State File No. 321516
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Dr. Busby's Private Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. ~~or Mat. Home~~ ½ days.
IN **THIS** county years month 2 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ralph Thurston Keyser

5. Date of Birth (Month, day year) 12-14-13

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Merle Sylvester Keyser
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Goshen, Indiana. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cynthia Anna Sigerfoos
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Vandalia, Michigan (City or town) (State or foreign country)
20. Exact Occupation Secretary - Housewife
21. Industry or Business Various

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ten P.M. on the date and at the place stated above, and that personal particulars were furnished by Cynthia (First name) Keyser (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) OCT 7 1941 (Date received) (b) Mabel H. Eeder (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Indiana
County of Elkhart } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Cynthia A. Keyser, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Thurston Keyser (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Cynthia A. Keyser Signature
214 S. Fourth St., Elkhart, Indiana P. O. Address

Subscribed and sworn to before me on this 22nd day of September, 1941

(SEAL) [signature] Notary Public, residing at NOTARY PUBLIC, ELKHART CO., IND.
My Commission Expires April 13, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 10 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-112 022-469

321593

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City St Arthony
(c) Street Address or R.F.D. No. East Main
(d) Name of Hospital or Maternity Home: at own home at East Main
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 2 years 9 month 24 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St Anthony
(d) Street Address or R.F.D. No. East Main
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address St Anthony Idaho

3. RESIDENCE of FATHER (city, state) St Anthony, Ida

4. FULL NAME OF CHILD Robert Elmer Lee

5. Date of Birth (Month, day year) April 12, 1923

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles N. Lee

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Jackson, Michigan (City or town) (State or foreign country)

14. Exact Occupation Foreman Water & Light

15. Industry or Business Utah Power & Light Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Morgenstern

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Fort Ellis, Montana (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum one percent Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Katherine Lee (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Maud Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Bonneville }

I, Mrs. Charles N. Lee or Katherine Lee, being first duly sworn, say that I am mother related to (Related to (or) acquainted with) Robert Elmer Lee (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Mallott (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Katherine Lee Signature

1430 3rd St. Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 10th day of Oct. 1941

(SEAL) M. J. Shattuck Notary Public, residing at Idaho Falls, Idaho

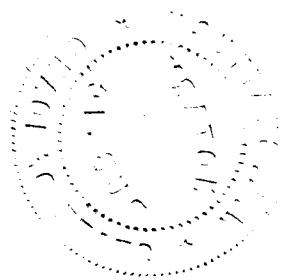
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



319-227-010-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 10 1941

321635

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Port Hill
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years 3 months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Porthill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Four yrs.
(f) Mother's mailing address Porthill, Idaho

3. **RESIDENCE OF FATHER** (city, state) Porthill Idaho

4. **FULL NAME OF CHILD** Mary Evelyn Larkey

5. Date of Birth (Month, day, year) Jan. 27, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvin A Larkey
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Scott County, Virginia (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Trethewey
17. Color or Race White
18. Age at time of THIS birth 34 years
19. Birthplace Houghton County, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 10 1941 (Date received) (b) Manuel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alvin A. Larkey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Mary Evelyn Larkey (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that person (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Alvin A. Larkey Name

4437 E 58th St., Maywood, California P. O. Address

Subscribed and sworn to before me on this 9th day of October, 1941

(SEAL) T A Prigmore Notary Public, residing at Maywood, California

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 253 121 018-364

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 321668

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clearwater (b) City Greer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Greer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
(f) Mother's mailing address Greer, Idaho

3. RESIDENCE of FATHER (city, state) Greer, Idaho

4. FULL NAME OF CHILD Gladys Ada Kelley

5. Date of Birth (Month, day year) June 21 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Seth Maurice Kelley

11. Color or Race white

12. Age at time of THIS birth 54 yrs.

13. Birthplace Prairie Duchien Wis (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Jane Comley

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Ramsgate, England (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Maud M Keller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Asotin }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edith Jane Kelley, being first duly sworn, say that I am Related (Related to (or) acquainted with) Gladys Ada Kelley (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fry (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

x Edith Jane Kelley Signature

Clarkston, Wash. P. O. Address

Subscribed and sworn to before me on this 8 day of Oct. 1941, 19

(SEAL) A M Boquist Notary Public, residing at Clarkston, Wash.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 15 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-209-020-619

321719

United States
Department of Commerce
Bureau of Census

OCT 13 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

RECEIVED

1. PLACE OF BIRTH
(a) County Elmore (b) City Pine
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Pine
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Lillian Martha Roberts

5. Date of Birth (Month, day year) 9/9/1913

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewellyn Roberts
11. Color or Race W
12. Age at time of THIS birth 48 yrs.
13. Birthplace W Hallick Illinois (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cordelia Warner
17. Color or Race W
18. Age at time of THIS birth 37 yrs.
19. Birthplace Arcola Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 13 1941 (Date received) (b) Maurice F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lewellyn Roberts being first duly sworn, say that I am related to (Related to (or) acquainted with) Lillian Martha Roberts (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Mellon (Name of attendant at birth), who attended said birth now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lewellyn Roberts Signature
P. O. Address

Subscribed and sworn to before me on this 13 day of October 1941
(SEAL) Myrna L. Brewer Notary Public, residing at Boise

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319 112-040 265

321744

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. Cedar St.
(d) Name of Hospital of Maternity Home: none. at home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Washington (b) County Cowlitz
(c) City Kelso
(d) Street Address or R.F.D. No. Bx-270
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address (For registration notice):
Eva O. Lee, 604-Catlin St. Kelso, Wn (Postoffice)

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD John Frederick Carroll

5. DATE OF BIRTH (Month, day, year) March12th1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Simon Francis Carroll

11. Color or Race white

12. Age at time of THIS birth 47 yrs.

13. Birthplace Caledonia (City or Town) Minnesota (State or foreign country)

14. Exact Occupation Common Laborer

15. Industry Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Olive Bond

17. Color or Race white

18. Age at time of THIS birth 30 yrs.

19. Birthplace Cheney (City or Town) Washington (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born-alive (born alive, stillborn) at II-45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Eva O. Carroll Lee (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 16-1941 (Date received) (b) Marvel Fey (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)

27. Given name added on ..... by ..... (Registrar's signature)

and address ..... Date .....

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JUN 20 1942 OCT 16 1941

LOCAL REGISTRATION OF BIRTHS

APR 20 1951

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than ~~$10~~ nor ~~more than~~ $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

847/121040962

321764

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 16 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Shoshone (b) City Wardner
(c) Street Address or R.F.D. No. PO Box 126
(d) Name of Hospital or Maternity Home: None-birth occurred at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. PO Box 126
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Same as above

3. RESIDENCE of FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD Thomas Hughes

5. Date of Birth (Month, day year) April 21, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Richard Hughes

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Cwm Y Glo (City or town) Wales (State or foreign country)

14. Exact Occupation Miner

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maggie Roberts

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Caermynydd (City or town) Wales (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Oct 16-1941 (Date received) (b) Maud H Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. T. R. Hughes, being first duly sworn, say that I am related to (Related to (or) acquainted with) Thomas Hughes (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kennett (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs T R Hughes Signature

1232 S. W. Jefferson St., Portland, Ore. P. O. Address

Subscribed and sworn to before me on this 16th day of October 1941

(SEAL) John C. Hughes Notary Public, residing at Portland, Oregon

MY COMMISSION EXPIRES JAN. 31, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-119-028-719

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 423 Cd'A Ave St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

OCT 17 1941

321855

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Paul Joseph BRAUNE

3. Sex M. | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth X | 6. Premature no Full term yes | 7. Legitimate? yes | 8. Date of birth March 19th, 1913 (Month, Day, Year)

FATHER

9. Full name Paul G BRAUNE

10. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene ~~as above~~ Idaho

11. Color or race W | 12. Age at last birthday 33 ~~62~~ (years)

13. Birthplace (city or place) (State or Country) Prov. Posen Germany

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Logging Industry ~~Sawmill~~

16. Date (month and year) last engaged in this work Working they 19.....

17. Total time (years) spent in this work 15 yrs

MOTHER

18. Full maiden name Genevieve Mary Garvey

19. Residence (usual place of abode) (If non-resident, give place and State) Coeur d'Alene ~~as above~~ Idaho

20. Color or race W | 21. Age at last birthday 27 ~~56~~ (years)

22. Birthplace (city or place) (State or Country) Buckingham Quebeck Canada

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher & housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work June, 1910

26. Total time (years) spent in this work 7 yrs.

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Dont Know

28. Number of children of this mother 2 (At time of this birth and including this child)
(a) Born alive and now living 8 (b) ~~Born alive but now dead~~ None (c) ~~Stillborn~~ None

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive ~~or Stillborn~~)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) DR John Dwyer (now deceased), M. D.
~~or~~ and Mrs Boucher (" "), Midwife

Address Coeur d'Alene

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed OCT 17 1941, 193.. Maud F Eeder
Registrar.

291719 028-719

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Kootenai } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Paul G. Braune being first duly sworn says that he is the father (Relationship of child)* of Paul Joseph Braune

born March 19, 1913 (Date of birth) at Coeur d'Alene, Idaho, Idaho,

whose certificate of birth is hereto attached, and that He desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Paul Joseph Braune hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that John C. Dwyer, M. D., ~~Midwife~~ was the medical attendant at the birth of said Paul Joseph Braune and that the said medical attendant is Now deceased (Now deceased (or) cannot be located)

Name of Affiant Paul G Braune

P. O. Address 121 Montana Avenue, Coeur d'Alene, Idaho

Subscribed and sworn to before me this 16th day of Oct., 1941

Jas A. Foster
Clerk of the District Court
~~Notary Public~~
Ex-Officio Auditor and Recorder
~~Residing at~~ By Elsa M. Leib, ~~Idaho~~ Deputy

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 29 1965

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

134-123-006-314

OCT 4 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

321856

1. PLACE OF BIRTH
County of Bingham
City of Sterling, Idaho
No.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Thomas Augustus Aldous

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? ..... | 8. Date of birth 11-23-13 193 (Month, Day, Year)

FATHER	MOTHER
9. Full name Augustus Theodore Aldous	18. Full maiden name Maybell M Lambert
10. Residence (usual place of abode) (If non-resident, give place and State) Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Idaho
11. Color or race White 12. Age at last birthday 31 (years)	20. Color or race White 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or Country) Marshvalley, Idaho	22. Birthplace (city or place) (State or Country) Pine Station Penn. Lycoming
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. .....
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother 9 (At time of this birth and including this child) 7
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn 1

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report Maybell Aldous
(Date of)

..... Registrar.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Filed OCT 4 1941, 193 Mabel T Elder
Registrar.

SEP 16 1970

134-123-006-314

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho
County of Bannock } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Maybelle Aldous being first duly sworn says that she is the mother (Relationship of child)* of Thomas Augustus Aldous born November 23, 1913 (Date of birth) at Sterling, Idaho, ~~xxxx~~ whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Thomas Augustus Aldous hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Mary E. Lambert ~~xxxxxxxx~~ Midwife medical attendant at the birth of said Thomas Augustus Aldous and that the said medical attendant is now deceased
(Now deceased (or) cannot be located)

Name of Affiant Maybelle Aldous
P. O. Address 1510 N. 2nd. Pocatello, Idaho

Subscribed and sworn to before me this 27th day of September, 1941

ANNA KEEFE
Clerk of District Court ~~xxxxxxxx~~
Residing at Pocatello Idaho.
By Dretta W. Chambers Deputy

OCT 4 1941

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

NOV 21 1972

966-213-025-951

321898

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

SEP 22 1941

1. PLACE OF BIRTH
(a) County Idaho (b) City Joseph
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Joseph
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? ~~50~~ 23 yrs.
(f) Mother's mailing address Deary Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Bessie Louise Rooke

5. Date of Birth (Month, day year) Sept. 13, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME James Morris Rooke
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Canalton (City or town) W. Virginia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business none

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary ~~Bessie~~ Barbara Raab
17. Color or Race white
18. Age at time of THIS birth 23 yrs
19. Birthplace Miami (City or town) Texas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farming.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living alive
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) SEP 22 1941 (Date received) (b) Mabel I. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Morris Rooke, being first duly sworn, say that I am The Father (Related to (or) acquainted with) Bessie Louise Rooke (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Coral Wright (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

James Morris Rooke Signature
P. O. Address

Subscribed and sworn to before me on this 19 day of Sept 1941

(SEAL) Felix Mayne Notary Public, residing at Cottonwood Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Satistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

419-129 018-413

United States
Department of Commerce
Bureau of Census

OCT 20 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321903
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Clearwater (b) City Elk River
(c) Street Address or R.F.D. No. (none)
(d) Name of Hospital or Maternity Home: Stayed Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home —— days.
IN **THIS** county —— years 3 month —— days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Elk River
(d) Street Address or R.F.D. No. (none)
(e) How long has **MOTHER** lived in Idaho? 3 mo. yrs.
(f) Mother's mailing address Elk River, Idaho

3. RESIDENCE of FATHER (city, state) Elk River, Ida.

4. FULL NAME OF CHILD Nelo Marcon

5. Date of Birth (Month, day year) June 29, 1913

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Antonio Joe Marcon
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Spineda di Riese, Italy (City or town) (State or foreign country)
14. Exact Occupation Kiln setter
15. Industry or Business Clay worker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Amelia Malosso
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Riese, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business — "

22. Name prophylactic used to prevent Ophthalmia Neonatorum (unknown)
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 20 1941 (Date received) (b) Mary F. Eiffe (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Marie Amelia Marcon, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Nelo Marcon (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Physician (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Maria Amalia Marcon Signature
Clayton, Wash. P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1941
(SEAL) G. H. Rice Notary Public, residing at Deer Park

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818-125-035-236

323099

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 21 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1707 Carson Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. - at home
IN **THIS** county years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1707 Carson Ave
(e) How long has **MOTHER** lived in Idaho? 1 mo. yrs.
(f) Mother's mailing address 1707 Carson Ave.

3. RESIDENCE of FATHER (city, state) Lewiston, Idaho.

4. FULL NAME OF CHILD Chauncey Olcott Hays

5. Date of Birth (Month, day year) 4-25-'13

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herman Brudner Hays
11. Color or Race Negro
12. Age at time of THIS birth 39 yrs.
13. Birthplace Hot Springs (City or town) Arkansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** alice Storys.
17. Color or Race Negro
18. Age at time of THIS birth 34 yrs.
19. Birthplace Tippe county (City or town) Mississippi (State or foreign country)
20. Exact Occupation none - (house wife)
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 5 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by alice Hays (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) Oct 21 1941 (Date received) (b) Mabel [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mabel Henderson, being first duly sworn, say that I am related (Related to (or) acquainted with) Chauncey Hays (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mex Anderson (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mabel Henderson Signature
355 N E 6 Ave P. O. Address
Portland, Oregon

Subscribed and sworn to before me on this 17th day of October, 1941
(SEAL) L. M. Scharfer Notary Public, residing at Portland, Oregon

NOTARY PUBLIC FOR OREGON
My Commission Expires 1/5/45

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1969

APR 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Ada

City of Meridian

No. King St.

(If born in hospital or institution give name.)

OCT 27 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323138

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD John Harold Busby

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 13, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name John Busby	18. Full maiden name Clara Belle Barber
10. Residence (usual place of abode) (If non-resident, give place and State) Meridian Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Meridian Idaho
11. Color or race White 12. Age at last birthday 40 (years)	20. Color or race White 21. Age at last birthday ..... (years)
13. Birthplace (city or place) (State or Country) Lucas County Iowa	22. Birthplace (city or place) (State or Country) Boise Valley Idaho
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. local work	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... 17. Total time (years) spent in this work 14 yrs.	25. Date (month and year) last engaged in this work ....., 19.... 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother four (At time of this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE — both deceased

I hereby certify that I attended the birth of this child, who was born alive at 2 P. m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Busby father M. D.

or Clara Belle Busby, mother

Address present 360 Broadway, Santa Cruz, Calif.

Give name added from a supplemental report .....

(Date of)

Registrar.

Filed Oct 27 - 1941 193.. Maval F. Elder

Registrar.

CERTIFICATE OF DEATH

Registrar of Vital Statistics

Registration District No. _____ Registrar's No. _____

Primary Registration District No. _____ Form Registrar's No. _____

1. PLACE OF DEATH

(a) County _____ (b) City or Town _____

(c) Name of hospital or institution (if not in hospital or institution, give street address or location) _____

2. NAME OF DECEASED

(a) Usual residence (Street and number, or place, if not in city or town) _____

(b) Length of residence in city or town where death occurred _____ How long in U. S., if of foreign birth? _____

3. PERSONAL AND STATISTICAL PARTICULARS

(a) Sex _____ (b) Color or race _____ (c) Single, married, widowed, or divorced (write the word) _____

(d) Date of birth (month, day, and year) _____

(e) If married, widowed, or divorced, husband of (or wife of) _____

(f) Birthplace (city or town) (State or country) _____

(g) Citizen of what country? _____

(h) Usual occupation (Give kind of work done during most of working life, even if retired) _____

(i) Industry or business in which work was done (Give name of employer if employed) _____

(j) Date last employed at this work _____ (k) Total time (years) spent in this work _____

4. MILITARY SERVICE

Was deceased ever in the military or naval service of the United States? _____ (If so, give war or organization) _____

5. MARRIAGE

Was deceased ever married? _____ Husband living, dead, or divorced? _____ Age at death _____

6. CHILDREN

Number of children of this marriage: Living _____ Dead _____ (Ages living and dead) _____

7. PARENTS

(a) Name of father _____ (b) Birthplace (city or town) (State or country) _____

(c) Name of mother _____ (d) Birthplace (city or town) (State or country) _____

8. INFORMANT

(a) Informant _____ (b) Address _____

9. DISPOSITION

(a) Date of burial _____ (b) Burial, cremation, or removal _____

(c) Undertaker _____ (d) Address _____

10. PHYSICIAN'S CERTIFICATE OF DEATH

I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw _____ alive on _____, 19__, and that death occurred, from information and belief, at _____ M.

The cause of death was as follows:

Primary cause _____ Duration _____

Secondary cause (Contributory) _____ Duration _____

Other important conditions _____

Was operation performed? _____ Was autopsy held? _____ Did injury occur in industry? _____

Physician's address _____ Date signed _____, 19__

11. CERTIFICATE OF ATTENDANCE BY CORONER (OR MEDICINE)

I hereby certify that I viewed the body of this child who was _____ (Born alive or Stillborn)

(Signed) _____

(Date of)

Registrar.

242-113-001-219

OCT 27 1941 **STATE OF IDAHO**

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of California
County of Santa Cruz } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

John Busby 2nd & Clara Belle Busby, being first duly sworn says that they are the parents of John Harold Busby
(Relationship of child)*

born December 13 - 1913 at Meridian, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that parties are unable desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said John Harold Busby, now residing in California (not to my knowledge) hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. C. L. Hutton M. D. was the Midwife Mrs. Mary French medical attendant at the birth of said John Harold Busby and that the said medical attendant is both now deceased
(Now deceased (or) cannot be located)

Name of Affiant Clara B. Busby (mother)

P. O. Address Santa Cruz, California

Subscribed and sworn to before me this 24th day of October, 1941

Vera T. Busby
Notary Public.

Residing at Santa Cruz, California, ~~Idaho.~~

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

10-29-41

295-125-030-857

323167

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lemhi (b) City Leadore
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Leadore
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Yelm, Wash.

4. FULL NAME OF CHILD Robert Earl Stewart

5. Date of Birth (Month, day year) April 25, 1913

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Thomas Stewart

11. Color or Race white 12. Age at time of THIS birth 31 yrs.

13. Birthplace Chester (City or town) Illinois (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Elizabeth Yeasian

17. Color or Race white 18 Age at time of THIS birth 30 yrs.

19. Birthplace Ducoin, Illinois (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc)

26. (a) OCT 13 1941 (Date received) (b) Mabel H. Telfer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature midwife deceased M.D. (D.O., Midwife, etc.) and address ..... Date .....

State of Washington } ss.
County of Thurston }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Robert T. Stewart, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert E. Stewart (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Dishno (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Robert T. Stewart Signature

Yelm Wash. P. O. Address

Subscribed and sworn to before me on this 16 day of October 19 41

(SEAL) Notary Public, residing at Yelm

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 2 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-225-028-494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323168
Local Reg. No.
Reg. Dist. No. 141

1. PLACE OF BIRTH: Kootenai
(a) County ~~Shoshone~~ (b) City Midmont
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ..... Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai ~~Shoshone~~
(c) City Midmont
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 7 yrs. yrs.
(f) Mother's mailing address (For registration notice): Midmont Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Pansy Mae Lamb.

5. DATE OF BIRTH (Month, day, year) May-25-1913.

6. Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

10. FULL NAME Oliver B. Lamb.

11. Color or Race W.

12. Age at time of THIS birth 42 yrs.

13. Birthplace Boswell, Indiana Flts.
(City or Town) (State or foreign country)

14. Exact Occupation Farming.

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Silvia B. Middow

17. Color or Race W.

18. Age at time of THIS birth 40 yrs.

19. Birthplace Mich
(City or Town) (State or foreign country)

20. Exact Occupation H.W.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, ~~stillborn~~) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Silvia Lamb (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) 6-28-1941 ~~Oct 2 1941~~ (Date received) (b) Howard F. Elder ~~John Brown~~ (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Mrs Bracking ~~M.D.~~ (~~D.O.~~, Midwife, etc.)
and address Rose Lake Idaho. Date

no. M. 8

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as ~~hereinafter provided.~~

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To ~~be~~ used for ~~Crippled Children, Maternal & Child Health~~ work)

NOV 17 1942

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

A F F I D A V I T

STATE OF KANSAS
County of Wilson, ss.

I, Iva Angie Matthew, of lawful age, after first being duly sworn, do upon my oath say:

That I have the record of the birth of Oliver Grant Lamb, the same being from a leaf of the old family Bible, and the said leaf is now in my possession.

That on the said leaf is written: "Oliver Grant = was born October 26, 1867." That the said entry is in the Lamb Family Bible and immediately following the said entry is, "Schuyler Lamb was born the 16th day of January, 1870."

That while the word "Lamb" after the words "Oliver Grant" is omitted, it is clear that Oliver Grant Lamb is the person whose birth was recorded as of October 26, 1867.

That I know that the said Oliver Grant Lamb was born near Boswell, Warren County, Indiana.

Further affiant saith not so help me God.

Iva a Matthew.

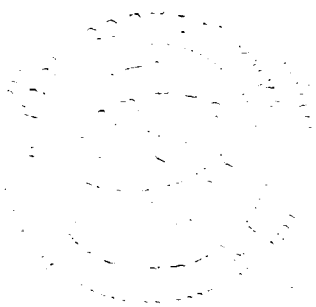
Subscribed and sworn to before me this 6th day of October, A. D. 1942.

M A Perkins
Notary Public.

My commission expires:
Dec 11-1944

FEB 3 1945

NOV 17 1942



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Y 345-104-009-253

323177

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323177
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Clark Fork.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho, (b) County Bonner
(c) City Clark Fork.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? two yrs.
(f) Mother's mailing address Clark Fork.

3. RESIDENCE of FATHER (city, state) Clark Fork Idaho.

4. FULL NAME OF CHILD Charles F. Luntsford

5. Date of Birth (Month, day year) Feb. 4, 1913.

6. Sex Male

7. Twin or Triplet No. No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Charles L. Luntsford.

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace St. Louis, Missouri. (City or town) (State or foreign country)

14. Exact Occupation City Marshal.

15. Industry or Business See # 14.

MOTHER OF CHILD

16. FULL MAIDEN NAME Modessia Bell.

17. Color or Race White.

18. Age at time of THIS birth 29 yrs.

19. Birthplace FaFayette, Indiana (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business Shown under 20.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5 (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) Oct 22-1941 (Date received) (b) Mabel H Eder (Mother, etc) (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington, County of Lincoln. } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Modessia Luntsford Lehmann, being first duly sworn, say that I am related to Charles F Luntsford (Related to (or) acquainted with) (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nadie, (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Modessia Luntsford Lehmann Signature

Reardan, Washington. P. O. Address

Subscribed and sworn to before me on this 22nd day of October, 1941.

(SEAL) W L Cadley Notary Public, residing at Reardan, Wash

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

323-129-035-791

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323265
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

RECEIVED

2. USUAL RESIDENCE of MOTHER (At time of this birth) not living
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address Southwick

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD William Tschantz
5. Date of Birth (Month, day year) July 29, 1913
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** Joseph Tschantz
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Alsace-Loraine (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Graber
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Alsace-Loraine (City or town) (State or foreign country)
20. Exact Occupation deceased
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) OCT 27 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Joseph Tschantz, being first duly sworn, say that I am Related (Related to (or) acquainted with) William Tschantz (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1931 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Blanchmore (Name of attendant at birth) who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Joseph Tschantz Signature
Southwick, Idaho P. O. Address

Subscribed and sworn to before me on this 25 day of Oct. 1941
(SEAL) [signature] Notary Public, residing at Kendrick

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-13-032-769

323285

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: in own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? All 39 yrs.
(f) Mother's mailing address Shoshone Idaho

3. RESIDENCE of FATHER (city, state) Shoshone Ida.

4. FULL NAME OF CHILD Corwin Myrl Silva

5. Date of Birth (Month, day year) Dec. 13-1913

6. Sex masculine

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 10

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur Daniel Silva

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Pico Azores Islands (City or town) (State or foreign country)

14. Exact Occupation Stockman & Farmer

15. Industry or Business Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Irene Gomes

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Pico Azores Islands (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3 (c) Born alive and now dead (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Silva (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 29 1941 (Date Received) (b) Mabel Zellar (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Lincoln } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hattie Silva, being first duly sworn, say that I am related (Related to (or) acquainted with) Corwin Myrl Silva (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr C F Zellar (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Hattie Silva Signature

Shoshone Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of October, 19 41

(SEAL) Notary Public, residing at Shoshone Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

JAN 5 19[illegible]

OCT 03 2017 X2

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

X

359-129-015-859

323314

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 30 1943

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Grangeville, Idaho

3. RESIDENCE of FATHER (city, state) Grangeville, Ida.

4. FULL NAME OF CHILD Leon Edward Leischner

5. Date of Birth (Month, day year) May 29. 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Leischner

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Austria (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Heinz

17. Color or Race white

18. Age at time of THIS birth 24 yrs.

19. Birthplace Landshaon Austria (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Joseph Leischner (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) OCT 30 1943 (Date received) (b) Mabel F. Eder (Registrar's signature)

25. Attendant's **OWN** signature J. D. Shinnick M.D. (D.O., Midwife, etc.)

and address Grangeville Idaho Date Oct 29-1943

27. Given name added on ..... by ..... (Registrar's signature)

RECEIVED

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-105-00-793

323317

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

OCT 30 1941

1. PLACE OF BIRTH
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Blackfoot, Idaho.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home Home days. IN **THIS** county Six years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Blackfoot, Idaho.
(e) How long has **MOTHER** lived in Idaho? Six yrs.
(f) Mother's mailing address Blackfoot, Idaho.

3. RESIDENCE of FATHER (city, state) Blackfoot, Idaho.

4. FULL NAME OF CHILD Fred Laverne Brigham.

5. Date of Birth (Month, day year) Oct 5, 1913.

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 Mo. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Willie Loran Brigham.
11. Color or Race White **12.** Age at time of THIS birth 52 yrs.
13. Birthplace Iowa City, (City or town) Iowa. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Isibelle Gilstrap.
17. Color or Race White **18.** Age at time of THIS birth 46 yrs.
19. Birthplace Putman County. (City or town) Missouri. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Solution
23. Number of children of this mother: (a) At time of birth and including this child Ten. (b) Born alive and now living Nine (c) Born alive and now dead One (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) OCT 30 1941 (Date received) (b) (Mother, etc.) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Colorado } ss.
County of Denver }

I, Ray Loran Brigham, being first duly sworn, say that I am Brother (Related to (or) acquainted with) Fred Laverne Brigham (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Not Known (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that ~~this birth~~ **has not been previously recorded.**

Fred Laverne Brigham Signature
24 Pearl St. Denver, Colo. P. O. Address

Subscribed and sworn to before me on this 28 day of October, 1941

(SEAL) Elizabeth M. Heitzman Notary Public, residing at Denver

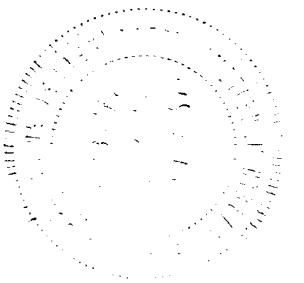
My commission expires Jan 12, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 386-129-141-897

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

OCT 31 1941

State File No. 323338
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Teton (b) City Tetonia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 10 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Tetonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address Tetonia, Idaho

3. RESIDENCE of FATHER (city, state) (Same)

4. FULL NAME OF CHILD Theodore June Thompson

5. Date of Birth (Month, day year) June, 29, 1913

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wilford W. Thompson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Smithfield, Cach Co. Utah (City or town) (State or foreign country)
14. Exact Occupation Section Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Higgins
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace St. George, Utah (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead X (d) Stillborn X

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) Mabel L. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Wilford W. Thompson, being first duly sworn, say that I am Related To (Related to (or) acquainted with) T. June Thompson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Carolina Rammell (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wilford W. Thompson Signature
1276 S.E. 88 Ave. Portland Ore. P. O. Address

Subscribed and sworn to before me on this 20 day of Sept. 1941
(SEAL) J. B. H. Page Notary Public, residing at Portland Ore.
My Commission expires Nov. 21, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED NOV 3 1941

MAY 20 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics for the purposes~~ and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-16800

469-122-034-493

323355

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

OCT. 29 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Rupert Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Edward Wilson Martin

5. Date of Birth (Month, day year) July 22, 1913

6. Sex M

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Milton Harris

11. Color or Race W

12. Age at time of THIS birth 35 yrs.

13. Birthplace Conway (City or town) Arkansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Bridget Ellen Miles

17. Color or Race W

18. Age at time of THIS birth 37 yrs.

19. Birthplace Quincy (City or town) Ill (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 10:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie M. Martin (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) OCT 29 1941 (Date received) (b) Mabel I Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Nellie M Martin M.D. (D.O., Midwife, etc.)
and address Cove Ore Date Oct 28, 41

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Oregon } ss.
County of Union }

I, Nellie M. Martin, being first duly sworn, say that I am Related (Related to (or) acquainted with) Edward Wilson Martin (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Barnhart (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Nellie M Martin Signature
Cove Oregon P. O. Address

Subscribed and sworn to before me on this 25 day of Oct, 19 41

(SEAL) Grace Jeffry Notary Public, residing at Cove Oregon

My Com exp 10-4-44

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

State of Oregon)
) SS
County of Union)

Nellie M. Martin being duly sworn deposes and says that she is the mother of Jasper Joseph Miles Martin born at Rupert Idaho on the 6" day of Sept 1910, further that she is also the mother of Edward Wilson Martin who was born at Rupert Idaho July 22, 1913. That neither doctor or midwife attended her on the birth of either child.

Affiant further states that she was christened Bridget Ellen Martin Miles and that since childhood she has been known and has always signed her name Nellie Miles until her marriage since when she has always signed her name Nellie M.Martin.

Nellie M Martin

Subscribed and sworn to before me this 28" day of Oct. 1941.

Notary Public for Oregon.
My comm expires 10-4-44

NOV 3 1941

RECEIVED

X 666-126-202-315

323377

United States Department of Commerce Bureau of Census

Be sure this information is as of date of birth of THIS child) NOV 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ADAMS (b) City MESA
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ....days. IN **THIS** county 27 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County ADAMS.
(c) City MESA
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4.7 yrs.
(f) Mother's mailing address MESA, IDAHO

3. RESIDENCE of FATHER (city, state) MESA. IDAHO

4. FULL NAME OF CHILD HULEN, HERBERT, WOODS

5. Date of Birth (Month, day year) MAY 26 1913

6. Sex MALE **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME HOMER, BLAINE WOODS
11. Color or Race WHITE **12.** Age at time of THIS birth 32 yrs.
13. Birthplace INDIAN VALLEY IDA (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business FARMING.

MOTHER OF CHILD

16. FULL MAIDEN NAME CORA, LANE
17. Color or Race WHITE **18.** Age at time of THIS birth 22 yrs.
19. Birthplace COUNCIL, IDAHO (City or town) (State or foreign country)
20. Exact Occupation Stamping.
21. Industry or Business FARMING.

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6 (c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at Mesa M. on the date and at the place stated above, and that personal particulars were furnished by Cora Woods (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) (Registrar's signature)

25. Attendant's **OWN** signature Blanca Woods M.D. (D.O., Midwife, etc.)
and address Date

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature
.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....
(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

514-125-025-238

323386

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Idaho (b) City Ferdinand
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Ferdinand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Not known yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Herbert John Nau

5. Date of Birth (Month, day year) August 25 / 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward Joseph Nau
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Perham (City or town) Minnesota (State or foreign country)
14. Exact Occupation In business for my self
15. Industry or Business Harness & Saddlery

MOTHER OF CHILD

16. FULL MAIDEN NAME Catharine Schueller
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Do not know (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as

26. (a) NOV 3 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Santa Barbara }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, EDWARD JOSEPH NAU, being first duly sworn, say that I am related to (Related to (or) acquainted with) HERBERT JOHN NAU (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife Aschenbrenner (Name of attendant at birth), who attended said birth can not be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edward Joseph Nau Signature
637 West Canon Perdido, Santa Barbara, California P. O. Address

Subscribed and sworn to before me on this 25th day of October, 19 41

(SEAL) Viola Wilkens Notary Public, residing at Santa Barbara, California

My commission expires May 10, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-120-089-239

323395

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

Local Reg. No.

Reg. Dist. No.

RECEIVED NOV 1 1941

1. PLACE OF BIRTH
(a) County Latah (b) City Troy, Idaho
(c) Street Address or R.F.D. No. No 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county 7 years 1 month 20 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy,
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Troy, Idahon

3. RESIDENCE of FATHER (city, state) Troy, Idaho

4. FULL NAME OF CHILD OTTO ARNOLD BENSON

5. Date of Birth (Month, day year) May 20th 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd ~~8th~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME OLE SEVERT BENSON

11. Color or Race white

12. Age at time of THIS birth 50 yrs.

13. Birthplace Malmo (City or town) Norway (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME JOHANNA STIVLAND

17. Color or Race white

18. Age at time of THIS birth 39 yrs.

19. Birthplace Lowry (City or town) Minnesota, U.S.A. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7 (c) Born alive and now dead 0 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at .....P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 1 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on RECEIVED by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. H. R. Davidson M.D.
Midwife (D.O., Midwife, etc.)
and address 1107 South Logan St. Moscow Idaho.

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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355-126 022-214

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 3 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323424
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days; IN THIS county 1 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D.No. 1
(e) How long has MOTHER lived in Idaho? Ashton, Idaho yrs.
(f) Mother's mailing address Ashton, Id.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD CLARKE WILLIS LEE

5. Date of Birth (Month, day year) 10 - 26 - 13

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel W. Lee
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Fremont Co., Idaho (City or town) (State or foreign country)
14. Exact Occupation Clerk, Drygoods Store
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred A. Samsel
17. Color or Race White
18. Age at time of THIS birth 17 yrs
19. Birthplace Cedar Co., Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 3 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature [signature] M.D. (D.O., Midwife, etc.)
and address [illegible] Date 10-8-41

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19....

(SEAL) ..... Notary Public, residing at .....

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

X 662 104 022 617

United States
Department of Commerce
Bureau of Census

NOV 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323446
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 0 days.
IN **THIS** county 16 years 9 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.
(f) Mother's mailing address Chester Ida

3. RESIDENCE of FATHER (city, state) " "

4. FULL NAME OF CHILD Lorin Nephi Foster

5. Date of Birth (Month, day year) Feb. 4, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm Nephi Foster
11. Color or Race White U.S.
12. Age at time of THIS birth 27 yrs.
13. Birthplace Star Valley, Wyo. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marion Josephine Wardell
17. Color or Race White U.S.
18. Age at time of THIS birth 17 yrs.
19. Birthplace Chester, Idaho (City or town) (State or foreign country)
20. Exact Occupation Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by M. Josephine Foster (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) NOV 3 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)
25. Attendant's **OWN** signature Juanetta Brown Clark ~~M.D.~~ ~~(D.O.~~, Midwife, ~~etc.)~~ and address St. Anthony Ida Date Oct. 31, 1941

State of } ss.
County of }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

493-123-028-312

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323465
Local Reg. No.
Reg. Dist. No.

RECEIVED NOV 5 1941

1. PLACE OF BIRTH
(a) County Kootenia (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in own residence
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ....days. IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Mother died 1933

3. RESIDENCE of FATHER (city, state) Father died 1934

4. FULL NAME OF CHILD John Freeman Miller

5. Date of Birth (Month, day year) 12-23-13

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Henry Miller	16. FULL MAIDEN NAME	Christine Lajart
11. Color or Race	white	17. Color or Race	white
12. Age at time of THIS birth	48 yrs.	18. Age at time of THIS birth	21 yrs.
13. Birthplace (City or town) (State or foreign country)	Prince Edward Islands Canada	19. Birthplace (City or town) (State or foreign country)	Cascade Montana
14. Exact Occupation	Farmer	20. Exact Occupation	House wife
15. Industry or Business		21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive Dec 23-13 at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother etc.)

26. (a) NOV 5 1941 (Date received) (b) (Registrar's signature)

25. Attendant's OWN signature T. R. Mason M.D. (D.O., Midwife, etc.) and address Kellogg Ida Date 10-31-41

27. Given name added on by (Registrar's signature)

RECEIVED

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am (Related to (or) acquainted with) (Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

JAN 5 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and~~ uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

731-121-010-[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

323475

1. PLACE OF BIRTH
County of Bonneville
City of Idaho Falls
No. RF#3 St.
(If born in hospital or institution give name.)

NOV 5 1940
RECEIVED
Registration District No. 611
Prim. Registration District No.
State File No.
Local Registrar's No.

2. FULL NAME OF CHILD Harold Jeffery Glanzman

3. Sex: Male
If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth
6. Premature; Full term Yes
7. Legitimate? Yes
8. Date of birth Sept. 21, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name: William Earnest Glanzman	18. Full maiden name: Ida Jeffery
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Idaho Falls, Idaho
11. Color or race: White | 12. Age at last birthday: 33 (years)	20. Color or race: White | 21. Age at last birthday: 32 (years)
13. Birthplace (city or place) (State or Country): Dayton, Iowa	22. Birthplace (city or place) (State or Country): Waverly, Neb.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work: Sept, 1913	25. Date (month and year) last engaged in this work: Sept, 1913
17. Total time (years) spent in this work: Yrs	26. Total time (years) spent in this work: Yrs

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: months or weeks
30. Cause of stillbirth: Before labor; During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 10.15 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of)

(Signed) Ida J. Glanzman, M.D.
or , Midwife
Address Idaho Falls, Idaho

Filed June 21, 1940

Registrar.

Registrar.

731 121 010 156 5 1941
NOV
RECEIVED

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho } ss.
County of Bonneville }

J. Ida/Glanzman being first duly sworn says that she is the mother (Relationship of child)* of Harold Jeffery Glanzman born Sept. 21st, 1913 (Date of birth) at Idaho Falls, Idaho, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho;** and affiant further states that the facts contained in the certificate of birth of the said Harold Jeffery Glanzman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. T. C. Hollister, M. D., was the ~~Midwife~~ — medical attendant at the birth of said Harold Jeffery Glanzman and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant Ida J. Glanzman

P. O. Address RFD#3, Idaho Falls, Idaho.

Subscribed and sworn to before me this 30th day of October, 19 41

Louise Keefer
Notary Public.

Residing at Idaho Falls, Idaho.

*** If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.**

063 120-014-263 #323503 **323503**

United States NOV 13 1941 (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census RECEIVED STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Parma
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Julia Folwell residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Kuna
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Kuna, Idaho

4. FULL NAME OF CHILD Weldon Delbert Folwell

5. Date of Birth of Child (Month, day, year) April 20, 1913

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Byron Eustace Folwell
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Winterset (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Vera Bothwell
17. Color or Race Wh. 18. Age at time of THIS birth 20 yrs.
19. Birthplace Parma (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 28 years, and that Julia (First name) Folwell (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ Ethel Vera Folwell Signature
1514 Franklin Boise, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of Nov., 1941
(SEAL) Cecil Ennis Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

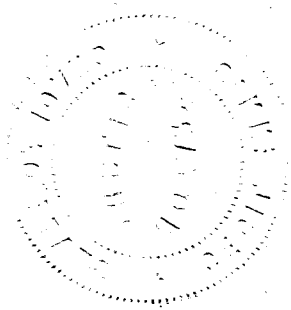
Received for filing on NOV 13 1941 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



955717-008-619

United States
Department of Commerce
Bureau of Census

NOV 4 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 323663
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Valley (b) City Cascade
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 1 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Cascade
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Cascade Idaho

3. RESIDENCE of FATHER (city, state) Cascade Ida.

4. FULL NAME OF CHILD David Patrick Reed

5. Date of Birth (Month, day year) Oct. 17, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wm L. Reed
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace San Antonio Texas (City or town) (State or foreign country)
14. Exact Occupation Farmer & Stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Louise Warren
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Kendrick Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by W. L. Reed (First name) (Last name), who is related to this child as father (Mother, etc.)

No Dr. or midwife available

26. (a) NOV 4 1941 (Date received) (b) Mary F. Keefer (Registrar's signature)

25. Attendant's **OWN** signature W. L. Reed M.D. (D.O., Midwife, etc.)
and address Sweet Ida. Date Nov. 1, 1941

27. Given name added on ..... by ..... (Registrar's signature)

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of ~~Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314 116 030-296

323664

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Russell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Russell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.
(f) Mother's mailing address Russell Idaho

3. RESIDENCE of FATHER (city, state) Russell Idaho

4. FULL NAME OF CHILD William Henry Laur

5. Date of Birth (Month, day year) March 16, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William John Laur

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Howell (City or town) Nebraska (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose Brocke

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Hardington (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 1, PM M. on the date and at the place stated above, and that personal particulars were furnished by Rose Brocke Laur (First name) (Last name), who is related to this child as Mother (Mother, etc)

26. (a) NOV 12 1941 (Date received) (b) Maud Fuller (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Rt#1 Box 139 Oregon City, Oregon Date Nov 5 1941

State of Oregon
County of Clackamas } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Rose Brocke Laur, being first duly sworn, say that I am the Mother (Related to (or) acquainted with) William Henry Laur (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Katie B ocke, (Name of attendant at birth) who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Rose Laur (Signature)
Rt#1 Box 139 Oregon City Oregon (P. O. Address)

Subscribed and sworn to before me on this 5th day of November, 19 41

(SEAL)

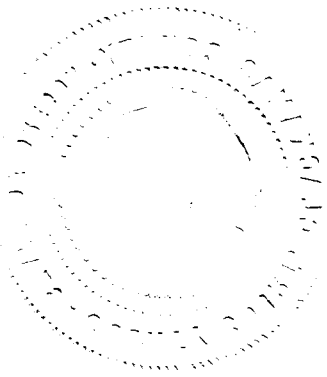
Notary Public, residing at

County Clerk, Clackamas County, State of Oregon

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



193 117 040-753

323667

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1941

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: miners Hospital
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 2 days. IN **THIS** county years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Arthur Artell 1st

5. Date of Birth (Month, day, year) July 17 - 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Algonon Artelle
11. Color or Race American
12. Age at time of THIS birth 31 yrs.
13. Birthplace New York City (City or town) New York (State or foreign country)
14. Exact Occupation Second Hand dealer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Louise Peterson.
17. Color or Race American
18. Age at time of THIS birth 23 yrs. 10 mo
19. Birthplace La Crosse (City or town) Wisconsin (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Pearl Artelle (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 12 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.) and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Pearl Artelle, being first duly sworn, say that I am the mother of Arthur Artelle (Name of person on certificate above) as (Related to (or) acquainted with) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that cannot contact (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. Not to my knowledge. Pearl Artelle Signature

478 Burlington Ave Los Angeles Calif Address

Subscribed and sworn to before me on this 5th day of November 1941

(SEAL) Florence L. Epping Notary Public, residing at Los Angeles Calif

Com exp 2/21/45

JUN 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-22-9035 845

323757

United States Department of Commerce Bureau of Census

(Be sure information is as of date of birth of THIS child)

NOV 14 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Culdasac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdasac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Culdasac

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Inez Ramona Scoles

5. Date of Birth (Month, day year) 3/29/13

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George R. Scoles
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude H. Huntington
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Sheridan Wyoming (City or town) (State or foreign country)
20. Exact Occupation None
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive) (dead) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Maude H. Scoles (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of California
County of Mendocino } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Maude H. Gaines, being first duly sworn, say that I am related to (Related to (or) ~~acquainted with~~) Inez Ramona Scoles VanHorn (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Laurence (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) ~~cannot be located~~) and that this birth **has not been previously recorded.**

Mrs. Maude H. Gaines Signature
Rt-2-Box 75-A Ukiah P. O. Address

Subscribed and sworn to before me on this 18 day of Nov 19 41

(SEAL) Hall McCowen Notary Public, residing at Ukiah Mendocino Co Calif

NOV 17 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 123039 855

323778

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At the home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 3 years 5 month 7 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.
(f) Mother's mailing address Rock land

3. RESIDENCE of FATHER (city, state) Idaho

4. FULL NAME OF CHILD Orland J. Peck

5. Date of Birth (Month, day year) Jan. 23, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lucious Curtis Peck
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Wanship (City or town) Utah (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Farm Hand

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Jane Henderson
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace South Jerdon (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) NOV 14 1941 (Date received) (b) Mary H. Elder (Registrar's signature)
27. Given name added RECEIVED on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of Idaho } ss.
County of Power }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Lucious Curtis Peck, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Orland J. Peck (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Heber Lasley (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Lucious Curtis Peck Signature

AMERICAN FALLS, IDAHO P. O. Address

Subscribed and sworn to before me on this 13th day of November, 1941.

(SEAL) ..... Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO

MY COMMISSION EXPIRES OCTOBER 22, 1943

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 17 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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967 119 008 967

#323816

United States
Department of Commerce
Bureau of Census

NOV 25 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323816
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Boise (b) City Horse Shoe Bend
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home: Born In Rural Farm Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 6 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) ~~City~~ Post Office - Horse Shoe Bend
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Horse Shoe Bend

3. RESIDENCE of FATHER (city, state) Horse Shoe Bend Idaho

4. FULL NAME OF CHILD John Campbell Rogers

5. Date of Birth (Month, day year) Aug 19 - 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Gosand Rogers
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Louisberg (City or town) Tennessee (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Rogers
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Louisberg (City or town) Tennessee (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6 (c) Born alive and now dead 2 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 25 1941 (Date received) (b) Nabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Calif
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Harry S. Rogers, being first duly sworn, say that I am Related (Related to (or) acquainted with) John Campbell Rogers (Name of person on certificate above) as Brother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Addie Stevenson (Name of attendant at birth), who attended said birth Can Not Be Located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

H S Rogers Signature
P. O. Address

Subscribed and sworn to before me on this 18th day of November, 1941
(SEAL) Nellie P. Franklin Notary Public, residing at Los Angeles, Calif

My comm expires Jan. 26, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

AUG 21 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 17 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** Nellie May Goodman

5. Date of Birth of Child (Month, day, year) July 2, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Loren Clyde Goodman
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Santa Rosa (City or town), Calif. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella Josephine Telfer
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Malta (City or town), Idaho (State or foreign country)
20. Exact Occupation Home maid
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 28 years, and that Susan (First name) Bennett (Last name), who attended this birth (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Isabella J. Goodman Signature

P. O. Address

Subscribed and sworn to before me this 15th day of November, 19 41.

(SEAL) Notary Public, residing at Albion, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 18 - 1941 by Mabel T. Telfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 323890
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Twin Falls Idaho

3. RESIDENCE of FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD George Curtis Lloyd
5. Date of Birth (Month, day year) Dec. 9, 1913
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nile Lamire Lloyd
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Concrete Worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Winefred Fielden
17. Color or Race white
18. Age at time of THIS birth 22 yrs
19. Birthplace Tennessee (City or town) (State or foreign country)
20. Exact Occupation saleslady
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 14 1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
RECEIVED

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date .....

State of Washington } ss.
County of Kitsap }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs Winefred Fielden Lloyd, being first duly sworn, say that I am related (Related to (or) acquainted with)
George Curtis Lloyd (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Doreen Duncan Alexander, who attended (Name of attendant at birth)
said birth cannot be located and that this birth has not been previously recorded.
(Is now deceased (or) cannot be located)

Mary Winefred Fielden Lloyd Signature
2326 14th st Dale Olympia P. O. Address

Subscribed and sworn to before me on this 10th day of November 1941

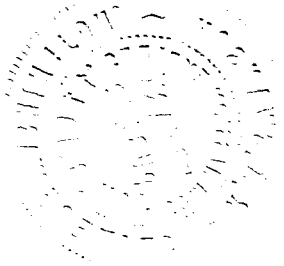
(SEAL) [signature] Notary Public, residing at Olympia

NOV 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

NOV 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Paul Woodrow Hellyer

5. Date of Birth of Child (Month, day, year) June 9, 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Thomas Hellyer
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Ma Comb (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Effie Arnold
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Platte Center Neb (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Cora Black M.D. Midwife Address Wilder Ida Date Nov 14 44

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. H. Forbes Signature
Himidale Idaho P. O. Address

Subscribed and sworn to before me this 15th day of November, 1941.

(SEAL) J. H. Forbes Notary Public, residing at Caldwell, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 18 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 18 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 324012
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Salem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county 4 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Salem
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD John Henry Jensen

5. Date of Birth (Month, day year) June 13, 1913

6. Sex Male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Jensen
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace don't know (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Junita Calaway
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Marysvale (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at don't know M. on the date and at the place stated above, and that personal particulars were furnished by Adelaide Smith (First name) (Last name), who is related to this child as aunt (Mother, etc.)
26. (a) NOV 18 1941 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Montana
County of Jefferson } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Adelaide Smith, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Henry Jensen (Name of person on certificate above) as aunt by blood (sister of mother) (State relationship or acquaintance) whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Shupe (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Adelaide Smith Signature
Whitehall, Montana P. O. Address

Subscribed and sworn ~~to~~ before me on this 8th day of November 1941
(SEAL) [signature] Notary Public, residing at

PUBLIC in and for the State of Montana
Whitehall, Jefferson County, Montana
My Notarial Commission Expires January 2, 1941

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of Census

NOV 18 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 324018
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Blaine (b) City Gannett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 2 years 5 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Gannett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 ½ yrs.
(f) Mother's mailing address Gannett Idaho

3. RESIDENCE of FATHER (city, state) Gannett Idaho

4. FULL NAME OF CHILD Orval Ray Denniston

5. Date of Birth (Month, day year) Feb. 12 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Ray Denniston
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Agnes Crone
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Junction City (City or town) Oregon (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business farmer's helper

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living ..... (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 18 1941 (Date received) (b) Mabel F. Elefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon
County of Lane } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Flora Agnes Denniston, being first duly sworn, say that I am related to (Related to (or) acquainted with) Orval Ray Denniston (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. McCoy (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Flora Agnes Denniston Signature
Junction City Oregon P. O. Address

Subscribed and sworn to before me on this 18th day of November 1941

(SEAL) N. J. Bryant Notary Public, residing at Veneta Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 9 1975

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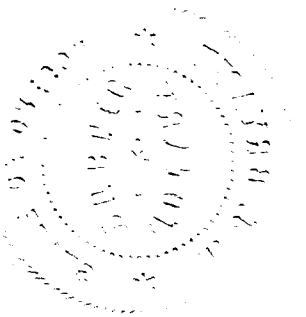
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 2



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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. Washington St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls,
(d) Street Address or R.F.D. No. Washington St
(e) How long has **MOTHER** lived in Idaho? 2yrs yrs.
(f) Mother's mailing address 141 N. Blue Lakes

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Hazel Pearl Swenson

5. Date of Birth (Month, day year) Jan. 6th 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? X

FATHER OF CHILD

10. FULL NAME J A Swenson

11. Color or Race W

12. Age at time of THIS birth 27 yrs.

13. Birthplace Smithville, Utah (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Pearl Puckett

17. Color or Race W

18. Age at time of THIS birth 19 yrs.

19. Birthplace Prentice Co (City or town) Mississippi (State or foreign country)

20. Exact Occupation Hswife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 6.00m A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Pearl Swenson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

J. A. Swenson (Registrar's signature)

26. (a) Nov. 22nd 1941 (Date received) (b)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho }
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs Pearl Swenson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Hazel Pearl Swenson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs M. A. Swenson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs Pearl Swenson Mother Signature

141 North Blue Lakes Twin Falls, Ida P. O. Address

Subscribed and sworn to before me on this 22nd day of November, 19 41

(SEAL)

J. A. Swenson Notary Public, residing at Twin Falls, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X215-129 035-363

325039

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child) 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 23rd St--8 Ave.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: In ~~Hosp. or Mat. Home~~ days.
IN **THIS** county 6 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No 23 St.--8 Ave
(e) How long has **MOTHER** lived in Idaho? 43 yrs.
(f) Mother's mailing address 1723--17 St.

3. RESIDENCE of FATHER (city, state) deceased

4. FULL NAME OF CHILD Lewie Bann

5. Date of Birth (Month, day year) April 29, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Bann

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Tisafolvar, Hungary (City or town) (State or foreign country)

14. Exact Occupation nurseryman

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elga Toth

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Tisafolvar, Hungary (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) NOV 24 1941 (Date received) (b) Mabel Fiedler (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, [redacted], being first duly sworn, say that I am related (Related to (or) acquainted with) Lewie Bann (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that [redacted] (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-225-023867

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325098
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address R.R.#1, Emmett, Idaho

3. RESIDENCE of FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD EDITH LOUISE MOREHOUSE

5. Date of Birth (Month, day year) January 25, 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Ora Morehouse

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Pottawatamie Co. (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Clarkia Hopper

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Challis (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver solution

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Sylvia Morehouse (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 26 1941 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.) and address Emmett Ida Date 11-22-41

State of Idaho, County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Sylvia Morehouse, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Edith Louise Morehouse (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ~~the~~ Clerk (Name of attendant at birth), who attended said birth ~~cannot be located~~ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

R.R. # 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) Nov 27-1941 Notary Public, residing at .....

K

FEB 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433.114.MH-055

325228

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 340
Reg. Dist. No. 4

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 4 years 9 months 26 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City Canyon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Frank Andrew McConnel Jr.
5. Date of Birth (Month, day, year) May 14. 1913
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Andrew McConnel
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Dixie Idaho (City or Town) (State or foreign country)
14. Exact Occupation Farming + Stockraising
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Lucile Bennett McConnel
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Milton Oregon (City or Town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Hattie Lucile McConnell (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** R M Cummings M.D. (D.O., Midwife, etc.)
and address Emmett Date 11-19-41

26. (a) 11-22-41 (Date received) (b) J. M. Reynolds (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

DEC 6 1941

JAN 12 1970

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

+ 314-108-035-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325272
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St Josephs Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County Asotin
(c) City Clarkston
(d) Street Address or R.F.D. No. 3rd St.
(e) How long has **MOTHER** lived in Idaho? 0 yrs.

3. RESIDENCE OF FATHER (city, state) Clarkston, Wash.

4. FULL NAME OF CHILD James Peck Campbell

5. Date of Birth of Child (Month, day, year) July 8, 1912

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

(Fatherhood Known)

FATHER OF CHILD		MOTHER OF CHILD	
10. **FULL NAME**	George Francis Campbell	16. **FULL MAIDEN NAME**	Nettie MAY Peck
11. Color or Race	White	17. Color or Race	White
12. Age at time of THIS birth	32 yrs.	18. Age at time of THIS birth	29 yrs.
13. Birthplace	Worcestshire (City or town) Massachusetts (State or foreign country)	19. Birthplace	Metropolis (City or town) Illinois (State or foreign country)
14. Exact Occupation	Steamboat Captain	20. Exact Occupation	Housewife
15. Industry or Business	Boats	21. Industry or Business	

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother + Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 + 60 years of age, that I have known this person for 28 years, and that Dr David Ransom (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie Peck Campbell
George F. Campbell Signature

George Francis Campbell R.F.D. Box 995 Longview Wash. P. O. Address

Subscribed and sworn to before me this 29 day of November, 1941.

(SEAL) Caroline Lunne Notary Public, residing at Longview

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 9 - 1941 by Nancy E. Ellen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 365-12-016-263

325300

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 mo.

3. RESIDENCE OF FATHER (city, state) Burley Idaho

4. FULL NAME OF CHILD Ralph Emerson Love

5. Date of Birth of Child (Month, day, year) Nov. 22-1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Marion S. Love
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Utah (City or town) Ohio (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie M. Bach
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Alton (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at afternoon M. on the date and at the place stated above, and that personal particulars were furnished by Nellie M. Love (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 + years, and that (First name) Minton (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie M. Love Signature
Murtaugh Idaho Address

Subscribed and sworn to before me this 1 day of Dec 1941

(SEAL) Notary Public, residing at Murtaugh Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-924, Idaho Code Annotated.)

Received for filing on Dec 3-1941 by Mabel Tedens, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-115 022-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 4 '41

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325469
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Coeur D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Four yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Sidney Devault Cash

5. Date of Birth of Child (Month, day, year) July 15, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Baxter Kavanaugh Cash
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Rhea Springs (City or town) Tennessee (State or foreign country)
14. Exact Occupation Chef
15. Industry or Business Restaurant Proprietor

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilma Marie Johnson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth Don't Remember (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Baxter Kavanaugh Cash Signature

304 Bell St P. O. Address

Subscribed and sworn to before me this 4th day of December, 19 41

(SEAL) Hanlon A Ferguson Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1941 by Mabel H Gelder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 11 1961

259-207-022-189

United States Department of Commerce
Bureau of the Census

DEC 5 1941 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325485
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton Idaho

4. FULL NAME OF CHILD Erma Bergman

5. Date of Birth of Child (Month, day, year) Dec 7-1913

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Walter Bergman
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Lonaconing Md. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Rheinschild
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Alma Mo (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dr Mecham (dead)
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Bergman Signature
Ashton Idaho P. O. Address

Subscribed and sworn to before me this 4 day of December, 19 41

(SEAL) Paul Stone Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 5 1941 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-128-007553

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 325565
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County then Bannock (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County then Bannock
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, I.

4. FULL NAME OF CHILD FLOYD MOYLAN LAKEY

5. Date of Birth of Child (Month, day, year) Aug. 28, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Vance Tilden Lakey

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Etna, (City or town) North Carolina (State or foreign country)

14. Exact Occupation Rancher

15. Industry or Business Ranching

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Jane Nelson

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Minkcreek, Franklin Co., Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at Noon M. on the date and at the place stated above, and that personal particulars were furnished by Anna Jane Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Ellis Kackley M.D. Midwife Address Soda Springs, Idaho Date 12-2-41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on Dec 9 - 1941 by Mabel E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

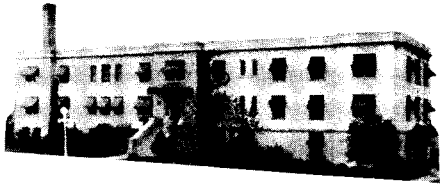
JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SUPERINTENDENT
ELLIS KACKLEY, M. D.
STAFF
EVAN M. KACKLEY, M. D.
JOSEPH B. KOEHLER, M. D.
GEORGE FITZ, M. D.
RULON LINDSAY, M. D.
RALPH MARQUIS, M. D.



STAFF
LEROY MEEK, D. D. S.
DEMAR MERRILL, D. D. S.
CHARLES MOORE, M. D.
CHARLES RICH, M. D.
SPENCER RICH, M. D.
WILLIAM SMEDLEY, D. D. S.
RUSSELL TIBERT, M. D.

Caribou County Hospital

SODA SPRINGS, IDAHO

Gentlemen,

In making out the Birth Cirtificat of Floyd M. Lakey, there was a mistake made. The Cirtificate made out and on file makes his birth cirtificate date 8-28-14, it should read 8-28-13, please make the correction.

Ellis Kackley.

2-18-43, 10 A.M.

Subscribed and sworn to before me this 18th day of February, 1943.

Colin Chester

Clerk of the District Court
Caribou County, Idaho

SEP 1 2 1944

295-130-028-168

325572

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 8 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Black Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Black Lake
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 months yrs.

3. RESIDENCE OF FATHER (city, state) Black Lake Idaho

4. FULL NAME OF CHILD Glenn Ingle King

5. Date of Birth of Child (Month, day, year) July 30, 1913.

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Frederick King
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace St. Joseph, Mo. U. S. A. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Any line in which work obtained

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Mathilda Johnson
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Freeman, Washington. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that Helen Yaeger (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clara Matilda King Signature
Clayton, Washington. P. O. Address

Subscribed and sworn to before me this 3rd day of December, 1941.

(SEAL) ..... Notary Public, residing at Deer Park.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 8 1941 by Maud H. Eller, Registrar.

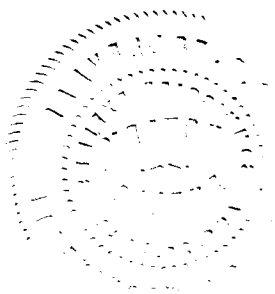
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

~~313435~~

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

AFFIDAVIT OF BIRTH

For Use in Cases Where Certificates of Birth Cannot Be Supplied

1. PLACE OF BIRTH

County of KOOTENAI IDA

City or town of BLACK LAKE

State of Washington

Department of Health

VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

RECEIVED JUN 12 1941

2. Full name of child GLEN INGLE KING

All Data Used in This Affidavit Must Be as of Date of Birth of This Child

3. Sex	If plural births	4. Twin, triplet, or other / 5. Number in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, day, year)
MALE			YES	YES	7-30, 1913

FATHER		MOTHER	
9. Father's full name	WALTER FREDRICK KING	15. Mother's full maiden name	CLARA MATILDA JOHNSON
10. Father's residence at time of this child's birth	BLAKLAKE IDA.	16. Mother's residence at time of this child's birth	BLACK LAKE, IDA.
11. Father's color or race	WHITE	17. Mother's color or race	WHITE
12. Father's age at last birthday before child's birth	29 (Years)	18. Mother's age at last birthday before child's birth	25 (Years)
13. Father's birthplace (City or place) (State or country)	ST JOSEPH, MO.	19. Mother's birthplace (City or place) (State or country)	FREEMAN, WASH
14. Father's occupation at time of child's birth	TRAPPER	20. Mother's occupation at time of child's birth	HOUSEWIFE

Number of children of this mother 2 (At the time of this birth and including this child.)

Number of children now living 2 (At the time of this birth and including this child.)

no physician. (Name of attending physician)

AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THE FACT OF THIS BIRTH

STATE OF Washington
County of Spokane } ss.

Walter F. King, being first duly sworn upon oath deposes and says that he is ~~is not~~ related to Glen Ingle King (Person for whom affidavit is made) as Father (Parent, attending physician, etc.); and that the statements contained in the foregoing Affidavit of Birth are true and correct, as affiant is informed and verily believes.

(Signed) Walter F. King

[SEAL]

(Address) Clayton, Washington

Subscribed and sworn to before me, a notary public in and for said county and state, this 2nd day of June, 1941

[signature] Notary Public.

My commission expires Aug. 28, 1943.

Do Not Write Below This Line

Filed June 12, 1941

Mabel F. Eeder State Registrar.

S. F. No. 4514—8-12-40—15M. 19856.

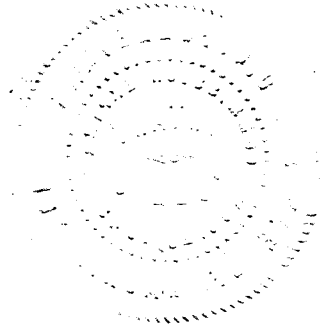
By

(OVER)

Instructions for Making Out Affidavit of Birth

1. This form is to be used in recording a birth which occurred in the State of Washington, and was not registered as required by law.
2. All information furnished in this affidavit must be as of date of birth of the child. Be sure that the AGES OF THE FATHER AND MOTHER, residence, etc., are given as they were at the time of this birth.
3. Fill in EVERY entry on the certificate. If the information cannot be supplied, the word UNKNOWN must appear.
4. In case the attending PHYSICIAN is dead, either PARENT, nearest RELATIVE, or other PERSON having knowledge of the facts of the birth may sign the affidavit before a Notary Public. Such person must be old enough to be personally familiar with the facts stated.
5. Return completed affidavit to the STATE DEPARTMENT OF HEALTH, Smith Tower, Seattle, Washington, for proper filing.
6. Affidavit should be filled in either with ink or typewriter. DO NOT USE PENCIL.

NOTE: A certified copy of the completed affidavit may be obtained by forwarding with the affidavit postal money order for fifty cents ($0.50), payable to the order of "State Department of Health." Stamps not accepted.



793-212-029-415

DEC 8 1941

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325576
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City May (rural)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch home - Meade Ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 8 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City May, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Dorothea May Gilson

5. Date of Birth of Child (Month, day, year) 5-12-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Edwin Gilson, Sr.
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Nemaha Co. Kansas (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Stock raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Augusta Maelzer
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Nemaha Co. Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 5-15 P M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature George Edwin Gilson Sr. ~~M.D.~~ ~~Midwife~~ Address Centralia Kans. Date 12-4-1941

State of Kansas
County of Nemaha } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Frankie Maelzer - midwife (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Edwin Gilson Sr. Signature
Centralia Kansas P. O. Address

Subscribed and sworn to before me this 4th day of December, 1941

(SEAL) Edith G. Ryan Notary Public, residing at Centralia Ks.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. ex. Mar. 27, 1943

Received for filing on DEC 8 1941 by Mabel T. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 10 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 292-101-040-468

325608

United States
Department of Commerce
Bureau of the Census

DEC 10 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wardner Ida
(c) Street Address or R.F.D. No. Main St.
(d) Name of Hospital or Maternity Home: At Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No. Main St
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Ora Bishop

5. Date of Birth of Child (Month, day, year) March 1st 1943

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ora Jay Bishop
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Liberty (City or town) Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Doyle
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature T. R. Mason M.D. Midwife Address Kellogg Ida Date 12/5-41

State of ~~Ida~~ Wash.
County of ~~Shoshone~~ Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ~~Wife~~ Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Doyle Bishop Signature
5828 Sq 16th ave Olympia Wash P. O. Address

Subscribed and sworn to before me this 12 day of December, 1941
(SEAL) Hazel Walmer Notary Public, residing at Olympia
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by Mabel T. Eeder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1941

FEB 13 1962

AUG 19 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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239-102-028-414 325663

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 10 1941

State File No. 325663
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Worley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Worley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Worley Id.

4. FULL NAME OF CHILD Arnold Victor Strand

5. Date of Birth of Child (Month, day, year) Dec. 2, 1913

6. Sex Male **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Gustav Reinholt Strand
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Norway. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Alma Christena Madison
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Rockford Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, [redacted]) at 12 a.M. on the date and at the place stated above, and that personal particulars were furnished by Marie (First name) Anderson (Last name) who is related to this child as aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Marie Anderson M.D. Midwife Address Worley. Idaho Date Dec 8 1913

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1941 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

R-12-41

389 125 001 414

325784

United States Department of Commerce Bureau of the Census

DEC 16 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325784
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. Route 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Reynold Thiel

5. Date of Birth of Child (Month, day, year) May 25, 1913

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9 months Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Thiel
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Saratov (City or town) Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dorothy Dautfest
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Saratov (City or town) Russia (State or foreign country)
20. Exact Occupation Farmers wife
21. Industry or Business agriculture

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Dorothy (First name) Thiel (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Christina Marie Rudolph M.D. Midwife Address Box 573 Meridian, Ida. Date Dec. 16, 1941

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dorothy Thiell ..... Signature
Kuna, Idaho Route 1 ..... P. O. Address

Subscribed and sworn to before me this 16 day of December, 1941.

(SEAL) S Samartin ..... Notary Public, residing at Kuna Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel H. Edlefsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 385-215022-255

United States
Department of Commerce
Bureau of Census DEC 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 325841
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Sirilda
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Darrow
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address St Anthony Ida.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ada Cherry

5. Date of Birth (Month, day year) Jan 15 1943

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles William Cherry
11. Color or Race White 12. Age at time of THIS birth ..... yrs.
13. Birthplace ..... (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Jane Bennett
17. Color or Race White 18. Age at time of THIS birth ..... yrs.
19. Birthplace ..... (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 11 (c) Born alive and now dead 2 (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) DEC 15 1941 (Date received) (b) Mabel F Eeler (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature E. L. Hargis M.D. (D.O., Midwife, etc.) and address Ashton Ida Date 10-24-41

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325860

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

DEC 15 1941 STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Bonner's Ferry Hospital
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No. x
(e) How long has **MOTHER** lived in Idaho? 11 yrs.
(f) Mother's mailing address Spokane Wash

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD John Norval Davis

5. Date of Birth (Month, day year) May 3rd 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Abel Segal Davis

11. Color or Race White **12.** Age at time of THIS birth 48 yrs. (almost)

13. Birthplace ..... (City or town) ..... (State or foreign country)

14. Exact Occupation U.S. Immigrant Inspector

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Carolyn Pate

17. Color or Race White **18.** Age at time of THIS birth 30 yrs.

19. Birthplace Junction City Kansas (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2. (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as .....

26. (a) DEC 15 1941 (Date received) (b) ..... (Mother, etc) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington } ss.
County of Whatcom }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Abel Segal Davis and Mrs. A. S. Davis, being first duly sworn, say that I am the are related to John Norval Davis (Related to (or) acquainted with) (Name of person on certificate above) as father and mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. E. E. [illegible] (Name of attendant at birth), who attended said birth [illegible] (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Abel Segal Davis Signature
Lynden Wash P. O. Address

Subscribed and sworn to before me on this 12th day of December, 1941

(SEAL) [illegible] Notary Public, residing at Lynden Wash

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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X 632.125 044-215

United States Department of Commerce
Bureau of the Census

DEC 19 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325884
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City
   (d) Street Address or R.F.D. No. Weiser, Idaho
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Paul Grant Olson

5. Date of Birth of Child (Month, day, year) Aug. 25, 1913

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Christian Olson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Aalborg (City or town), Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Naomi Sanders
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Monroe (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Payette }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 28 years, and that there was no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Christian Olson Signature

Payette, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941

(SEAL) Helen F. Brown Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ____ by Maud H. Geller, Registrar.

DEC 17 1941

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

DEC 15 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325915
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Homedale
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 11 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Homedale
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 11Mo. 8 da yrs.

3. **RESIDENCE OF FATHER** (city, state) Homedale, Idah

4. **FULL NAME OF CHILD** Lorrain William Upton

5. Date of Birth of Child (Month, day, year) Aug. 20, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John William Upton
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Pomeroy (City or town) Wash. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Nelson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Pomeroy (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Owyhee }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Dr. [illegible]Reynolds (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. W. Upton
Signature

Homedale, Idaho
P. O. Address

Subscribed and sworn to before me this 15th day of December, 19 41.

(SEAL) M. H. Robinson
Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 15 1941 by Mavel H. Eddy, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 18 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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325945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 325945
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County PLAINE (b) City CAREY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 3 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County PLAINE
(c) City CAREY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) BAKER ORE.

4. FULL NAME OF CHILD CHARLES DEWAINE HALE

5. Date of Birth of Child (Month, day, year) OCT 7, 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME CHARLES EZRAY HALE

11. Color or Race WHITE

12. Age at time of THIS birth 37 yrs.

13. Birthplace HUPPER (City or town) UTAH (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business NONE

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY LUCENA MOORE

17. Color or Race WHITE

18. Age at time of THIS birth 26 yrs.

19. Birthplace WILSBURO (City or town) NORTH CAROLINA (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business NONE

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10 P.M. on the date and at the place stated above, and that personal particulars were furnished by MARY (First name) HALE (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Miss John Howard (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lucena Moore (Signature)

P. O. Address

Subscribed and sworn to before me this 17 day of December, 1941.

(SEAL) P. D. Leeper Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 27-1941 by Mabel H. Leeper, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 2 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-127025-859

326116

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Riggins
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Riggins
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Riggins, Idaho

4. FULL NAME OF CHILD Karl Soards

5. Date of Birth of Child (Month, day, year) March 27, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Royston J Soards

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Lees Summit (City or town) Missouri (State or foreign country)

14. Exact Occupation Mining

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cassie L. Herrington

17. Color or Race White

18. Age at time of THIS birth yrs.

19. Birthplace Cable (City or town) Missouri (State or foreign country)

20. Exact Occupation House-Wife & School Teacher

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at March 27 1913 A.M. on the date and at the place stated above, and that personal particulars were furnished by Beatrice Mc Laughlin (First name) (Last name) who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 28 years, and that Mrs (First name) Edmondson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Beatrice M. Mc Laughlin Signature
390 1/2 E. Princeton ave P. O. Address

Subscribed and sworn to before me this 16 day of Dec, 1941.
(SEAL) X Notary Public, residing at Spokane, Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 20-1941 by Mabel H Eeles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1975

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-103004 864

United States
Department of Commerce
Bureau of the Census

DEC 22 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 326143
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bingham (b) City Taylor
   (c) Street Address or R.F.D. No. 1-T Shelley.
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home At home Days
   In **THIS** county 13 years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Taylor
   (d) Street Address or R.F.D. No. 1 Shelley
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.
   (f) Mother's mailing address (For registration notice):
   Shelley (Street or R.F.D.) R 1 (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marion Lee Priest

5. **DATE OF BIRTH** (Month, day, year) 12-3-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wm C. Priest

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Ogden Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business At home

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel J. Young

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Kanara Utah
(City or Town) (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business At home

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 6 a M. on the date and at the place stated above, and that personal particulars were furnished by Mabel J Priest (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN signature** Edwin Carter M.D. (D.O., Midwife, etc.)
and address Shelley Ida Date 12-8-41

26. (a) DEC 22 1941 (Date received) (b) Mabel H Keeler (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

Sybil Crabb before me this 8th day of Dec, 1941.
H. Lyman Leisek, Notary Public, Idaho Falls, Ida.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DUP OF 13-18798

DELAYED DUP OF 1913-18798

156-112-039-315

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO DEC 16 1941

State File No. 327109
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 373 Van Buren
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD David Edwin Jeffries

5. Date of Birth of Child (Month, day, year) Nov. 12, 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME David Blair Jeffries
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Mt. Pleasant (City or town), Ohio (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Edith Lanham
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Louisville (City or town), Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3 yrs 8 2 mo

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:10 A.M. on the date and at the place stated above, and that personal particulars were furnished by David B Jeffries (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature V H Logan M.D. ~~Midwife~~ Address American Falls Date 12-12-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1941 by Mabel H Eccles, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 23 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763-129-039-342

327200

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 15 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John Kenneth Pollard

5. Date of Birth of Child (Month, day, year) April 29, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Oliver William Pollard
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Huntsville (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Auril Lusher
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Cambria (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Auril Pollard (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Fogen M.D. ~~Midwife~~ Address Cumberland Falls Date 12-12-41

State of) ss.
County of)

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Clyde A Bridges acting, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 26 1941

DEC 29 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856-12-0033-859

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census DEC 22 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327229
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 1 years 10 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Rexburg, Idaho

3. RESIDENCE of FATHER (city, state) Rexburg, Ida

4. FULL NAME OF CHILD David Heffel

5. Date of Birth (Month, day year) 12 21 1913

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David Heffel
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace New Wiemar (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Heintz
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Straussburg (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business -

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Clyde G. Bridges (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Wisconsin
County of Milwaukee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Anna Heffel, being first duly sworn, say that I am related to (Related to (or) acquainted with) Dave Heffel (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Pile (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Anna Heffel Signature
226 W Pierce St. P. O. Address

Subscribed and sworn to before me on this 16th day of December 1941

(SEAL) Alfred Raetz Notary Public, residing at Milw. Wis.

Commission Expires July 11 19 3

DEC 26 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

667-109-005-295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 28 1941 DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327255
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Tensed
(c) Street Address or R.F.D. No. ---------
(d) Name of Hospital or Maternity Home: --- ------- ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Tensed
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Tensed, Idaho

4. FULL NAME OF CHILD Benjamin Franklin Fox

5. Date of Birth of Child (Month, day, year) 11--9--1913

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Jacob Fox
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Werschinsca (City or town) Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elisabeth Kinsfather
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Oleschna (City or town) Russia (State or foreign country)
20. Exact Occupation HouseWife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8, 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 28 years, and that [illegible]rine Schaeffer (First) (Last name), who attended this birth is deseased (Is now deceased) or (Cannot be located) I further state that the fa[illegible] certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapt[illegible] 1937 Session Laws.

Louis Fox Signature
Tensed, Idaho, P. O. Address

Subscribed and sworn [illegible] before me this 22nd day of November, 1941
(SEAL) [illegible] Notary Public, residing at Tensed, Idaho,
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 28 1941 DEC 26 1941 by Clyde A Bridges Actg, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 27 1941

OCT 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

562-114-037-749

327351

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

DEC 30 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327331
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. at home
In **THIS** county years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
(f) Mother's mailing address Bruneau, Idaho

3. **RESIDENCE of FATHER** (city, state): Bruneau, Ida

4. **FULL NAME OF CHILD** Grant Noble.

5. Date of Birth (Month, day, year) March 14, 1913

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Francis Noble
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Muskeegan, Michigan (City or town) (State or foreign country)
14. Exact Occupation farming-stockraising
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dollie Purjue
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Cambridge, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 30 1941 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Owyhee } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Dollie Purjue Noble, being first duly sworn, say that I am related to (Related to (or) acquainted with) Grant Noble (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Doctor Mather (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

x Dollie Purjue Noble Signature

Bruneau, Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of December, 19 41

(SEAL) Notary Public, residing at Bruneau, Idaho

JUN 29 1959

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-210-001-912 327334

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327334
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Idaho

4. FULL NAME OF CHILD Frances Ann Schmitz

5. Date of Birth of Child (Month, day, year) 3-10-13

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank A. Schmitz
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Mapleton (City or town) Kansas (State or foreign country)
14. Exact Occupation M. D.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Elizabeth Rasdall
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Leavenworth (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, still born) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by Anna E Schmitz (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Dr. Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna E Schmitz Signature
407 E. Main St., Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of December, 1941
(SEAL) Cecille Reynolds Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 31-1941 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

177 127 036 444

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 327452
Local Reg. No.
Reg. Dist. No.

DEC 19 1941

1. PLACE OF BIRTH:
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad (Daniels farm)
(d) Street Address or R.F.D. No. Box 586
(e) How long has MOTHER lived in Idaho? 25 yrs.
(f) Mother's mailing address Malad Ida

3. RESIDENCE of FATHER (city, state): Malad Ida

4. FULL NAME OF CHILD William Dudley Apgood
5. Date of Birth (Month, day, year) Sept. 27, 1913
6. Sex male
7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. FULL NAME Frank Leslie Apgood
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Wanship (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Dudley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace ~~Malad~~ Emery (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) DEC 19 1941 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Moses Dudley, being first duly sworn, say that I am Related (Related to (or) acquainted with) William Dudley Apgood (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Elizabeth Hutchinson (Name of attendant at birth), who attended said birth Is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Moses Dudley ..... Signature
Malad City Idaho ..... P. O. Address

Subscribed and sworn to before me on this 18 day of December, 1941

(SEAL) Marie Billingsley Notary Public, residing at Malad Ida

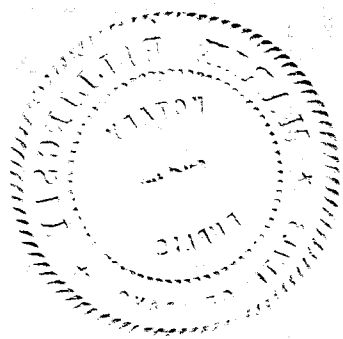
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 753-112 022-689

United States
Department of Commerce
Bureau of Census

DEC 26 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County FREMONT (b) City ST ANTHONY
(c) Street Address or R.F.D. No. NO NUMBER
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home 5 days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST ANTHONY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD DELOS-WHITTINGTON PECKENPAUGH
5. Date of Birth (Month, day year) APR-12-1913
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** DELOS- PECKENPAUGH
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace LOGAN (City or town) IOWA (State or foreign country)
14. Exact Occupation ACCOUNTANT
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BIRDIE ELLEN WHITTINGTON
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace FORT COLLINS- COLO (City or town) (State or foreign country)
20. Exact Occupation TEACHER.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) DEC 26 1941 (Date received) (b) Mabel F Ellen (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Monterey } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, BIRDIE E FENN, being first duly sworn, say that I am MOTHER. (Related to (or) acquainted with) Delos Whittington Peckenpaugh (Name of person on certificate above) as son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. MALOTTE (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Birdie E Fenn Signature
125 Winham St. Salinas Calif. P. O. Address

Subscribed and sworn to before me on this 20 day of December 1941
(SEAL) Edgar Forest Notary Public, residing at Salinas

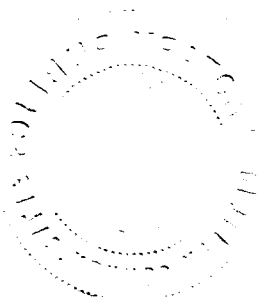
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



763 131 008 464 327532

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 18 1941

State File No. 327532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Ola Idaho

4. FULL NAME OF CHILD Clarence Joel Potter

5. Date of Birth of Child (Month, day, year) Oct. 31st 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joel Potter
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Coffeyville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Marybelle Douglas
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Smithville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 28 years, and that Jane Bailey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Belle Douglas Potter Signature
Ola, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of December, 1941
(SEAL) [signature] Notary Public, residing at Emmett, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 18 1941 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318 707 007 689 327554

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327554
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No. Main
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 9 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Hailey
(d) Street Address or R.F.D. No. -
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Hailey, Ida

4. FULL NAME OF CHILD Richard Lloyd Taylor

5. Date of Birth of Child (Month, day, year) Dec 7, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Andrew Taylor
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Rogersville Tennessee (City or town) (State or foreign country)
14. Exact Occupation Section Hand on S.L.P. Railroad
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mollie White
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Richwood W. Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Ida
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mollie White Taylor Signature
530 So 13th St Boise Ida P. O. Address

Subscribed and sworn to before me this 31 day of Dec, 19 41

(SEAL) Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Commission Expires Nov 15 1942

Received for filing on Dec 31 - 1941 by Mabel Treleven, Registrar.

DEC 31 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 29 1952

269 226-006-433

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

327574

CERTIFICATE OF BIRTH

DEC 19 1941

1. PLACE OF BIRTH

County of Bingham

City of Basalt Idaho

No. ..... St.

(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Gwendolyn Delaris Sorenson

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature no Full term yes

7. Legitimate? yes

8. Date of birth June 26, 1913 (Month, Day, Year)

FATHER

9. Full name Neil M Sorenson

10. Residence (usual place of abode) (If non-resident, give place and State) .....

11. Color or race White | 12. Age at last birthday 34 (years)

13. Birthplace (city or place) (State or Country) Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work 10 yrs

MOTHER

18. Full maiden name Nellie Ida McLean

19. Residence (usual place of abode) (If non-resident, give place and State) Blackfoot

20. Color or race White | 21. Age at last birthday 25 (years)

22. Birthplace (city or place) (State or Country) Iowa State

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Teacher & House wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work 3 yrs Teaching

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Argyol

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at ..... m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Mrs. Elizabeth J. Rappleye, M. D.

or Midwife, Midwife

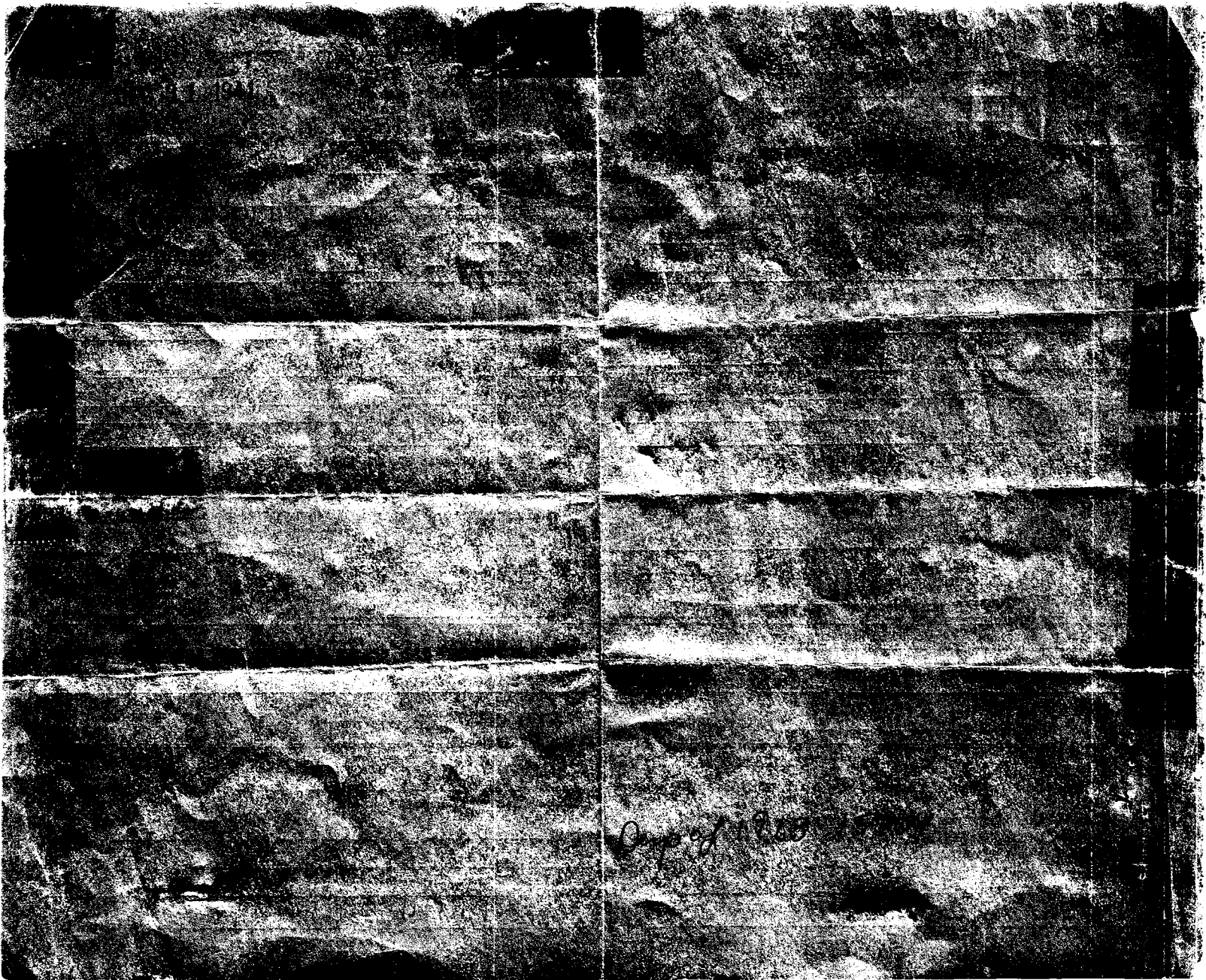
Address Idaho Falls R. 8, Idaho

Give name added from a supplemental report ..... (Date of) .....

Filed now DEC 19 1941, 193.. Mabel [illegible] Registrar.

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.



255-222030-253

327578

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH DEC 26 1941
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 4 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Salmon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Salmon Ida

4. FULL NAME OF CHILD Mata Carrie Bennett

5. Date of Birth of Child (Month, day, year) 3/22/13

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Theodore Bennett
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Ashmore (City or town) Ill. (State or foreign country)
14. Exact Occupation Trucking
15. Industry or Business Own Truck.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Emily Kelly
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Dykes (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that Dr. Chas F. Hammer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Bennett Signature
Salmon Idaho P. O. Address

Subscribed and sworn to before me this 22 day of December, 1941

(SEAL) [signature] Notary Public, residing at Salmon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 26 1941 by Mary F. Keefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 26 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Blaine
(a) County ~~Camas~~ (b) City Fairfield
(c) ~~Street Address~~ or R.F.D. No. 129
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Camas~~ Blaine
(c) City Fairfield
(d) ~~Street Address~~ or R.F.D. No. 129
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Fairfield, Idaho.

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Laura Viola Peck

5. Date of Birth (Month, day year) Dec. 27, 1913.

6. Sex F.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Peck
11. Color or Race wht
12. Age at time of THIS birth 33 yrs.
13. Birthplace Boise, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Elizabeth Lambeth
17. Color or Race wht
18. Age at time of THIS birth 22 yrs.
19. Birthplace Gooding, Idaho. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 1 (d) Stillborn 1
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Laura Peck (First name) (Last name), who is related to this child as mother (Mother, etc.)
26. (a) DEC 26 1941 (Date received) (b) Mabel Y Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature D P Higgs M.D. (D.O., Midwife, etc.) and address 335-G-St., ChulaVista, Cal. Date 12/12/41.

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

DEC 30 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327646
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Ola
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Ola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ola, Idaho

4. **FULL NAME OF CHILD** ALBERT MEARL LAPPIN

5. Date of Birth of Child (Month, day, year) Sept. 1, 1913.

6. Sex male

7. Twin or Triplet neither

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clay Elmer Lappin
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Rosetta, (City or town) Colorado (State or foreign country)
14. Exact Occupation farm laborer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Videla Kimball
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Harper, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Videla Lappin (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Maude Kimball Lappin Midwife Address Ola, Idaho, then Emmett, Idaho, now Date 12/27/41

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 30 1941 by Mabel H. Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County LEWIS (b) City THEN ILO, NOW CRAIGMONT
(c) Street Address or R.F.D. No. RFD No 1
(d) Name of Hospital or Maternity Home: BORN AT PARENT'S HOME
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State IDAHO (b) County LEWIS
(c) City THEN ILO, NOW CRAIGMONT
(d) Street Address or R.F.D. No. RFD NO 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.
(f) Mother's mailing address DECEASED

3. RESIDENCE of FATHER (city, state) CRAIGMONT, IDA

4. FULL NAME OF CHILD WILLIAM JOHNSON

5. Date of Birth (Month, day year) NOV. 3, 1913

6. Sex MALE 7. Twin or Triplet NO If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK J. JOHNSON
11. Color or Race WHITE 12. Age at time of THIS birth 32 yrs.
13. Birthplace MORDEN (City or town) MANITOBA, CANADA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LENA NICHOLS
17. Color or Race WHITE 18. Age at time of THIS birth 28 yrs.
19. Birthplace MORDEN (City or town) MANITOBA, CANADA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Jan 2 - 1942 (Date received) (b) Mabel T. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of ~~HOO~~ OREGON
County of HOOD RIVER } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, JOHN JOHNSON, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) WILLIAM JOHNSON (Name of person on certificate above) as OLDER BROTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that DR. BURKE (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

John Johnson Signature
Craigmont Idaho P. O. Address

Subscribed and sworn to before me on this 15th day of Nov 1941
(SEAL) B. Emery Notary Public, residing at Hoodriver Ore.
My commission expires May 12, 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 6 1942

State File No. 327726
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1166 River St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1166 River St.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Betty Johanna Olson

5. Date of Birth of Child (Month, day, year) Sept-6th 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Olson
11. Color or Race White 12. Age at time of THIS birth ..... yrs.
13. Birthplace Stavanger (City or town) Norway (State or foreign country)
14. Exact Occupation Street Foreman
15. Industry or Business City of Boise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johanna Daarthea Olson
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Stavanger (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Johanna (First name) Olson (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Ralph Falk M.D. ~~Midwife~~ Address Boise Date 9/6-1913

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 181
Reg. Dist. No. 541

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Whitney
(c) Street Address or R.F.D. No. R 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Whitney Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Whitney Idaho

4. FULL NAME OF CHILD Ronald A. Dursteler

5. Date of Birth of Child (Month, day, year) Oct 15 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arnold Dursteler
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Whitney Idaho (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Swaniston
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Whitney Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11: A. M. on the date and at the place stated above, and that personal particulars were furnished by Ethel Dursteler (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known [redacted] for life years, and that Dr. Paige Parkinson (First name) (Last name), who attended this birth, [redacted] (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rothet Dursteler Signature

Preston, Idaho, R. #1 P. O. Address

Subscribed and sworn to before me this 29 day of Dec., 1941

(SEAL) [signature] Notary Public, residing at Preston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 24 1941 by [signature] G. W. Hale, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 5 1942

State File No. 327829
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minnadoka (b) City Eden
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minnadoka
(c) City Eden
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Rt.1, Eden, Idaho

4. FULL NAME OF CHILD Kenneth Stanley Berry

5. Date of Birth of Child (Month, day, year) Aug. 17, 1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James William Berry
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Georgetown, Colo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming for himself

MOTHER OF CHILD

16. FULL MAIDEN NAME Violet Ruby Haye
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Montesano, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none used

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Mrs. John Warrington (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Violet Ruby Berry Signature
Route 7, Yakima, Washington P. O. Address

Subscribed and sworn to before me this 23rd day of December, 19 41.

(SEAL) Thomas Swanger Notary Public, residing at United States Commissioner at Yakima, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel H. Geller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469-201 C03 = 35

327879

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Lago
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Lago, P.O.
(d) Street Address or R.F.D. No. P O
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
(f) Mother's mailing address Lago, Idaho

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Coral Karine Morehead

5. Date of Birth (Month, day year) Aug. 1, 1913

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Claiborn Morehead
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Ann Stephenson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Adamsville (City or town) Utah (State or foreign country)
20. Exact Occupation Home Maker house wife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7 (c) Born alive and now dead 3 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Daniel C Morehead (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) Mabel F Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Daniel Claiborn Morehead, being first duly sworn, say that I am related to (Related to (or) acquainted with) Coral Karine Morehead (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that no one (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Daniel Claiborn Morehead Signature
1247 W. 48th St., Los Angeles, Cal. P. O. Address

Subscribed and sworn to before me on this 22nd day of Dec 1941
(SEAL) Evelyn Memler Notary Public, residing at Los Angeles, Cal

My Commission Expires April [illegible]

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-211022-799 327908 327908

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 21 years 11 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Rexburg
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Taylor Idaho

4. FULL NAME OF CHILD Cora Isabell Priest

5. Date of Birth of Child (Month, day, year) May 11 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Thomas Priest
11. Color or Race White 12. Age at time of THIS birth 24 yrs.
13. Birthplace Taylor (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Priest
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Rexburg (City or town) Idaho R#1 (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, ~~stillborn~~) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature Ida B. Jones ~~M.D.~~ ~~Midwife~~ Address Rexburg Idaho Date

State of..... }ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature
.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 8 - 1942 by Mabel F Geeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 5 1942

327965

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 327965
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 3 4 yrs.

3. **RESIDENCE OF FATHER** (city, state), 3 years

4. **FULL NAME OF CHILD** John T Flynn

5. Date of Birth of Child (Month, day, year) 1/3/1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Francis Flynn
11. Color or Race Irish
12. Age at time of THIS birth 40 yrs.
13. Birthplace R.F.D. 1 (City or town) Coeur d'Alene Idaho (State or foreign country)
14. Exact Occupation Colonel (Co Supervisor Idaho Forest Reservation)
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Sullivan
17. Color or Race Irish
18. Age at time of THIS birth yrs.
19. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 3 4 M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Placer }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 2 years, and that W. W. Dwyer (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Francis Flynn Signature

Roseville c/o S. P. Hospital Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of January 1942

(SEAL) Madge King Notary Public, residing at Placer County, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MADGE KING NOTARY PUBLIC IN AND FOR PLACER COUNTY, STATE OF CALIFORNIA MY COMMISSION EXPIRES AUG. 1, 1943

Received for filing on JAN 5 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942

United States 42-211
Department of Commerce 639-755
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328046
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) American Fall

4. FULL NAME OF CHILD Ida Alice Adkins.

5. Date of Birth of Child (Month, day, year) 11, 11, 1913

6. Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Harmon Adkins
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Linnie Lee Pennington
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Dewdrop (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Linnie (First name) Adkins (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lidia Milsh M.D. Midwife Address American Falls Ida Date 12-4-41

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Maud Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 9 1942

APR 8 1942

JUL 10 1944

JAN 23 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 713 203 622 533

JAN 7 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328083
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Life years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Beatrice Bateman

5. Date of Birth of Child (Month, day, year) 9-3-1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** D. LeRoy Bateman
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Burkinshaw Elliott
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Salt Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for Life years, and that Dr. Elevins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Geo. O. Elliott Signature
1314 Yale Ave., Salt Lake City, Utah P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1941
(SEAL) Notary Public, residing at Salt Lake City Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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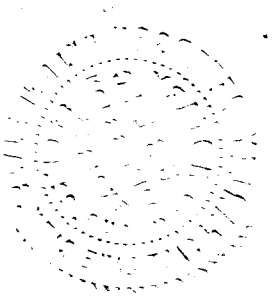

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

181-277028 JAN 8 1942 328122

United States 465
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** KOOTENAI
(a) County [redacted] (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. at home
IN **THIS** county 8 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County [redacted]
(c) City Plummer KOOTENAI
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Plummer, Ida.

3. **RESIDENCE of FATHER** (city, state) Plummer, Ida

4. **FULL NAME OF CHILD** Harriet Louise Wyatt

5. Date of Birth (Month, day year) Apr. 27, 1913.

6. Sex Female

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Phil Alfred Wyatt
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Rockford (City or town) Iowa (State or foreign country)
14. Exact Occupation Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Genora Monserud
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Waterville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4 (c) Born alive and now dead 5 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) JAN 8 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Stella Wyatt, being first duly sworn, say that I am mother (Related to (or) acquainted with)
Harriet Louise Wyatt (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that the doctor and nurse (Name of attendant at birth) who attended said birth are now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Stella Genora Wyatt Signature
S 819 Ivory, Spokane, Washington, P. O. Address

Subscribed and sworn to before me on this second day of December, 19 41

(SEAL) [signature] Notary Public, residing at Plummer, Idaho.

JAN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 8 1942 753 231 009449

328127

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 417 Mich. St
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 417 Mich. St
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Helen Elizabeth Peterson

5. Date of Birth of Child (Month, day, year) March 31, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** C. C. Peterson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Forestville (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Road contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Murray
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rathdrum (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Dr. Malcolm McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Peterson Signature
Sandpoint Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942

(SEAL) [signature] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

9 1942

Dup of 1913-13862

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

282-1/2 240-355

328215

328215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328215
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Poplar
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Poplar
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Poplar Idaho

4. FULL NAME OF CHILD Stanley Raymond Bybee

5. Date of Birth of Child (Month, day, year) Feb. 22, 1913

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9, **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Stanley Raymond Bybee
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Lenan, Jefferson Co. Idaho (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Lavenia Lee
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Lenan (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Mrs Bessie Reeson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lavenia Bybee (Signature)
1714 Dora St Boise Id. P. O. Address

Subscribed and sworn to before me this 12th day of January, 1942

(SEAL) Marion E. Ow Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 12-1942 by Mabel H Reed, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 328222

United States 492-113 (10-253) (Be sure the information is as of date of birth of THIS child) State File No. 328222
Department of Commerce Local Reg. No.
Bureau of the Census Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. R F D # 2
(d) Name of Hospital or Maternity Home: BORN AT HOME OF PARENTS
(e) Mother's stay **BEFORE** delivery: Resident
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. R F D # 2
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Merlin Ruben Miskin

5. Date of Birth of Child (Month, day, year) Apr. 13, 1913

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ar thur Richard Miskin
11. Color or Race white 12. Age at time of THIS birth 37 yrs.
13. Birthplace St. John (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer (at time of birth)
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luvina Velate Belnap
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Hooper (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Arthur R. (First name) Miskin (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 16 '42

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOISE, IDAHO

386/123 027 573

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH JAN 3 1942
STATE OF IDAHO

State File No. 328257
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Helmer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Helmer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Helmer, Ida.

4. FULL NAME OF CHILD Chris Thom

5. Date of Birth of Child (Month, day, year) 4/23/1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Pete Thom
11. Color or Race white
12. Age at time of THIS birth 46 yrs.
13. Birthplace Jena, Germany (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Vater
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Haale, Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 28 years, and that not (First name) known (Last name) who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Thom. Signature

P. O. Address

Subscribed and sworn to before me this 29 day of December, 19 41

(SEAL) Nora Luther Notary Public, residing at Everett.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mabel H Edlund, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 7 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the ~~nearest of kin or~~ guardian, or some person having direct knowledge in the premises.

JAN 13

296-117042-791

United States
Department of Commerce
Bureau of Census JAN 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328262
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Rogerson
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. at Home
IN THIS county years 22 month 2 days 12

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Rogerson
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 22 yrs.
(f) Mother's mailing address Rogerson

3. RESIDENCE of FATHER (city, state) Rogerson Idaho

4. FULL NAME OF CHILD Vaughn Cleo Brown

5. Date of Birth (Month, day year) Jan 12 1913

6. Sex Mail

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herbert Lee Brown
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Baisen (City or town) Wyo (State or foreign country)
14. Exact Occupation Cow Man
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ruth Gray
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Rock Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Farm Girl
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living X
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11 a M. on the date and at the place stated above, and that personal particulars were furnished by Susan Gray (First name) (Last name), who is related to this child as grand mother (Mother, etc.)

26. (a) Jan 12 1913 (Date received) (b) Mabel T Elder (Registrar's signature)
27. Given name added on ..... by Parents (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary Ruth Brown, being first duly sworn, say that I am ~~Father~~ Mother of (Related to (or) acquainted with) Vaughn Cleo Brown (Name of person on certificate above) as mother of (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that my mother (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Ruth Brown Signature
P. O. Address

Subscribed and sworn to before me on this 11th day of December, 1941
(SEAL) Rodney V Wright Notary Public, residing at Big Bear Lake California

JUSTICE OF THE PEACE

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

7

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

328278

1. PLACE OF BIRTH
County of Washington
City of Weiser
No. ..... St.
Farm Residence
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Eldon Jay Parke

3. Sex Male | If plural births: 4. Twin, triplet, or other ✓ 5. Number, in order of birth 4 | 6. Premature ✓ Full term 4 es | 7. Legitimate? 4 es | 8. Date of birth Aug 6, 1913 (Month, Day, Year)

FATHER
9. Full name Alvy Judson Parke
10. Residence (usual place of abode) (If non-resident, give place and State) Weiser
11. Color or race White 12. Age at last birthday 25 (years)
13. Birthplace (city or place) (State or Country) Pullman Washington USA

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. own Farm
16. Date (month and year) last engaged in this work Sept, 1921
17. Total time (years) spent in this work ~~10~~ 2

MOTHER
18. Full maiden name Effie May Attebery
19. Residence (usual place of abode) (If non-resident, give place and State) Weiser
20. Color or race White 21. Age at last birthday 29 (years)
22. Birthplace (city or place) (State or Country) Touchet Washington U.S.A.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work Dec., 1941
26. Total time (years) spent in this work ~~8/5~~ 7

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 4
(a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 0

29. If stillborn, period of gestation ✓ months or weeks ✓
30. Cause of stillbirth ✓ Before labor ✓ During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born Alive or Stillborn) at 10 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) Alvy Judson Parke ~~M.D.~~
or ..... ~~Midwife~~
Address Castle Rock, Washington

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed ....., 193 Mabel T Eldon Registrar.

WRITE PL... UNF... ...ANK—THIS IS A P...MANENT RECORD. N. B.—In case of more than one child ...rth a Separate R... must be made for each, and the number of each, in order of birth stated

72-166044-133

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

DEC 20 1941

State of Washington
County of Cowlitz } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Alvy Judson Parke being first duly sworn says that he is the father of Eldon Jay Parke
(Relationship of child)*

born August 6th 1913 at Weiser, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under **Chapter 139—1937 Session Laws of Idaho**; and affiant further states that the facts contained in the certificate of birth of the said Eldon Jay Parke hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that no (Mrs William Attebery) ~~M. D. was the~~ Midwife medical attendant at the birth of said Eldon Jay Parke and that the said medical attendant is Deceased
(Now deceased (or) cannot be located)

Name of Affiant Alvy Judson Parke

P. O. Address Castle Rock, Washington

Subscribed and sworn to before me this 18th day of December, 1941

[signature]
NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON
RESIDING AT CASTLE ROCK.

Notary Public.

Residing at

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

MAR 14 1972

432-220035-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328286
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nezperce (b) City Spalding
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: - at Home -
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Spalding
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Spalding, Idaho

4. FULL NAME OF CHILD Wanda Neoma McBride

5. Date of Birth of Child (Month, day, year) Sept. 20 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Alvin McBride
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Washington County Pennsylvania (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary D. Hazen
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Columbia County, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Kitsap } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that Mrs. John Simington (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Lee McBride Signature
Box 452 Pt. Orchard, Wash. P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942
(SEAL) Herbert Haas Notary Public, residing at Pt. Orchard, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1961

957 202 C 33168

Duplicate of 18094

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328295
Local Reg. No.
Reg. Dist. No.

Madison

1. **PLACE OF BIRTH:**
(a) County Madison (b) City Sugar
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address
3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Irene Ingram
5. Date of Birth (Month, day, year) 2nd July 1913
6. Sex. Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 Mo
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Albert Ingram
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Henryville (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Rozelphia Johnson
17. Color or Race white
18. Age at time of THIS birth 29 years
19. Birthplace Hillsdale (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 2 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho }
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary R Ingram, being first duly sworn, say that I am related (Related to (or) acquainted with) Ruby Irene Ingram (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above and that I desire to have the said birth recorded under Chapter 189, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. C. Thompson (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary R Ingram Name
122 E. 16th St. Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 30 day of December

(SEAL) Jenny P. Nelson Notary Public, residing at Idaho Falls Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

671 12-5016-213

328301

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 7 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** George Ogata

5. Date of Birth of Child (Month, day, year) June 25, 1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Itaro Ogata
11. Color or Race Japanese
12. Age at time of THIS birth 41 yrs.
13. Birthplace Kumamoto Ken (City or town) Japan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sada Sacaguchi
17. Color or Race Japanese
18. Age at time of THIS birth 29 yrs.
19. Birthplace Kumamoto Ken (City or town) Japan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that J. M. (First name) Minter, M.D. (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sada Ogata Signature

Rt. #3 Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of January, 1942

(SEAL) [illegible] Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by Mabel H. Eller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 1 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 3 1942

328308

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Bonner (b) City Portfill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county years 5 month 7 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary Bonner
(c) City Portfill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 mo yrs.
(f) Mother's mailing address Portfill Ida

3. **RESIDENCE of FATHER** (city, state) Portfill Ida

4. **FULL NAME OF CHILD** Emma Elizabeth Austin

5. Date of Birth (Month, day, year) June 7-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman Noah Austin

11. Color or Race White

12. Age at time of THIS birth 23 yrs.

13. Birthplace Morristown Tenn.
(City or town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Alice Summers

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Marion Indiana
(City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

26. (a) JAN 3 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Boundary } ss.

I, Edna Austin, being first duly sworn, say that I am Mother (Related to (or) acquainted with) Emma Elizabeth Austin (Name of person on certificate above) as Daughter (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Midwife Cynthia Smith (Name of attendant at birth) who attended said birth is Deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna Austin Signature
Portfill Idaho P. O. Address

Subscribed and sworn to before me on this 5th day of December 1941

(SEAL) Henry A. French Notary Public, residing at Portfill, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

214 230-018 455

(If born in hospital or institution give name.)

JAN 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

328313

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Alice, Adeline, Sammons.

3. Sex Female

If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth .....

6. Premature ..... Full term .....

7. Legitimate? .....

8. Date of birth June 30, 1913 (Month, Day, Year)

FATHER

9. Full name John, Robert, Sammons.

10. Residence (usual place of abode) (If non-resident, give place and State) Idaho

11. Color or race White | 12. Age at last birthday 54 (years)

13. Birthplace (city or place) (State or Country) Sibley Missouri.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Sawmill

16. Date (month and year) last engaged in this work ....., 1940

17. Total time (years) spent in this work 12

MOTHER

18. Full maiden name Naomia, Meek.

19. Residence (usual place of abode) (If non-resident, give place and State) Idaho

20. Color or race White | 21. Age at last birthday 50 (years)

22. Birthplace (city or place) (State or Country) Dimond Lake. Washington.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House, Wife.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 2
(a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 1

29. If stillborn, period of gestation ..... months 5 or weeks

30. Cause of Stillbirth ..... During labor ..... Before labor yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at A m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

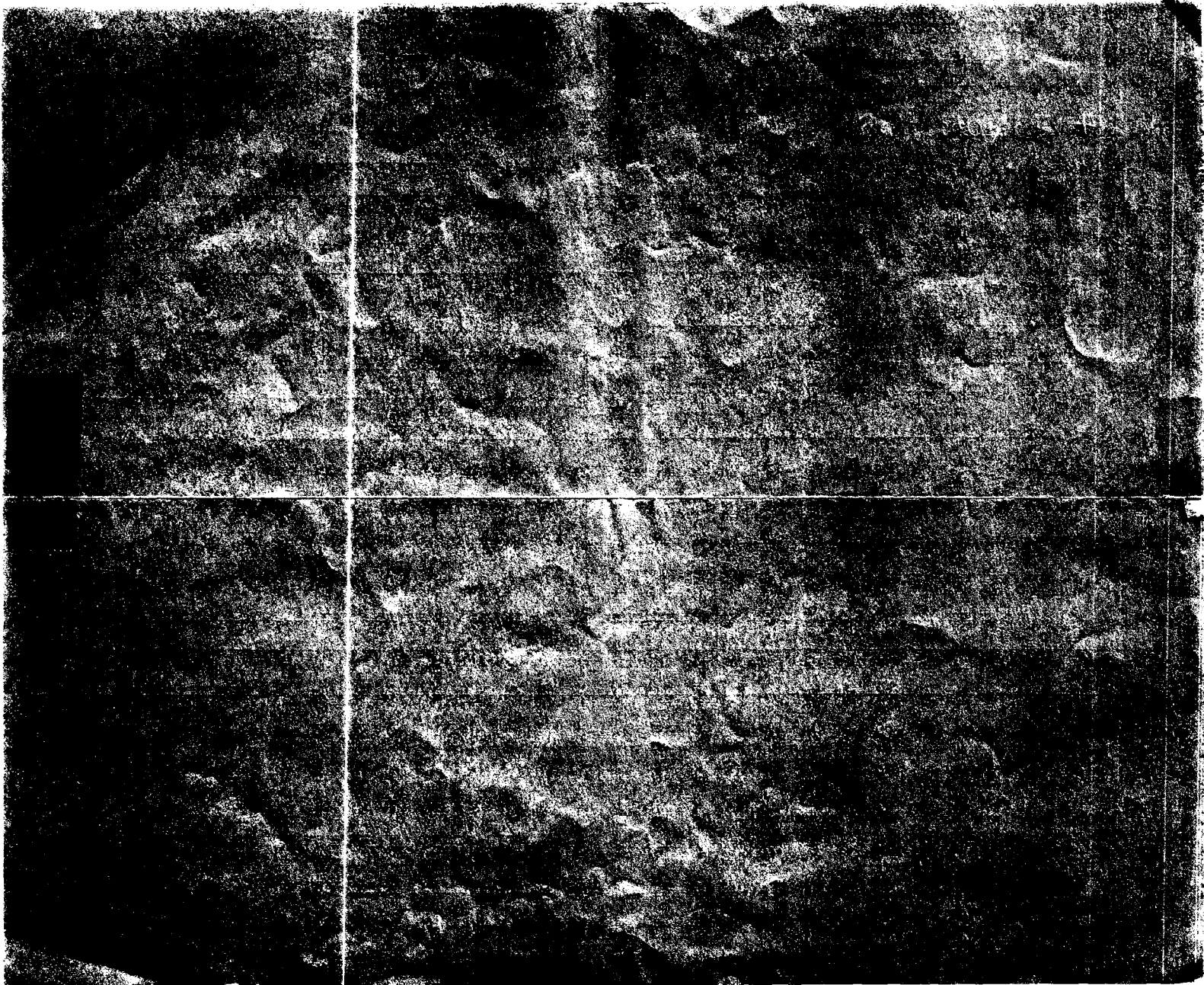
..... Registrar.

(Signed) ....., M. D.

or X Sarah Countermans, Midwife

Address X Bandon, Oregon

Filed JAN 6 1942, 193 Mabel F Elder Registrar.



JAN 7 1942 315-106 007 463

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328321
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Hailey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at our home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Leslie Glenn Lanning

5. Date of Birth of Child (Month, day, year) Feb 6, 1913

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Lanning
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Kansas, Coffee County (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Mock
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Wyoming, Dayton (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Lanning (First name) (Last name), who is related to this child as his mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all his life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gertrude Lanning Signature
Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 1941
(SEAL) [signature] Notary Public, residing at Shoshone, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the~~ purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 219 102044865

328340

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328340
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address ~~or R.F.D. No.~~ 1209 E. Main
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months 1 days 7

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) ~~Street Address or~~ R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Benjamin Melvin Bain

5. Date of Birth of Child (Month, day, year) June 2, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Ellis Bain
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Salubria (City or town), Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Edna Honnold
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Fort Collins (City or town), Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child ~~One~~ (b) Born alive and ~~now living~~ Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Washington } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that W. James Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie Edna Bain ..... Signature
620 E. Court Weiser Idaho ..... P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 42

(SEAL) D. J. Carter ..... Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

JAN 12 1942 419 704 CO7 867

328364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Blanchard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Blanchard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Blanchard, Idaho

4. FULL NAME OF CHILD Laurence Morton Maine

5. Date of Birth of Child (Month, day, year) 12/4/1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Morton D. Maine
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Genoa Junction Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May M. Hoisington
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr. B. J. Phillips (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W B Maine Signature
2107 Westlake Ave. P. O. Address

Subscribed and sworn to before me this 10th day of January 1942
(SEAL) M. Yeager Notary Public, residing at Seattle Wash.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1942 by Marvel Y Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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818 125 036 712

United States JAN 6 1942 (Be sure the information is as of date of birth of THIS child) State File No. 328429
Department of Commerce
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Holbrook
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Holbrook, Ida

4. FULL NAME OF CHILD Chester Hugh Hayes

5. Date of Birth of Child (Month, day, year) 11-25-1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Clarence William Hayes
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mount Aire (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Elecive Goss
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Millbrook (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 59 years of age, that I have known this person for 28 years, and that Ester Robins (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Minerva L Hayes Signature
Melba Idaho P. O. Address

Subscribed and sworn to before me this 30th day of December, 1941
(SEAL) Clay C Todd Notary Public, residing at Melba, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1942 by Marvel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-113018-418 328464

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328464
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home: Private Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City Fruitland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Fruitland, Idaho

4. FULL NAME OF CHILD Leslie Edward Reed

5. Date of Birth of Child (Month, day, year) May 13, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edward Reed
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Middlesex (City or town) England (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business Fruit Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet Rosa Day
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Tunwells (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Violet R Reed (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature W T Drysdale M.D. ~~Midwife~~ Address Nord. Misc. Vet. Admn. Date 1-12-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1942 by Mabel L. Eeifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JAN 13 1942 434/12/035-367

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328516
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. 1245 Idaho St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. 1245 Idaho St.
(e) How long has **MOTHER** lived in Idaho? 2 ¼ yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston / Idaho

4. FULL NAME OF CHILD James Joseph Mc Donald

5. Date of Birth of Child (Month, day, year) June 21, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alexander Mc Donald
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Pitlochry (City or town) Scotland (State or foreign country)
14. Exact Occupation Bridge Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Georgia Coppinger
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Montana } ss.
County of Cascade }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs — (First name) Robeson (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Georgia Mc Donald Signature
609 Eighth Ave No. Great Falls P. O. Address

Subscribed and sworn to before me this 9th day of Jan, 19 42

(SEAL) Bernard Murphy Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942 153715028 756 — 328536

United States (Be sure the information is as of date of birth of THIS child) State File No.
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census KOOTENAI STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Benewah~~ (b) City Desmet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Benewah~~ KOOTENAI
(c) City Desmet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Morris Antelope
5. Date of Birth of Child (Month, day, year) October 15, 1913
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Morris Antelope
11. Color or Race Indian
12. Age at time of THIS birth 49 yrs.
13. Birthplace Cataldo (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business None

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Agatha George
17. Color or Race Indian
18. Age at time of THIS birth about 47 yrs.
19. Birthplace Spokane, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was None (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Id aho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 29 years, and that Morris (First name) Antelope (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Philomina Michael Signature
Worley, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January, 1942
(SEAL) Wayne E. Mills Notary Public, residing at Worley Idaho
Comm Expires July 16 1944
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Mabel F Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 25 1963

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 10 1942 497-127 037-893

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328566
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rupert Idaho

4. FULL NAME OF CHILD Alvin Franklin Mix

5. Date of Birth of Child (Month, day, year) Nov. 7, 1913

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Morton Emerson Mix
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Hoyscheads (City or town) New York (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Viola Hill
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace (City or town) Illinois (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the cousin (Mother, etc.) of the person whose name appears in Item 1 above, that I am now 39 years of age, that I have known this person for 15 and his date and place of birth as a matter of family history since J. B. (First name) Kenady (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. both father and mother of applicant are deceased.

Florence C. Manning Signature
Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of January, 1942.
(SEAL) Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1942 by Mabel Y. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 9 1942 295 207 039 577

328573

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Ella Dorothy Breding

5. Date of Birth of Child (Month, day, year) Dec. 7, 1913

6. Sex Female

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hardy Z. Breding
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Holstein (City or town) Germany (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Edith Catherine Sophie Eggers
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Clinton (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 28 years, and that Dr. Richard F. Noth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith C. S. Eggers Breding Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of January, 19 42.

(SEAL) Notary Public, residing at RESIDING AT AMERICAN FALLS, IDAHO. MY COMMISSION EXPIRES OCTOBER 22, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JAN 9 1942 141 121 039 215

328731

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home on Ranch
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Rockland Ida.

3. RESIDENCE of FATHER (city, state) Rockland Ida

4. FULL NAME OF CHILD Bert John Adams

5. Date of Birth (Month, day year) November 21, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alanson R. Adams
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Greenville (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Jane Kane
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Chippewa Lake (City or town) Mich. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9 (c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was XX (born alive, stillborn) at Nov 21, 1913 M. on the date and at the place stated above, and that personal particulars were furnished by Alanson R Adams (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) JAN 9 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature Mrs. C M Confer M.D. (D.O., Midwife, etc.) and address American Falls Idaho Date 1/7/42

State of Oregon
County of Deschutes } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Alanson R Adams, being first duly sworn, say that I am Father to (Related to (or) acquainted with) Bert J Adams (Name of person on certificate above) as Son (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alanson R Adams Signature
Woodburn Oregon P. O. Address

Subscribed and sworn to before me on this 5th day of January 1942
(SEAL) Eleanor Becker Notary Public, residing at Bend Oregon

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 8 1942

United States 955-119 0351 (Be sure the information is as of date of birth of THIS child)
Department of Commerce 449
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328783
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County NEZ PERCE (b) City PECK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County NEZ PERCE
(c) City PECK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) PECK

4. FULL NAME OF CHILD EDWIN SHERIDAN RENCENBERGER

5. Date of Birth of Child (Month, day, year) JULY 18TH 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 MONTH

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDWIN G. RENCENBERGER
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace WABASH (City or town) INDIANNA (State or foreign country)
14. Exact Occupation STEAM ENGINER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FLORENCE E. MURPHY
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace GREENWOOD (City or town) ARKANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 28 years, and that Edwin G. Rencenberger (First name) (Last name) who attended this birth can not be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Rencenberger Nielsen Signature
Camas Wash P. O. Address

Subscribed and sworn to before me this 7 day of January 1942
(SEAL) John D. Turner Notary Public, residing at Camas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 8 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 19 1942

JAN 27 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-105-040-294

328788

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 2
Reg. Dist. No. 140

1. PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No. P. O. Box 111
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home home Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. P. O. Box 111
(e) How long has MOTHER lived in Idaho? 46 yrs.
(f) Mother's mailing address (For registration notice): P. O. Box 111 Wallace Idaho
(Street or R.F.D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Joseph Stanley Thomas

5. DATE OF BIRTH (Month, day, year) Nov 5-1913

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Stanley Thomas

11. Color or Race White

12. Age at time of THIS birth 35 yrs.

13. Birthplace Jone (City or Town) Nevado (State or foreign country)

14. Exact Occupation Miner

15. Industry Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sophie Emilie Brunner

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Lincoln (City or Town) Nebraska (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at 9 30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sophie Thomas (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) Jan - 12 - 42 (Date received) (b) McCarthy (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature Mrs Cecilia McDonald M.D. (D.O., Midwife, etc.)
and address W 578 Montgomery Date
Spokane

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

SEP 1 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

DELAYED

DOP OF 1913-17715

666-20-042-693 JAN 13 1942 328855

† United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328855
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Twin Falls Sanitarium
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Darielle Marcelline Wood

5. Date of Birth of Child (Month, day, year) August 2, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Wood
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Gardner (City or town) Kansas (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Retail clothing

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie Blanche Fitzsimmons
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Brownsville (City or town) Oregon (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business Home-making

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that Dr. Milton Brunner (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Blanche F. Wood Signature
57 Dudley Ave., Venice, California P. O. Address

Subscribed and sworn to before me this 13 day of January, 1942

(SEAL) ..... Notary Public, residing at Venice California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission Expires April 21, 1944

Received for filing on JAN 13 1942 by Mary E. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-203-037-418

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328879
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (At time of this birth)
(a) County Canyon (b) City Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Jessie Bailey

5. Date of Birth of Child (Month, day, year) March 3-1913

6. Sex Female

7. Twin or Triplet — If so born 1st, 2nd, 3rd

8. No. months of Pregnacy 10

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John T. Bailey
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Magee
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes. Silvol

23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by John T. Bailey (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature W.W. Jones M.D. M.D. ~~Midwife~~ Address Jordan Valley Oregon Date 1-13-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 19-1942 by Mabel H Edelen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

JAN 10 1942

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328887
Local Reg. No. 180
Reg. Dist. No. 141

1. **PLACE OF BIRTH:**
   (a) County Shoshone (b) City Black Cloud
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home.
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Black Cloud
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.
   (f) Mother's mailing address (For registration notice): P.O Box 648 (Street or R. F. D.) Wallace Idaho (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Marie Zanetti

5. Date of Birth (Month, day, year) August 25 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pete Zanetti
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace Brescia (City or Town) Italy (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Quatini
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Brescia (City or Town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8 (c) Born alive and now dead 2 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 8 P M. on the date and at the place stated above, and that personal particulars were furnished by Irene Zanetti (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) Jan-3-42 (Date received) (b) John A Burn (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** Mrs Alice McGann M.D. (D.O., Midwife, ~~etc.~~)
and address Wallace Idaho Date Dec 30

DEC 7 - 1967

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

761-109-014-235 328921 328921

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 328921
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho

4. **FULL NAME OF CHILD** Ivan Dudley Pfaff

5. Date of Birth of Child (Month, day, year) April 9 1913

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Daniel Walter Pfaff
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Marietta (City or town) Ohio (State or foreign country)
14. Exact Occupation Sheep Shearer
15. Industry or Business Contract Basis

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Caroline Stephen
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Marietta (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) alive at 11:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Daniel Pfaff (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 70 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. W. Pfaff Signature

Nampa Idaho P. O. Address

Subscribed and sworn to before me this 19th day of Jan, 1942.

(SEAL) Notary Public, residing at Nampa Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 7 1942 437-104-010-449 328939

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328939
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 134 Cliff St.
(d) Name of Hospital or Maternity Home Mrs. Chas. Polson - Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 2 days.
IN THIS county 1 years 2 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 134 Cliff St
(e) How long has MOTHER lived in Idaho? 1 yrs.
(f) Mother's mailing address 134 Cliff St

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD Joseph Thomas McGrane
5. Date of Birth (Month, day, year) 3-4-1913
6. Sex Male
7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph John McGrane
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Osage (City or town), Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Jane ~~McGrane~~ Murray
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Elma (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead No (d) Stillborn No

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude McGrane (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 7 1942 (Date received) (b) [illegible] (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Gertrude J. McGrane, being first duly sworn, say that I am related to (Related to (or) acquainted with) Joseph Thomas McGrane (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Fuller (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Gertrude J. McGrane Signature
Route 2 - Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me on this 5 day of January, 1942

(SEAL) [illegible] Notary Public, residing at Idaho Falls

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-230-042-455

JAN 12 1942

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328993
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Twin Falls (b) City Kimberly
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   IN **THIS** county ____ years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County TwinFalls
   (c) City Kimberly
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.
   (f) Mother's mailing address Kimberly, Idaho

3. **RESIDENCE of FATHER** (city, state) Kimberly

4. **FULL NAME OF CHILD** GLADYS MARGUERITE SAUTTER

5. Date of Birth (Month, day, year) Mar. 30, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ARTHUR EUGENE SAUTTER
11. Color or Race WHITE
12. Age at time of THIS birth 22 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Section foreman
15. Industry or Business railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GLADYS VERN DENNING
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace COLO IOWA (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1 (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11 30A M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Gladys Sautter (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JAN 12 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of California
County of Ventura } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Gladys (Sautter) Burchett, being first duly sworn, say that I am ~~mother~~ related (Related to (or) acquainted with) Gladys Marguerite Sautter (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. (?) White (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs Gladys Sautter Burchett Signature
1250 Pennsylvania Ave. San Diego, Calif. Address

Subscribed and sworn to before me on this 5th day of January, 19 42

(SEAL) Gertrude Copeland Notary Public, residing at Santa Paula, Calif.

My Commission Expires March 10, 1945.

JAN 21 1942

AUG 22 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 13 1942

545-131-010-314

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 328994
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home None days. IN THIS county 12 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No. 3
(e) How long has MOTHER lived in Idaho? 12 yrs.
(f) Mother's mailing address Shelley, Idaho

3. RESIDENCE of FATHER (city, state) Shelley, Ida.

4. FULL NAME OF CHILD Vincent Talmadge Nielsen

5. Date of Birth (Month, day, year) Jan. 31, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD		MOTHER OF CHILD	
10. FULL NAME	Leonadius Joseph Nielsen	16. FULL MAIDEN NAME	Eleanor Campbell
11. Color or Race	White	17 Color or Race	White
12. Age at time of THIS birth	31 yrs.	18. Age at time of THIS birth	28 yrs.
13. Birthplace (City or town)	Mantua, Utah (State or foreign country)	19. Birthplace (City or town)	Bloomington, Idaho (State or foreign country)
14. Exact Occupation	Merchant	20. Exact Occupation	Housewife
15. Industry or Business	Merchantile	21. Industry or Business	None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5 (c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at — M. on the date and at the place stated above and that personal particulars were furnished by Eleanor Nielsen (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature John O. Mellar M.D. (D.O., Midwife, etc.) and address Idaho Falls, Date May 15-1941

State of
County of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am (Related to (or) acquainted with) as (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1 19[illegible]

MAY 15 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Photo Dup of 1913-11870

396-127-010-634 329024

United States
Department of Commerce
Bureau of the Census JAN 23 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329024
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 255 12th Street
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. 255 12th St.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Oliver Ralph Crowley

5. Date of Birth of Child (Month, day, year) March 27, 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Edmund Crowley
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business Law

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elizabeth Olmstead
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace American Fork (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 + years, and that Sarah Rowberry, midwife, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarence E. Crowley Signature
Box 366 Ontario, California P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942.

(SEAL) Oregon Smith Notary Public, residing at Ontario, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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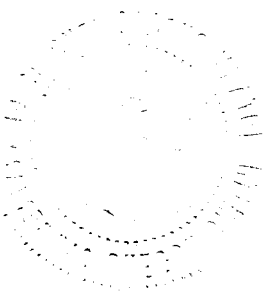


231-102-008-366 329040

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 19 1942

Boise

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 329040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) McCall, Idaho

4. FULL NAME OF CHILD George William Blackwell

5. Date of Birth of Child (Month, day, year) March 2-1913

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Washington Blackwell
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Grant Co. (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Dairy

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosa Eola Cowan
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 23 years, and that Ida Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Eola Cowan – Blackwell Signature
McCall, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of January, 19 42
(SEAL) Helga M. Cook Notary Public, residing at McCall, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1942 by Maud E. Call, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 23 1942

DEC 21 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-113-074-945

329082

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County MINIDOKA (b) City PAUL
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 8 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County MINIDOKA
(c) City
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) 7 YRS-8 MO-3 DAYS PAUL-IDAHO

4. FULL NAME OF CHILD RONALD GUY HOLLENBECK

5. Date of Birth of Child (Month, day, year) MAY-13-1913

6. Sex MALE 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GUY ELLIOTT HOLLENBECK
11. Color or Race WHITE 12. Age at time of THIS birth 21 yrs.
13. Birthplace RAYMOND (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NANCEE VIOLA IMES
17. Color or Race WHITE 18. Age at time of THIS birth 21 yrs.
19. Birthplace MORRIS (City or town) MINN. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN-ALIVE (Born alive, stillborn) at 12 P.M. on the date and at the place stated above, and that personal particulars were furnished by GUY HOLLENBECK (First name) (Last name), who is related to this child as FATHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIF
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that DR. V. R. KILLEN (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancee V. Hollenbeck Signature
1821-W-66-ST, LOS ANGELES-CALIF P. O. Address

Subscribed and sworn to before me this 17th day of January, 1942
(SEAL) [signature] NOTARY PUBLIC Notary Public, residing at Los Angeles, Calif
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 22

AUG 30 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

747 -127.022-523

329118

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 15 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Grant
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years 1 month 14 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Grant
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address Grant, Idaho

3. RESIDENCE of FATHER (city, state) Grant, Idaho

4. FULL NAME OF CHILD Vincent Junior Pugmire

5. Date of Birth (Month, day year) Oct. 27, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Rich Pugmire

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace St. Charles (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Esterholt

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Dingle, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3 P.M. on the date and at the place stated above, and that personal particulars were furnished by Florence Haley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 15 1942 (Date received) (b) Mavel Felder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of NEVADA
County of ELKO } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, FLORENCE HALEY, being first duly sworn, say that I am RELATED TO (Related to (or) acquainted with) VINCENT JUNIOR PUGMIRE (Name of person on certificate above) as MOTHER (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T.C. Willson (Name of attendant at birth), who attended said birth IS NOW DECEASED (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Florence Haley Signature

ELKO, NEVADA P. O. Address

Subscribed and sworn to before me on this 13TH day of JANUARY, 1942

(SEAL) Frank E. Walters Notary Public, residing at ELKO, NEV.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which ~~has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-226-005-225

329240

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 53
Reg. Dist. No. 130

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St Maries
(c) Street Address or R.F.D. No. 5th & Main
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St Maries
(d) Street Address or R.F.D. No. 5th & Main
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) St Maries, Ida

4. FULL NAME OF CHILD Naomi May Kersey

5. Date of Birth of Child (Month, day, year) Nov 26-1913

6. Sex Female
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John William Kersey
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Knoxville (City or town) Iowa (State or foreign country)
14. Exact Occupation Manager Grocery Store
15. Industry or Business Grocery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Jane Skelton
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Oaksdale (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by John W. Kersey (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J Kinsolving M.D. M.D. ~~Midwife~~ Address St. Maries Ida. Date Dec. 20, 1941

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John W Kersey Signature
St Maries Idaho P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 27, 1941 JAN 2 1942 by Mabel T Eeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-29-014-354

WRITE PLAINLY WITH UNFADING INK—This IS A PERMANENT RECORD. N.B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Canyon

City of Caldwell

No. 502 Dearborn St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

RECEIVED JUN 17 1939

CERTIFICATE OF BIRTH

329264

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Dorothy Elizabeth Dunlap

3. Sex: Female

If plural births: 4. Twin, triplet, or other X; 5. Number, in order of birth X

6. Premature no; Full term yes

7. Legitimate? yes

8. Date of birth 7/19, 1913 (Month, Day, Year)

FATHER

9. Full name: Samuel Benjamin Dunlap

10. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Idaho

11. Color or race: White | 12. Age at last birthday: 25 (years)

13. Birthplace (city or place) (State or Country): St. Charles County, Missouri

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Clerk

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: City of Caldwell, Idaho

16. Date (month and year) last engaged in this work: July, 1913

17. Total time (years) spent in this work: 3 months

MOTHER

18. Full maiden name: Elizabeth Jacoby Bedford

19. Residence (usual place of abode) (If non-resident, give place and State): Caldwell, Idaho

20. Color or race: white | 21. Age at last birthday: 24 (years)

22. Birthplace (city or place) (State or Country): Mansfield, Piatt County, Illinois

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: July, 1913

26. Total time (years) spent in this work: 3 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child): two
(a) Born alive and now living: two (b) Born alive but now dead: X (c) Stillborn: X

29. If stillborn, period of gestation: X (months or weeks)

30. Cause of Stillbirth: X — Before labor: X; During labor: X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 7 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Samuel Benjamin Dunlap, M. D.

or ____, Midwife

Address Caldwell, Canyon County, Idaho

Give name added from a supplemental report ____ (Date of)

Filed ____, 193__ Carl E. Holden Registrar.

Registrar.

Statement as of July 19, 1913 See Chap 114 - Idaho Session Laws 1937

STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Idaho }
County of Canyon } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Samuel Benjamin Dunlap being first duly sworn says that he is the father (Relationship of child)* of Dorothy Elizabeth Dunlap

born July 19, 1913 (Date of birth) at Caldwell, Canyon County, Idaho,

whose certificate of birth is hereto attached, and that he desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dorothy Elizabeth Dunlap hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. J. W. Gue M. D. was the Midwife medical attendant at the birth of said Dorothy Elizabeth Dunlap and that the said medical attendant is now deceased (Now deceased (or) cannot be located)

Name of Affiant ~~Samuel B. Benjamin~~ Dunlap

P. O. Address 502 Dearborn St. Caldwell, Idaho

Subscribed and sworn to before me this 15th day of June, 1939

Hugh N. Caldwell
Notary Public for Idaho ~~Notary Public.~~

Residing at Caldwell, Canyon County, Idaho.

My commission expires Oct. 5-1939

* If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

OCT 2 3 1975

X 236-126-022-251

330430

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Rexburg
(c) Street Address or R.F.D. No. One.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years – months – days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Fremont.
(c) City Rexburg,
(d) Street Address or R.F.D. No. One.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gerald Lee Stoddard

5. Date of Birth of Child (Month, day, year) 2/26/1913

6. Sex Male **7.** Twin or Triplet – – If so—born 1st, 2nd, 3rd – – **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Thomas Stuart Stoddard
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Beaver Canyon, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Eunice Mae Beattie
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Grouse Creek, (City or town) Utah. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child. Two. (b) Born alive and now living. Two.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Madison }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty four years of age, that I have known this person for 29 years, and that Mrs. Mary Ann Watts (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Mae Stoddard Signature

Rexburg, Idaho. P. O. Address

Subscribed and sworn to before me this 23rd day of January, 19 42.

(SEAL)

Clerk of District Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

dup of 1913-13046

JUN 26 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

632-127-009-632

United States (Be sure the information is as of date of birth of THIS child) State File No. 330456
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of the Census Bonner STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Banners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months 5½ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Banners Ferry Bonner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Banners Ferry, Ida.

4. FULL NAME OF CHILD Gustav Olaf Evert Olson

5. Date of Birth of Child (Month, day, year) March 27, 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ole Olson
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Lysvik (City or town) Sweden (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Karolina Olson
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Lysvik (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of IDAHO } ss.
County of Boundary }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 years, and that Dr. L. E. Dry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Karolina Olson Signature
737 Military Drive, Coeur d' Alene, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of December, 19 41
(SEAL) J. Ann Mally Notary Public, residing at Bonners Ferry, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 3 1942 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents,—money order or coin.

JAN 27 1942

DELAYED

Dup of 1913-11918

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1913-11918

036-129-016-391

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 330481
Local Reg. No.
Reg. Dist. No.

JAN 15 1942

1. **PLACE OF BIRTH:**
(a) County Cassia (b) City Albion
(c) Street Address or R F D No. Farm
(d) Name of Hospital or Maternity Home:
at home on Farm
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Calif. (b) County Humboldt
(c) City Eureka
(d) Street Address or R.F.D. No. P O Box 370
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Fricant Calif.

3. **RESIDENCE OF FATHER** (city, state) Eureka Calif.

4. **FULL NAME OF CHILD** Claude Scott Stokes.

5. Date of Birth (Month, day, year) 8/29/13

6. Sex. male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Lane Stokes.
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Albion (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Leona Tranmer.
17. Color or Race white
18. Age at time of **THIS** birth 28 years
19. Birthplace Albion (City or town) Idaho. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 11
(c) Born alive and now dead 1 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JAN 15 1942 (Date received) (b) Mary Fielder (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** none M.D. or none (D.O., Midwife, etc.)
and address Date

State of California
County of Fresno } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

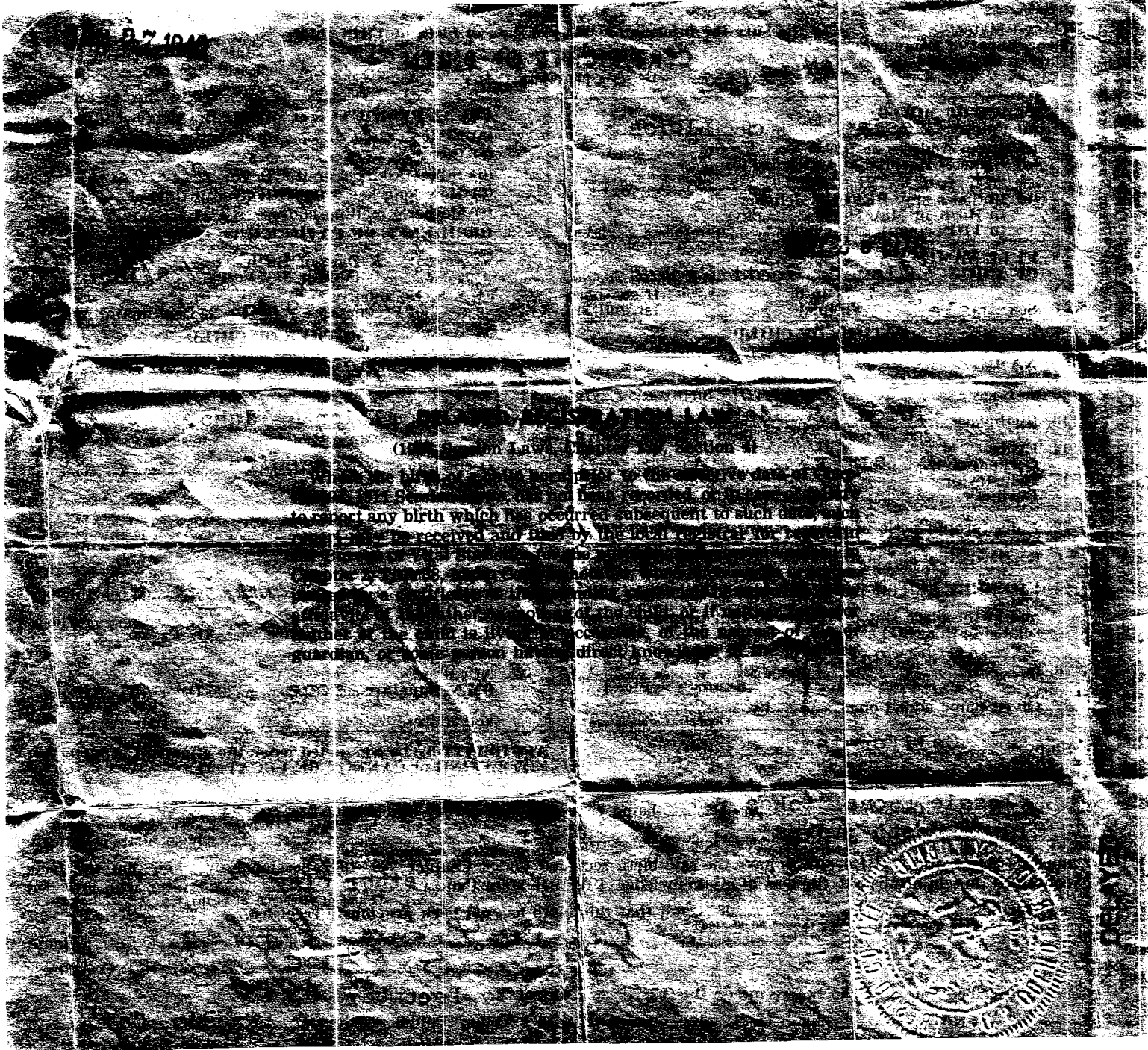
I, Jessie Leona Stokes., being first duly sworn, say that I am Mother (Related to (or) acquainted with) Claude Scott Stokes. (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Father only (Name of attendant at birth), who attended said birth (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Jessie Leona Stokes Name
Fricant California P. O. Address

Subscribed and sworn to before me on this 31 day of December 1942

(SEAL) C. A. Colhoun Notary Public, residing at Fresno, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.



X 513-207-028-719

330519

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1210 Coeur d'Alene Ave.
(d) Name of Hospital or Maternity Home: Coeur d'Alene, Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1210 Coeur d'Alene Ave.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida.

4. FULL NAME OF CHILD Beatrice Marie Valiquette

5. Date of Birth of Child (Month, day, year) June 7, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mos.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Jerome Valiquette
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace St. Jerome, Quebec, Canada (City or town) (State or foreign country)
14. Exact Occupation Carpenter + Millwright
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Angela Mary Parent
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Sommerset, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Patrick J. Scallon, M.D (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Angela M. Valiquette Signature
1223 - 18th Ave. No. P. O. Address

Subscribed and sworn to before me this 21st day of January, 1942

(SEAL) Victoria B. Horne Notary Public, residing at Seattle, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1942

NOV 7 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 296-221-022-449

330631

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Rhea Brower

5. Date of Birth (Month, day year) Jan 21. 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Orlan Brower
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Wilford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Carlina Durney
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Richmond (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Lillie (First name) Brower (Last name), who is related to this child as Mother (Mother, etc.)
26. (a) JAN 24 1942 (Date received) (b) Mary H. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Ashton Idaho Date 1-7-42

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be~~ received and ~~filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

519-112-042-281 330700

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 31 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330700
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 846 4th Ave E.
(d) Name of Hospital or Maternity Home: St Benedict's Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 846 4th Ave E
(e) How long has **MOTHER** lived in Idaho? 7 Mo— 10 Ds

3. RESIDENCE OF FATHER (city, state) Twin Falls Ida

4. FULL NAME OF CHILD Everett Eugene Harman

5. Date of Birth of Child (Month, day, year) Aug 12 1913

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Walter Everett Harman

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Gilboa, Ohio (City or town) (State or foreign country)

14. Exact Occupation Minister of Gospel

15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Shaffer

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Bryan, Ohio (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum (Three)

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that W. A. P. Alexander (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Walter Everett Harman Signature

Twin Falls Idaho P.O. Address

Subscribed and sworn to before me this 29th day of January, 1942

(SEAL) Marion E. Ward Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by ..... Registrar.

APR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 143-130-007-689

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

State File No. 330799
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Ficabo
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: [redacted] None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Ficabo
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ficabo, Idaho

4. **FULL NAME OF CHILD** William Bruce Mullins

5. Date of Birth of Child (Month, day, year) Nov. 30, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Riley Mullins
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Greenbrier County (City or town) W. Virginia (State or foreign country)
14. Exact Occupation Section hand on Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Liza White
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Yeager (City or town) Virginia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Alice Loyd (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Loyd White Signature

370-15th Ave- Longview Wn. P. O. Address

Subscribed and sworn to before me this 25th day of January, 19 42

(SEAL) ..... Notary Public, residing at Longview. Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

997-121-035-681

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 26 1942

State File No. 330805
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nez Perce (b) City Myrtle
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 10 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Myrtle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Myrtle Idaho

4. **FULL NAME OF CHILD** Charles arthur Zigler

5. Date of Birth of Child (Month, day, year) July 21, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Seth Benjamin Zigler
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Decatur County (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Harriet mercy Wyatt
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Ida Grove (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Union }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that Mary (First name) East (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Seth Benjamin Zigler Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of January, 1942

(SEAL) My Commission effires Nov 4, 1942 Notary Public, residing at La Grande Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mark H Teeter, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764-102-022-38b

330824

United States
Department of Commerce
Bureau of the Census

JAN 24

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital of Maternity Home: None
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home no Days
   In **THIS** county 1/2 years 2 months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City St Anthony
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.
   (f) Mother's mailing address (For registration notice):
   St Anthony Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Brigham Cless Goulding

5. **DATE OF BIRTH** (Month, day, year) Aug 2, 1913

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Evan Goulding

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Pleasant Grove Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farming

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara Ellen Thompson

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace Hennefille Utah
(City or Town) (State or foreign country)

20. Exact Occupation Wife and Mother

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by Barbara E. Goulding (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN signature** Martha ... M.D. (D.O., Midwife, etc.)
and address St Anthony Ida. Date 1/22/'42

26. (a) JAN 24 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

27. Given name added on ... by ... (Registrar's signature)

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 29 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction ~~thereof, shall~~ be ~~fined not less than~~ $10 ~~nor more than $300~~.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of none

(b) Labor: Complications: none

Induced?

(c) State all operations for delivery none

(d) Did baby have any:

(1) Congenital Malformation? none

Describe:

(2) Birth Injury? none

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. X Pos..... Neg.....

(e) Signature of ~~Physician~~: Midwife

Martha Wright

236-218-042-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 24 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330841
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address ~~or R.F.D.~~ No. 652-2 Ave East
(d) Name of Hospital or Maternity Home: The child was born in the home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address ~~or R.F.D.~~ No. 652-2 Ave. East
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Mary Emma Scott

5. Date of Birth of Child (Month, day, year) Oct. 18, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Dacon Scott
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Marion, Kentucky (City or town) (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Worked as Barber in 1913 at intervals.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Morrill
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Circleville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~xxxxxxxx~~ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by ~~xxxxxxxxxxxxxxxx~~ (First name) (Last name), who is related to this child as ~~Mother~~ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that John R. Morgan, M.D. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M. Scott Signature
193 West 1st North, Logan, Utah P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1942.

(SEAL) N. J. Crookston, Cache County Clerk, ~~Notary Public, residing at~~ By Elizabeth Scrowther, Deputy Clerk.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17, 914, Idaho Code Annotated.)

Received for filing on JAN 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-103 029-286

United States
Department of Commerce
Bureau of the Census

JAN 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 330868
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Latah (b) City Boville
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home no days.
In THIS county years 6 month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state).

4. FULL NAME OF CHILD Bernard Kay Hart

5. Date of Birth (Month, day, year) AUGUST 3, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Elzie Curtis Hart
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Darby (City or town) Montana (State or foreign country)
14. Exact Occupation R.R. Engineer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Effie Shook
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Darby (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living one
(c) Born alive and now dead one (d) Stillborn one

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 9 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Sacramento } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Hazel Effie Wallberg, being first duly sworn, say that I am related to (Related to (or) acquainted with) Bernard Kay Hart (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Young (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Hazel Effie Wallberg Signature
Sacramento Calif 1724 Dist. P.O. Address

Subscribed and sworn to before me on this 9th day of January, 1942

(SEAL) Joseph Mento Notary Public, residing at Sacramento Calif

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1942

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 189, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 33, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-101-025-319

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1. PLACE OF BIRTH

County of Idaho

City of Woodland

No. _____ St. _____

(If born in hospital or institution give name.)

JAN 16 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

331020

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

2. FULL NAME OF CHILD Kenneth William Johnson

3. Sex: Male

If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term Yes

7. Legitimate? Yes

8. Date of birth February 1, 1913 (MONTH, DAY, YEAR)

FATHER	MOTHER
9. Full name: John Linus Johnson	18. Full maiden name: Hulda Theresia Carlberg
10. Residence (usual place of abode) (If non-resident, give place and State): Idaho	19. Residence (usual place of abode) (If non-resident, give place and state): Idaho
11. Color or race: White; 12. Age at last birthday: 44 (years)	20. Color or race: White; 21. Age at last birthday: 35 (years)
13. Birthplace (city or place) (State or country): Hofberg, Sweden	22. Birthplace (city or place) (State or country): Linkoping, Sweden
OCCUPATION	OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work _____, 19___	25. Date (month and year) last engaged in this work _____, 19___
17. Total time (years) spent in this work: 16	26. Total time (years) spent in this work: 12

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 1 (b) Born alive but now dead: ____ (c) Stillborn: ____

28. If stillborn, period of gestation _____ { months or weeks

29. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (BORN ALIVE OR STILLBORN) at 5 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (DATE OF)

(Signed) Dr. E. Taylor, M. D.

or _____, Midwife

Address Rexburg Idaho

Filed JAN 16 1942, 193___

_____ Registrar.

_____ Registrar.

JAN 30 1942

281-113-007-493

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331030
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey,
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Walter Shaffer

5. Date of Birth of Child (Month, day, year) Aug. 13, 1913.

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Samuel Shaffer
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Oxford, (City or town) Idaho. (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mamie Miller.
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Maysville, (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature deceased. XXXX Midwife Address Date

State of Washington,
County of Yakima, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for all his life, and that Bessie Shaffer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mamie Shaffer Signature
712 So. Tieton Ave., Wapato, Wash. P. O. Address

Subscribed and sworn to before me this 14th day of January, 1942.

(SEAL) Neely N. Olney Notary Public, residing at Wapato, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 1 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 31 1942 331040

253-128-037-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331040
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Oreana
(c) Street Address or R.F.D. No. Oreana, Ida.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1407 River St.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Bryan Kelly

5. Date of Birth of Child (Month, day, year) Dec. 28, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? [redacted]

FATHER OF CHILD

10. **FULL NAME** Patrick Walter Kelly
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Quebec (City or town) Canada (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Tattersal Kelly
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that ~~William~~ (First name) ~~Kelly~~ (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan T. Kelly Signature
1407 River St. - Boise P. O. Address

Subscribed and sworn to before me this 30th day of January, 1942.
(SEAL) Arthur T. Higgins Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where the birth of a child born prior to the effective date~~ of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433.104-042-867

331043

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331043
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Hansoe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born on Farm near Hansen, Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years -- months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Robert D. McLean

5. Date of Birth of Child (Month, day, year) Feb. 4th. 1913

6. Sex Male
7. Twin or Triplet --
If so—born 1st, 2nd, 3rd 3rd.
8. No. months of Pregnacy
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert McLean
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Hogge
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Ogden, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was -- (Born alive, stillborn) at -- M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. attended by midwife, who is now dead
Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that the nurse and widwife (First name) (Last name), who attended this birth is dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie Hogge Formerly [illegible] Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942
(SEAL) [signature] Notary Public, residing at Jerome, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 31 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

2 1942

DEC 6 1957

MAR 19 1952

JUL 16 195

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occ[illegible] date, such report may be [illegible]

[illegible] accessible, of the [illegible] person having direct knowledge [illegible] premises.

815-126-02k-942 FEB 2 1942 331076

331076

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331076
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County GOODING (b) City GOODING
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county [illegible] years 5 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County GOODING
(c) City GOODING
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CHARLES POWELL HANCOCK

5. Date of Birth of Child (Month, day, year) AUG 26 13

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME BEN HANCOCK
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace BERRYVILLE (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business AGRICULTURE

MOTHER OF CHILD

16. FULL MAIDEN NAME ELSIE ALICE RUSH
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace BERRYVILLE (City or town) ARKANSAS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business AGRICULTURE

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORAX ACID

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that SARAH MAURER (First name) (Last name), who attended this birth, IS DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Hancock ..... Signature

..... P. O. Address

Subscribed and sworn to before me this 2 day of February, 19 42

(SEAL) Edith N. Church ..... Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

276-109-037-238 331092

United States FEB 3 1942
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331092
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Owyhee (b) City Grand View
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: —
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home — Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Owyhee
(c) City Grand View
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address (For registration notice):
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lyle Ellis Brown
5. **DATE OF BIRTH** (Month, day, year) Oct. 9 - 1913
6. Sex male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Scott Brown
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Hespler (City or Town) Ontario Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie J. Schroeder
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Rockford (City or Town) Iowa (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Minnie J. Brown (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) FEB 3 1942 (Date received) (b) Mary F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Geo. R. Proctor M.D. (D.O., Midwife, etc.)
and address Grand View Ida. Date
Present address - Nampa Idaho 1-16-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

FEB 3 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

315 222 028 236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 29 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331116
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. 724 Coeur d' Alene Ave.
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 724 Coeur d' Alene
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d' Alene

4. FULL NAME OF CHILD Ruth Katherine Lang

5. Date of Birth of Child (Month, day, year) February 22, 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Lang
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Cass City, Michigan (City or town) (State or foreign country)
14. Exact Occupation Timber Cruiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Isabel Scott
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Ontario, Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John O'Wood M.D. Midwife Address Coeur d'Alene Ida Date Jan 27 32

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 29 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-119 034-693

331242

331242

United States Department of Commerce
Bureau of the Census

FEB 4 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331242
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minadoka (b) City Paul
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minadoka
(c) City Paul
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Paul

4. FULL NAME OF CHILD John Merle Stevenson

5. Date of Birth of Child (Month, day, year) Dec. 19-1913

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full Term

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Luther Merle Stevenson

11. Color or Race W

12. Age at time of THIS birth 29 yrs.

13. Birthplace Phillipsberg (City or town) Mo (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Mae Wills

17. Color or Race W

18. Age at time of THIS birth 23 yrs.

19. Birthplace Phillipsberg (City or town) Mo (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) P. M. on the date and at the place stated above, and that personal particulars were furnished by Clara (First name) Stevenson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Florence E. Trowbridge M.D. Midwife Address Meridian Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-18-022993 331257

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331257
Local Reg. No.
Reg. Dist. No.

FEB 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Lamon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 25 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City LAWSON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD DELL P CHRISTENSEN

5. Date of Birth of Child (Month, day, year) 3-18-1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** NIELS PETER CHRISTENSEN
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace LOGAN (City or town) UTAH (State or foreign country)
14. Exact Occupation BLACKSMITH
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LUCY RICKS
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace REXBURG (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for ..... years, and that MARGRET CLARK (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Christensen Signature
..... P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942

(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-13016 name change

753-11-022-755

331259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 4 1942

State File No. 331259
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Myrtle Oregon

4. FULL NAME OF CHILD Myron Loren Mitchell Peterson

5. Date of Birth of Child (Month, day, year) Mar 12-1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

Mar. 12, 1913

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Myron Mitchell Peterson
11. Color or Race
12. Age at time of THIS birth 21 yrs.
13. Birthplace Smithfield Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lenore Gill
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lewiston Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Fremont }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 25 years, and that Dr. (First name) Meacham (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myron Mitchell Peterson Signature

P. O. Address

Subscribed and sworn to before me this 4th day of February, 1942

(SEAL) Myron E. Orr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815 107 022-814

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

331279

JAN 22 1942

1. PLACE OF BIRTH
County of Bannock
City of
No. St.
(If born in hospital or institution give name.)

Registration District No. State File No.
Prim. Registration District No. Local Registrar's No.

2. FULL NAME OF CHILD Robert Buck Hanson

3. Sex Male | (If plural births) 4. Twin, triplet, or other 5. Number, in order of birth 2 | 6. Premature Full term ✓ | 7. Legitimate? Yes | 8. Date of birth June 7, 1941 (Month, Day, Year)

FATHER	MOTHER
9. Full name Christian Hanson	18. Full maiden name Alice Slade
10. Residence (usual place of abode) (If non-resident, give place and State) Lava	19. Residence (usual place of abode) (If non-resident, give place and State) Ashton Idaho
11. Color or race White 12. Age at last birthday 42 (years)	20. Color or race White 21. Age at last birthday 22 (years)
13. Birthplace (city or place) (State or country) Denmark	22. Birthplace (city or place) (State or country) Clearfield Utah
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc Housework
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work , 19	17. Total time (years) spent in this work
25. Date (month and year) last engaged in this work , 19	26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver Nitrate

28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation { months or weeks } 30. Cause of stillbirth { Before labor / During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Living (Born Alive or Stillborn) at m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. S. Barger, M. D.

or , Midwife

Address

Give name added from a supplemental report

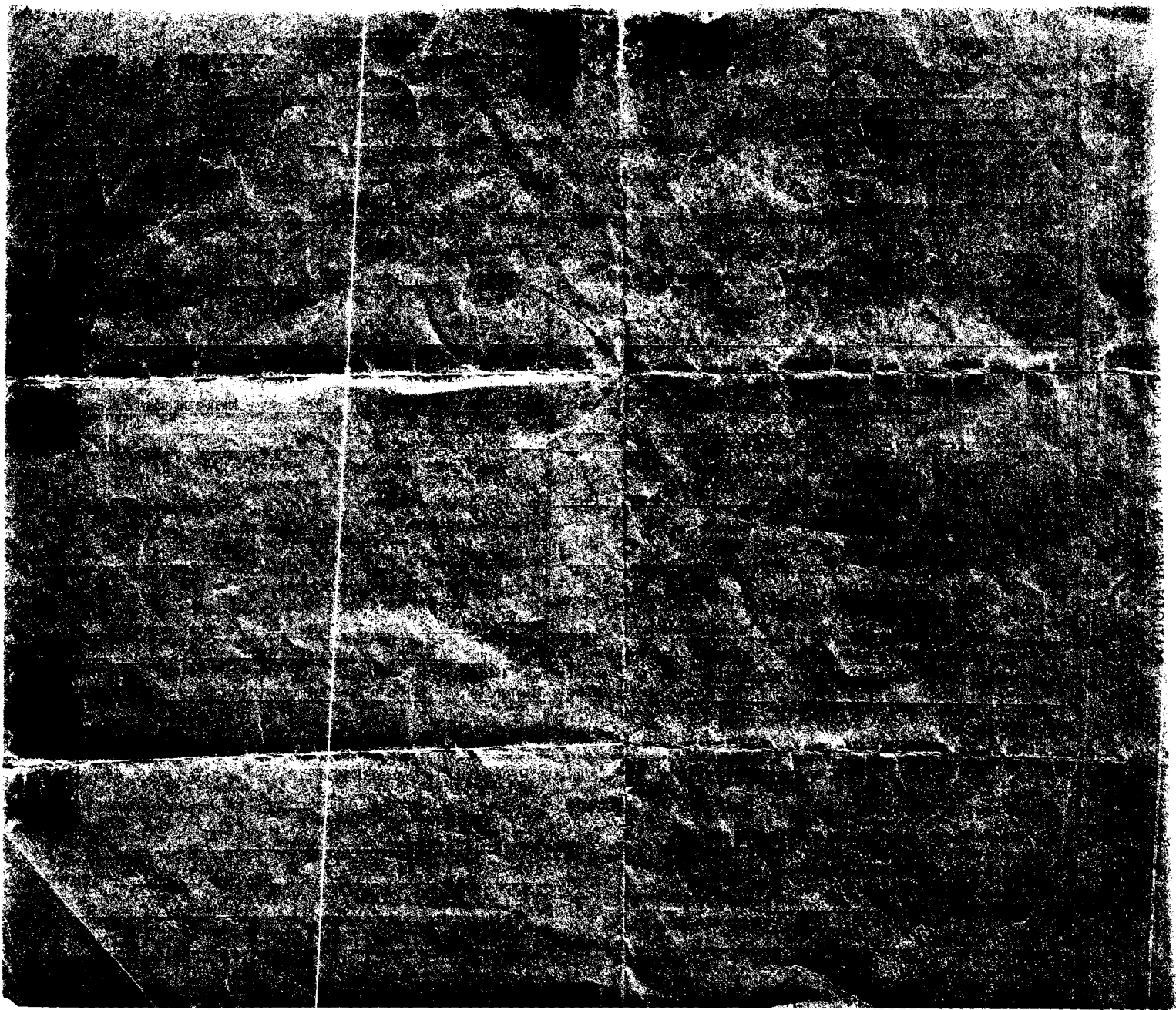
(Date of)

Registrar.

Filed JAN 22 1942, 19 Mark Tate Registrar.

Please Rush.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated
MARGIN RESERVED FOR BINDING



569-103 D40885

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331288
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Wardner Hospital, Kellogg
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wardner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Wardner, Idaho

4. FULL NAME OF CHILD Theodore William Voigtlander

5. Date of Birth of Child (Month, day, year) Aug. 3, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Frederick William Voigtlander
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Grocery Clerk
15. Industry or Business Grocery Store

MOTHER OF CHILD

16. FULL MAIDEN NAME Fannie Maude Hynds
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Millard, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Shoshone } ss.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that Dr. A. D. Mc Cracken (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas R. Jones Signature

Wardner, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of January, 19 42

(SEAL) Catherine Whalen Notary Public, residing at Kellogg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mark Keeler, Registrar.

MAR 9 1942

dup of 1913-17843

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1913-17843

753 730 003 413

331305

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

JAN 21 1942

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Grace
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Grace
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Grace Idaho

4. **FULL NAME OF CHILD** Lowell Walton Peterson

5. Date of Birth of Child (Month, day, year) April 30 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Doris Ernest Peterson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Fillmore (City or town) Utah (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Pearl Walton
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I dont know
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Utah
County of Millard } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that Lee Hyrum Hubbard (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Walton Peterson — Signature

Fillmore Utah — P. O. Address

Subscribed and sworn to before me this 19 day of January, 1942.

(SEAL) F. E. Warner — Notary Public, residing at Fillmore Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mark Heeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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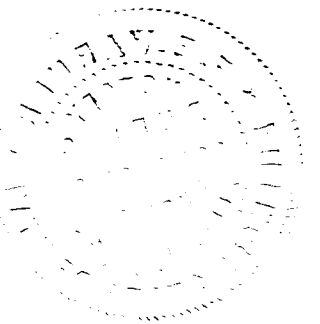


415 129 032 236

331307

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Lincoln

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Eden
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Jerome~~ Lincoln
(c) City Eden
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Eden, Ida

4. FULL NAME OF CHILD Maurice Nelson Davis

5. Date of Birth of Child (Month, day, year) Sept. 29, 19~~42~~ 13

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Wilburn Davis
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bakersfield, Missouri (City or town) (State or foreign country)
14. Exact Occupation Real Estate
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel May Stokesberry
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Joplin, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 10 p M. on the date and at the place stated above, and that personal particulars were furnished by Ethel (First name) Davis (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date 1-19-1942

State of ~~Jerome~~ Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4. above that I am now 52 years of age, that I have known this person for 28 years, and that Mrs Ida, Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel May Davis Signature

P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 42

(SEAL) Notary Public, residing at Jerome, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 21 1942 by Mabel Heuer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1849-117-089 414

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331370
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 ½ yrs.

3. RESIDENCE OF FATHER (city, state) Clarks Fork Idaho

4. FULL NAME OF CHILD Marvin William Hurlbut

5. Date of Birth of Child (Month, day, year) May 17th, 1913

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Allen Horace Hurlbut
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Duffield (City or town) Michigan (State or foreign country)
14. Exact Occupation ~~farmer~~ Manager
15. Industry or Business Farmers Union Warehouse

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida May Daugherty
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Neosho (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of KANSAS
County of THOMAS } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that unknown (First name) Fraker (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida M. Hurlbut Signature
Brewster Kansas P. O. Address

Subscribed and sworn to before me this 13th day of January, 1942.
(SEAL) O A Horney Notary Public, residing at Brewster Kansas
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

55-230022 856

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331374
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 1 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Chloda Blanche Winters

5. Date of Birth of Child (Month, day, year) Mar. 30, 1913

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arthur A. Winters
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Mt. Pleasant (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Matilda P. Howard
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Wilford (City or town) Idaho (State or foreign country)
20. Exact Occupation Wife and Mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:00 A M. on the date and at the place stated above, and that personal particulars were furnished by Matilda P. Winters (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Junietta Brown M.D. Midwife Address St Anthony Ida Date 2/4 — 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-107 020-255

331398

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331398
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Long Gulch
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Long Gulch
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD CORDELL BEE STOCK

5. Date of Birth of Child (Month, day, year) June 7, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edwin Ephram Stock
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Fish Haven (City or town) Idaho (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Priscilla Bee
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Georgetown (City or town) Idaho (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ida
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Dr. Emma Clark (First name) (Last name) who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My commission expires March 25, 1944.

Florence B. Stock Signature
Oakley Ida P. O. Address

Subscribed and sworn to before me this 21 day of January, 1942
(SEAL) Carl Whiteley Notary Public, residing at Oakley Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1942 by Mary F. Elder, Registrar.

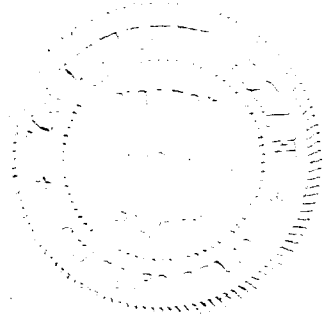
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



FAX-219 003219

JAN 19 1942

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331450
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   In **THIS** county ..... years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Bannock
   (c) City Soda Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.
   (f) Mother's mailing address (For registration notice):
   Ashton, Idaho
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Alene Lutz

5. Date of Birth (Month, day, year) 3/19/1913

6. Sex Fe. 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Laurence Allen Lutz
11. Color or Race White 12. Age at time of THIS birth 27 yrs.
13. Birthplace Idaho (City or Town) (State or foreign country)
14. Exact Occupation Carpenter Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara Barnes
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Soda Springs, Ida (City or Town) (State or foreign country)
20. Exact Occupation Housewife and nurse
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3PM M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 19 1942 (Date received) (b) Mabel Heslep (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Ellis Hackley M.D.
Dr. Ellis Hackley (M.D., Midwife, etc.)
and address Soda Springs Date 12/19/41

MAR 3 1942

666 119 841247

331477

United States Department of Commerce Bureau of Census Fremont

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County ~~Teton~~ (b) City Bates
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Teton~~ Fremont
(c) City Bates
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.
(f) Mother's mailing address Bates

3. RESIDENCE of FATHER (city, state) Bates, Ida.

4. FULL NAME OF CHILD Clarence La Von Wood

5. Date of Birth (Month, day year) Dec. 19, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st 2nd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Wood
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Bates (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verlie Buxton
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Benson (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes (c) Born alive and now dead 1 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... P.M. on the date and at the place stated above, and that personal particulars were furnished by Verlie (First name) Wood (Last name), who is related to this child as mother (Mother, etc.)
26. (a) 1-14-42 (Date received) (b) (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature Leo Wood M.D. Father (D.O., Midwife, etc.) and address Tetonia Date 1-14-42

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho, County of ~~Teton~~ Fremont } ss.

I, Leo Wood, being first duly sworn, say that I am Father (Related to (or) acquainted with) Clarence La Von Wood (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Martin (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Leo Wood Signature

Tetonia Ida. P. O. Address

Subscribed and sworn to before me on this 14 day of Jan., 1942.

(SEAL) ..... Notary Public, residing at Tetonia

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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415-12-032349

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331485
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Richfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Richfield

4. FULL NAME OF CHILD Freddie Ray Davis,

5. Date of Birth of Child (Month, day, year) Feb 21 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy t

9. Legitimate? t

FATHER OF CHILD

10. FULL NAME Irvin Davis
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Richfield Idaho, (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Susan Maud Turner
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Shaver Ark., (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 6.30 a M. on the date and at the place stated above, and that personal particulars were furnished by Susan Maud Davis (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Parlee Tomason M.D. Midwife Address Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Parlee Tomason (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susan Maude Davis Signature

P. O. Address

Subscribed and sworn to before me this 19th day of January, 19 42.

(SEAL) Jno. T. Gallagher Notary Public, residing at Weiser Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1942 by Mark H. Elder, Registrar.

FEB 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464 120 037 386 ~~331440~~

United States
Department of Commerce FEB 6 1942
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331504
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Grasmere
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 18 years 11 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Grasmere
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Grasmere

4. FULL NAME OF CHILD Verne Dodge

5. Date of Birth of Child (Month, day, year) July 20th 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Willis Cornelius Dodge
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Delaware Co., Iowa (City or town) (State or foreign country)
14. Exact Occupation ~~Stock~~ Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mida Wilda Thomas
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Portland, Ore (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that Mrs Eva Hampton (First name) (Last name), who attended this birth X (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Mida Wilda Dodge Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February 1942
(SEAL) Edith H. Church Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mary F. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

JUL 3 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331509
Local Reg. No.
Reg. Dist. No.

FEB 4 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: Whole life
IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No. No Number
(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah Ida

4. FULL NAME OF CHILD Francis Lyle Ritchey

5. Date of Birth of Child (Month, day, year) 6-14-'13

6. Sex Fem.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ritchey
11. Color or Race W
12. Age at time of THIS birth 26 yrs.
13. Birthplace Kentucky U.S.A. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business as above

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Doty
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hull Iowa U.S.A. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business no other

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~Stillborn~~) at 10:30 A.M. on the date Doty 2nd Ritchey and at the place stated above, and that personal particulars were furnished by, Frances 3rd Smith (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W. J. McMahan M.D. ~~Midwife~~ Address Lewiston, Idaho Date Jan. 13-42

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frances (Ritchey) Smith Signature
Asotin Wash. P. O. Address

Subscribed and sworn to before me this 13 day of Jan, 19 42

(SEAL) M. Johnson Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 4 1942 by ..... Registrar.

FEB 6 1942

JUN 27 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

445-204040-636

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331645
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Mullan
(c) Street Address or R.F.D. No. Boulder Gulch
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullan
(d) Street Address or R.F.D. No. Boulder Gulch
(e) How long has **MOTHER** lived in Idaho? 3 4 now yrs.

3. RESIDENCE OF FATHER (city, state) dead

4. FULL NAME OF CHILD Thomas Emmett Dunn

5. Date of Birth of Child (Month, day, year) March 4 1913 Tuesday

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd 5

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Dunn
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Saint Johns Newfoundland (City or town) (State or foreign country)
14. Exact Occupation Black Smith
15. Industry or Business Hunter Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine O'Connell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Eyeris County Cork Ireland (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyral 10% sol
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, ~~stillborn~~) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature F. W. Rolfs M.D. ~~Midwife~~ Address Mullan Ida Date Jan 2 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1942

MAY 12 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

393 103 028 485

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

JAN 26 1942 STATE OF IDAHO

State File No. 331660
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ____ days.
IN THIS county ____ years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 9 yrs.
(f) Mother's mailing address R.F.D. No. 1

3. RESIDENCE of FATHER (city, state) Same

4. FULL NAME OF CHILD L.B. Tillinghast

5. Date of Birth (Month, day, year) June 3, 1913

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Ollie Tillinghast	16. FULL MAIDEN NAME Theresa May Dyer
11. Color or Race White 12. Age at time of THIS birth 24 yrs.	17 Color or Race White 18. Age at time of THIS birth 17 yrs.
13. Birthplace Hico (City or town) Texas (State or foreign country)	19. Birthplace Oklahoma Ind. Terr. (City or town) (State or foreign country)
14. Exact Occupation Farmer	20. Exact Occupation House wife
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 9:10 p.M. on the date and at the place stated above, and that personal particulars were furnished by Theresa May Tillinghast (First name) (Last name), who is related to this child as Mother (Mother, etc.) [signature]

26. (a) JAN 26 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date ____

State of ____ } ss.
County of ____

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Theresa May Tillinghast or Scranton being first duly sworn, say that I am related (Related to (or) acquainted with) L. B. Tillinghast (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter [illegible], 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Dwyer (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Theresa May Tillinghast Scranton Signature
3330 49th Ave. P. O. Address

Subscribed and sworn to before me on this 21 th day of January, 1942

(SEAL) Walter Nicholas Wheeler Notary Public, residing at 2975-35 st Sacramento Cal

MY COMMISSION EXPIRES FEB. 6 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

986-22/028-465

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 331666

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 2 1942

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 1 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** ALICE EVELYN RHODES

5. Date of Birth of Child (Month, day, year) JULY 21, 1913

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd - -

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** ROBERT RHODES
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Spokane (City or town) Washington (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RUBY ELIZABETH MONTGOMERY
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace St. Cloud (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name ~~prophylactic~~ used to prevent Ophthalmia Neonatorum sterile water

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above and that personal particulars were furnished by Robert (First name) Rhodes (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Robert Rhodes M.D. ~~Midwife~~ Address 2602 Harbor Ave. Seattle, Washington Date Jan. 30, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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168 131 026 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 331667
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Theodore Johnson

5. Date of Birth of Child (Month, day, year) Dec. 31, 1913

6. Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Reg.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Rees Louis Johnson ~~Reece Lewis~~ Johnson
11. Color or Race W
12. Age at time of THIS birth 28 yrs.
13. Birthplace Utah (City or town) (State or foreign country)
14. Exact Occupation Herding sheep
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia May Livingston
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Dr. Shoop - deceased Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 54+ years of age, that I have known this person for 28+ years, and that Dr. Shoop (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia ~~May~~ Livingston Johnson Signature
Burley Idaho P. O. Address

Subscribed and sworn to before me this 30 day of January, 1942
(SEAL) Henry H. Tucker Notary Public, residing at Burley Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

AUG 10 1953

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395106 010-767

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 331909
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 1 1941

1. PLACE OF BIRTH
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. 16th Street
(d) Name of Hospital or Maternity Home: Mrs. Bertha Moran's home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 43 days.
IN **THIS** county years 5 month 6 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5½ yrs.
(f) Mother's mailing address Irwin, Idaho

3. RESIDENCE of FATHER (city, state) Irwin, Ida.

4. FULL NAME OF CHILD Woodrow Wilson Linville

5. Date of Birth (Month, day year) 5/6/1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Elijah Wilson Linville

11. Color or Race White

12. Age at time of THIS birth 46 yrs.

13. Birthplace Kernersville, North Carolina (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Ann Pope

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Kernersville, North Carolina (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ann Linville (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) OCT 1 1941 (Date received) Mary Pope (Registrar's signature)

RECEIVED

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Bonneville }

I, Mary Ann Linville Martin, being first duly sworn, say that I am related (Related to (or) acquainted with) Woodrow Wilson Linville (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. T. C. Watson (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mary Ann Linville Martin Signature

455 Pleasant View Idaho Falls Idaho P. O. Address

Subscribed and sworn to before me on this 30th day of September 1941

(SEAL) E. W. Owen Notary Public, residing at Idaho Falls

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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417-121-042-355

331962

331962

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1942

State File No. 331962
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. 7th Street
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Roland Magee

5. Date of Birth of Child (Month, day, year) October 21, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ronald Y. Magee

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Bringham City (City or town) Utah (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lottie Ann Lee

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Kearney (City or town) Nebraska (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Twin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the blood Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 28 years, and that Dr. McCluskey (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence A. Drury Signature

Route # 1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of February, 19 42

(SEAL) My Commission expires October 13, 1944 Margaret Smoka Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-912, Idaho Code Annotated.)

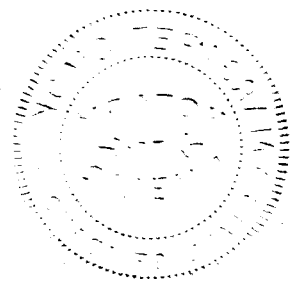
Received for filing on FEB 13 1942 by ....., Registrar.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



418-114 039 814

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

FEB 9 1942 CERTIFICATE OF BIRTH

1. PLACE OF BIRTH
County of Power
City of Rockland
No. ..... St.
Private Home
(If born in hospital or institution give name.)

Registration District No. ..... State File No. 332095
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Clifton Alfred May

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Dec. 14, ~~193~~ 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Andrew Lionel May	18. Full maiden name Myrtle ~~Harvey~~ Harris
10. Residence (usual place of abode) (If non-resident, give place and State) Rockland Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Rockland Idaho
11. Color or race W | 12. Age at last birthday 19 (years)	20. Color or race W | 21. Age at last birthday 19 (years)
13. Birthplace (city or place) (State or Country) Calls Fort Utah	22. Birthplace (city or place) (State or Country) Racine Wisconsin
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? Ag NO_3

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 p.m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) V. G. Logan, M. D.
or ....., Midwife
Address Rockland, Idaho

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

Filed FEB 9 1942, 193.. Mabel F. Elder
Registrar.

FEB 25 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 332095

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Mother's Name	Harvies	Harris

Subscribed and sworn to before me this 26th day of May, 19 42

Edmund E. Orr
Notary Public, residing at Boise, Idaho

My commission expires 6-24-43
(SEAL)

Signed Myrtle Harris May
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of May, 19 42

Edmund E. Orr
Notary Public, residing at Boise, Idaho

My commission expires 6-24-43
(SEAL)

Signed Andrew Lionel May Jr.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

239-129-033-842

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332176
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Thornton
(c) Street Address or R.F.D. No. RFD #1
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Thornton
(d) Street Address or R.F.D. No. RFD #1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Thornton, RFD #1

4. FULL NAME OF CHILD Reynold Struhs

5. Date of Birth of Child (Month, day, year) June 29, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Struhs
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Solothurn, Switzerland (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Lydia Huber
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Zurich, Switzerland (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for ..... years, and that Dr. Ormsby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph Struhs Signature
Thornton, Idaho, RFD #1 P. O. Address

Subscribed and sworn to before me this 10th day of February, 1942

(SEAL) [signature] Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 9 1942

NOV 2 1955

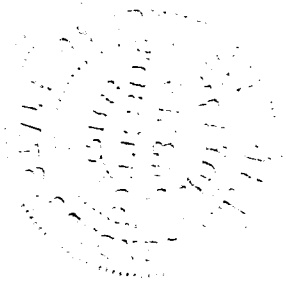
JAN 15 1975

FEB 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-115008-415 FEB 16 1942 332226

1

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332226
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Thomas
(c) Street Address or R.F.D. No. F
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Thomas
(d) Street Address or R.F.D. No. F
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Thomas, Idaho

4. FULL NAME OF CHILD Lillian Laperal Buchanan

5. Date of Birth of Child (Month, day, year) April 15, 1913

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Henry Buchanan
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anne Fransette Manning
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Thurber (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Contra Costa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 years, and that Dr. Thomas (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Buchanan Signature
[illegible] P. O. Address

Subscribed and sworn to before me this 20 day of February, 1942
(SEAL) [illegible] Notary Public, residing at [illegible]
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 4 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-110-042-755

332261

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

JAN 27 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 301 5th Av.East
(d) Name of Hospital or Maternity Home: None--
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ..... days. IN THIS county 7 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 301 5th Av. E.
(e) How long has MOTHER lived in Idaho? 7 yrs.
(f) Mother's mailing address 301 5th Av. E.

3. RESIDENCE of FATHER (city, state) Twin Falls

4. FULL NAME OF CHILD Frank Eldon Ward

5. Date of Birth (Month, day, year) Oct. 10, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Benj. Franklim Ward

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace Dexter (City or town) Oregon. (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Gentry. Ward

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Winterset (City or town) Iowa (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9:15 P M. on the date and at the place stated above, and that personal particulars were furnished by Sarah E. Ward (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) JAN 27 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Minnie Peterson M.D. (D.O., Midwife, etc.)
and address R 1, Buhl, Ida. Date 1/22/42

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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✓ 918-126-026-459

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332288
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Jefferson (b) City Annice
(c) Street Address or R.F.D. No. Loomis R.I.
(d) Name of Hospital or Maternity Home at home
X (e) Mother's stay **BEFORE** delivery: IN **THIS** county [redacted] years months / days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Annice
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Annice Ida

4. **FULL NAME OF CHILD** John Pearis Raymond

5. Date of Birth of Child (Month, day, year) Nov 26, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pearis Raymond
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Smithfield Utah (City or town) (State or foreign country)
14. Exact Occupation W. L. Sawyer Farmer
15. Industry or Business Livestock

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Irene Merrill
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Smithfield Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living four

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) 6 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Dr. Sam Price (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Raymond Lessey Signature
Rigby-1 P. O. Address

Subscribed and sworn to before me this 7th day of February, 19 42

(SEAL) Basil R. Kennett Notary Public, residing at Rigby, Idaho.

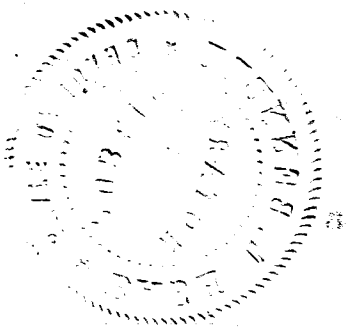
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by [signature] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



985-220-023-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 3 1942

State File No. 332291

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gem (b) City Emmett

(c) Street Address or R.F.D. No. 1

(d) Name of Hospital or Maternity Home: none

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 1 months 3 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gem

(c) City Emmett

(d) Street Address or R.F.D. No. 1

(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Zella Mae Rynearson

5. Date of Birth of Child (Month, day, year) 1/20/13

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Marlow Rynearson

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Salt Lake City. (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hanner Rebecca Smith

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Heber City. (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracic Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that James (First name) L. Green (Last name) M.D., who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hanner Rebecca Rynearson Signature

R.F.D. 2, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of January, 19 42

(SEAL) Margaret Drake Notary Public residing at Emmett Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires Oct 13, 1944

Received for filing on FEB 3 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

+ 393-209-028-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 11 1942

State File No. 332327
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. Linden ave
(d) Name of Hospital or Maternity Home: Home Delivery
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. Linden Ave
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D'Alene Idaho

4. FULL NAME OF CHILD Ruth Albertina Tiller

5. Date of Birth of Child (Month, day, year) December 9, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Gustaf Tiller
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cruchagen Germany (City or town) (State or foreign country)
14. Exact Occupation Planer Foreman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Leo Burpee
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Merrian Junction Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr John Busby (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Myrtle Tiller Signature
Post Falls Idaho P. O. Address

Subscribed and sworn to before me this 10 day of Feb 1942
(SEAL) [signature] Notary Public, residing at Post Falls Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 21 1952

431-131-32-316

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 28 1942 CERTIFICATE OF BIRTH STATE OF IDAHO

Lincoln

State File No. 332330
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jerome (b) City Jerome
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jerome
(c) City Jerome Lincoln
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Ida

4. FULL NAME OF CHILD James Murl McJunkin

5. Date of Birth of Child (Month, day, year) Mar. 31-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Thadius McJunkin

11. Color or Race white

12. Age at time of THIS birth 33 yrs.

13. Birthplace Pikeville, Tenn (City or town) (State or foreign country)

14. Exact Occupation laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Anna Lawson

17. Color or Race white

18. Age at time of THIS birth 28 yrs.

19. Birthplace Pikeville Tenn (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 p M. on the date and at the place stated above, and that personal particulars were furnished by Margaret Rockwell (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Dr. Ed Piper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret H McJunkin Rockwell Signature

Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of January, 19 42

(SEAL) Estella H Pierce Notary Public, residing at Jerome, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-3-42 by Estella H Pierce, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-23-042-437

332345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JAN 28 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberley
(c) Street Address or R.F.D. No. R F D 2 8
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberley
(d) Street Address or R.F.D. No. R F D 2
(e) How long has **MOTHER** lived in Idaho? All yrs.

3. RESIDENCE OF FATHER (city, state) Kimberley, Idaho

4. FULL NAME OF CHILD John William Bartow

5. Date of Birth of Child (Month, day, year) August 23, 1913

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Walter Bartow
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Mina (City or town), Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Katherine McCullough
17. Color or Race white **18.** Age at time of THIS birth All yrs.
19. Birthplace Pinneerville (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 2:50 P. M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Bartow (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature L E Wilson M.D. ~~Midwife~~ Address Twin Falls Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 28 years, and that L E (First name) Wilson (Last name) who attended this birth do not know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Bartow Signature
812 W 16th, Vancouver, Washington P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 28 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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493-202-009-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 1942 Bonners

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332351
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Bonners Ferry Bonner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Naomi Inez Miller

5. Date of Birth of Child (Month, day, year) 2-2-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Chester A. Miller
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Davenport, Wash (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillian Ola (Sweet) Miller
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Stanton, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon } ss.
County of Wasco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for ..... years, and that Dr E.E. Fry (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian Ola Miller Signature
904 Nine St. The Dalles Ore P. O. Address

Subscribed and sworn to before me this 28th day of January, 19 42

(SEAL) Chigene Courtney Notary Public, residing at The Dalles Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 3/6/45

Received for filing on JAN 30 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 16

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-109-010-595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 6 1942

State File No. 332400
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. ROUTE #2
(d) Name of Hospital or Maternity Home: BORN AT HOME WITH MRS. BRINKCOME
(e) Mother's stay **BEFORE** delivery: DR'S NAME FORGOTTEN
IN **THIS** county 5 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. ROUTE #2
(e) How long has **MOTHER** lived in Idaho? 5 yr. 11 mo. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ARTHUR JOSEPH KORN

5. Date of Birth of Child (Month, day, year) MAY 9. 1913

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd NO

8. No. months of Pregnacy 9 MO.

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRANK J. KORN
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace AUSTRIA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARY HREN
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace AUSTRIA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana
County of Silver Bow } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that Mrs. Brinkcome (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Korn Signature

P. O. Address

Subscribed and sworn to before me this FEB 5 - 1942 day of 19

(SEAL) Notary Public, residing at Butte, Montana

Notary Public for the State of Montana
My Commission Expires June 22, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on FEB 6 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

391-213-035-962

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332425
Local Reg. No.
Reg. Dist. No.

FEB 6 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ney Perce (b) City Lelland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ney Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Leland Idaho

4. FULL NAME OF CHILD Vera Faye Craig

5. Date of Birth of Child (Month, day, year) 1/13/42

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 5th **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cloud Ernest Craig
11. Color or Race White **12.** Age at time of THIS birth 23 yrs.
13. Birthplace CLIFTON (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Lee Robins
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace NASHVILLE (City or town) Tennessee (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature | M.D. Midwife | Address | Date

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 42 years of age, that I have known this person for 29 years, and that Mrs. Lindstrom (First name) (Last name), who attended this birth dicased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leland Ernest Craig Signature
KENDRICK, IDAHO P. O. Address

Subscribed and sworn to before me this 5 day of Feb., 1942

(SEAL) Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 6 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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297-216-09-381

332455

United States Department of Commerce Bureau of the Census

FEB 17 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 932455
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 30 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horse Shoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Life time

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Marie Gertrude Sieglin

5. Date of Birth of Child (Month, day, year) Dec 16 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick W. Sieglin
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Scotland (City or town) Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret J. Chartier
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Garden Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Margaret (First name) Sieglin (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M. H. Tallman M.D. ~~Midwife~~ Address Miami, Fla. Date 2/9-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Mabel Egan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB - 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-125-028-162 332480

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332480
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Coeur d'Alene Hospital
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. P. O. Box 725
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Arthur Ingemor Dahl

5. Date of Birth of Child (Month, day, year) 9-25-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ingemor Larson Dahl
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Norway (City or town) (State or foreign country)
14. Exact Occupation Shipping Clerk
15. Industry or Business Blackwell Lumber Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Olene Josephine Monson
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Allamakee County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive ~~and now living~~ 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 28+ years, and that John (First name) C. Dwyer, M.D. (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Dahl Signature

1106 Second Street, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of January, 1942.

(SEAL) M. B. Hawkins Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Mabel E. Lager, Registrar.

FEB 17 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Fish Haven
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) FISH HAVEN IDAHO

4. FULL NAME OF CHILD Earl Gerald Pugmire

5. Date of Birth of Child (Month, day, year) 3/24/13

6. Sex Male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Justin Gerald Pugmire
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Fish Haven (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Clara L. Zina Barker Pugmire
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace St. Charles (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Hannah Pugmire (First name) (Last name) who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Hannah Pugmire M.D. Midwife Address 6027 Make and Date Feb 16 Los Angeles

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1942

MAR 9 1961

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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231-104 024136

332667

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

FEB 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332667
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs 10 mo yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alexander Berlin Stanfield

5. Date of Birth of Child (Month, day, year) Feb-4-1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carlos Lendor Stanfield
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Riley (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Floy Zelota Stanfield
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Douglass (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oklahoma } ss.
County of Oklahoma }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. F. T. (First name) Carey (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Floy Zelota Stanfield Signature
223½ N.W. 1st, Oklahoma City, Okla. O. Address

Subscribed and sworn to before me this 18 day of February, 19 42

(SEAL) Mabel Morris Notary Public, residing at Oklahoma City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) My Com. Ex. Nov. 29, 1943

Received for filing on FEB 19 1942 by ____, Registrar.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-1250 04-714

332676

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332676
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake. (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State I (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Gorden James Hansen

5. Date of Birth of Child (Month, day, year) July 25, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Hyrum Hansen
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Bloomington, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca Gambling
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace South Hampton, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housework

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 years of age, that I have known this person for 28 years, and that Dr. D. O. Pointer (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rebecca Hansen Signature
1700 Vista, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 19th day of February, 1942

(SEAL) L. Hansen Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 '42 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Dept of 1913 - 15189

DELAYED

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United States Department of Commerce Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child)

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Garden Valley
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county no years 7 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Garden Valley, Idaho
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Roscoe Clinton Heizer

5. Date of Birth of Child (Month, day, year) Dec. 5, 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roscoe Conklin Heizer
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Ness City, Kansas (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Susie Hedden
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Housewife Corral, Idaho (City or town) (State or foreign country)
20. Exact Occupation ~~Home~~ Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Mrs. Nass Carpenter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie H. Heizer Signature
Route 1, Wilder, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 19 42.
(SEAL) Frank L. Foster Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

dup 1913-DE76-421 VOIDED

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United States Department of Commerce Bureau of the Census — FEB 20 1942 — Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332689
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Lewiston Orchards
(d) Name of Hospital or Maternity Home: at home — Lew Orchards
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. Lew Orchards
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Same —

4. FULL NAME OF CHILD Paul Morton Flinn

5. Date of Birth of Child (Month, day, year) Nov 16, 1913

6. Sex M **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? ✓

FATHER OF CHILD

10. FULL NAME Edward Morton Flinn
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.
13. Birthplace Flinn Township Indiana (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Maurice
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Lewiston Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Same

22. ~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Nez Perce }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Dr. (First name) J. B. Morris (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edward Morton Flinn — Signature
1122 - 14th Ave - Lewiston Idaho — P.O. Address

Subscribed and sworn to before me this 16th day of February, 1942

(SEAL) Teresa Churchmann — Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 20 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 13 1971

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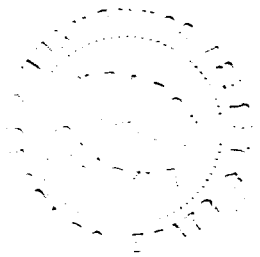
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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332691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332691
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. NOT KNOWN
(d) Name of Hospital or Maternity Home: NOT KNOWN
(e) Mother's stay **BEFORE** delivery: NOT KNOWN
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. NOT KNOWN
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) BOISE, IDAHO

4. **FULL NAME OF CHILD** ADOLPH DUNLAP NELSON

5. Date of Birth of Child (Month, day, year) JULY 1, 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ADOLPH NELSON

11. Color or Race WHITE

12. Age at time of THIS birth 32 yrs.

13. Birthplace SWEDEN (City or town) (State or foreign country)

14. Exact Occupation BUTTER MAKER

15. Industry or Business DAIRY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RUTH HELEN DUNLAP

17. Color or Race WHITE

18. Age at time of THIS birth 21 yrs.

19. Birthplace ST. CHARLES MO. (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that do not remember (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adolph Nelson
Signature

4226 No. Alexandria St
P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942

(SEAL) Robert Linney
Notary Public, residing at Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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JUL 26 1949

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332715
FEB 11 1942
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Irene Viola Stoner

5. Date of Birth of Child (Month, day, year) August 29, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alfred Stoner
11. Color or Race White **12.** Age at time of THIS birth 39 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Section Laborer
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Kunzler
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Dingle, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Bear Lake } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Dr. Geo. F. Ashley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Anna Kunzler Stoner Signature
Box 116, Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of January, 19 42.

(SEAL) Levi Aland Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 11 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

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DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 332732
Local Reg. No.
Reg. Dist. No.

FEB 17 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Douglas Merion Elder

5. Date of Birth of Child (Month, day, year) Sep 26 - 1913

6. Sex male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gilbert Silvanus Elder
11. Color or Race white 12. Age at time of THIS birth 42 yrs.
13. Birthplace near Malamala Wash (City or town) (State or foreign country)
14. Exact Occupation Farmer retired
15. Industry or Business own some town property

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elzina Ann Willson
17. Color or Race White 18. Age at time of THIS birth 35 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 28 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws. (affidavit attached)

Gilbert Silvanus Elder Signature
Bly, Oregon P. O. Address

Subscribed and sworn to before me this 14 day of Feb, 1942
(SEAL) Maynard Wilson Notary Public, residing at Klamath Falls, Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 9 1942

State File No. 332778
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Idaho

4. FULL NAME OF CHILD Esther Brown

5. Date of Birth of Child (Month, day, year) Mar. 27, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Alonzo Brown
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Oxford, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lola Smith
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Egin, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 27 years, and that T. G. Heine (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Alonzo Brown Signature

Rexburg, Idaho; Route #3 P. O. Address

Subscribed and sworn to before me this 3d day of February, 19 42.

(SEAL) Mary Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mary Steffen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 10 1942

State File No. 332779
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Wash. (b) City Weiser
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 11 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Wash.
(c) City Weiser
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Ida.

4. FULL NAME OF CHILD Robert allyn Gilderoy

5. Date of Birth of Child (Month, day, year) 12-3-1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Rufus Emery Gilderoy
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Weiser (City or town) Ida (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Irma Bertha Wallace
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Salubria Ida (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 5 a. M. on the date and at the place stated above, and that personal particulars were furnished by Irma Gilderoy (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's X **OWN** signature Mrs Emma Webb Midwife X Address Weiser Ida Date 1-29-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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BOTH DELAYED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 16 1942

State File No. 332787
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Preston, Idaho

4. FULL NAME OF CHILD Preston SKidmore Cutler

5. Date of Birth of Child (Month, day, year) July 4, 1913

6. Sex male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Allen Riley Cutler Sr.
11. Color or Race White **12.** Age at time of THIS birth 51 yrs.
13. Birthplace American Fork Canyon, Utah (City or town) (State or foreign country)
14. Exact Occupation Physician and Surgeon
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Malinda Ray SKidmore
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Richmond, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Allen R. Cutler Sr. (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Malinda R. Cutler Signature
26 N. 1st East Preston, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of Feb, 1942

(SEAL) ____ Notary Public, residing at PRESTON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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332869

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO FEB 18 1942

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Squirrel,
(c) Street Address or R.F.D. No. nil.
(d) Name of Hospital or Maternity Home: at parents res: 4 mi. E. Squirrel.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Fremont
(c) City Squirrel.
(d) Street Address or R.F.D. No. nil.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Ida.

4. FULL NAME OF CHILD Edith Emlen Prinsen,

5. Date of Birth of Child (Month, day, year) Feb. 16, 1913.

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward Prinsen.

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Cedar Grove, (City or town) Wis. (State or foreign country)

14. Exact Occupation Miller

15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Claudia Moore,

17. Color or Race white

18. Age at time of THIS birth 32 yrs.

19. Birthplace Villisca, (City or town) Iowa. (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Dr. E.A. Price, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Claudia Prinsen Signature

1011, 6th. St. Rupert, Idaho. P. O. Address

Subscribed and sworn to before me this 16 day of Feb., 1942.

(SEAL) Paul [illegible] Notary Public, residing at Rupert, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 1 ? 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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332951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 16 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 34 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Wash.
(c) City Midvale
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale, Id.

4. FULL NAME OF CHILD Douglas Woodrow Lee Miller

5. Date of Birth of Child (Month, day, year) June 2, 1913.

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ira Andrew Miller
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Barton County, Kansas (City or town) (State or foreign country)
14. Exact Occupation Farming.
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Bell Palmer
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Midvale, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Borac Acid Water.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon
County of Coos } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 28 years, and that Ella (First name) Sturatt (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Bell Palmer Miller ..... Signature

NOTARY PUBLIC FOR OREGON
My Commission Expires April 24, 1945.

North Bend, Oregon. ..... P. O. Address

Subscribed and sworn to before me this 13th. day of February, 1942.

(SEAL) Irwin D. Skinner ..... Notary Public, residing at North Bend, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859 109 042-319.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 332993
Local Reg. No. 1
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 9 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. RR#3
(e) How long has **MOTHER** lived in Idaho? 43 yr. yrs.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Leonard Smith Herrington

5. Date of Birth of Child (Month, day, year) June 9, 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD Leonard Smith Herrington **MOTHER OF CHILD**

10. FULL NAME Smith Herrington

16. FULL MAIDEN NAME Kittie Pink Cary

11. Color or Race white

12. Age at time of THIS birth 31 yrs.

17. Color or Race white

18. Age at time of THIS birth 21 yrs.

13. Birthplace Scuyler (City or town) Co. unt., Nebr (State or foreign country)

19. Birthplace Latah (City or town) Washington (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

20. Exact Occupation House ife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that Dr. A.F.McClusky (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kittie Pink Herrington Signature

R #1, Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of February, 1942

(SEAL)

Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 20 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county years 7 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) 30 yrs

4. FULL NAME OF CHILD Matilda Stuhlberg

5. Date of Birth of Child (Month, day, year) Feb. 10-1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Christian Stuhlberg

11. Color or Race White **12.** Age at time of THIS birth 34 yrs.

13. Birthplace Odessa (City or town) South Russia (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Alvina Glubrecht

17. Color or Race White **18.** Age at time of THIS birth 27 yrs.

19. Birthplace Odessa (City or town) South Russia (State or foreign country)

20. Exact Occupation Farmers wife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4:00 P.M. on the date and at the place stated above, and that personal particulars were furnished by Christ (First name) Stuhlberg (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's OWN signature Christ Stuhlberg M.D. Midwife Address Date

State of Idaho } ss.
County of Jerome }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the The Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 24 years, and that Swan Freesen (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christ Stuhlberg Signature

Jerome Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942

(SEAL) William G. Comstock Notary Public, residing at Jerome Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Probate Judge & Ex-Officio Clerk

Received for filing on FEB 20 1942 by [signature] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 18 1942
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Martin Theodore Kruger

5. Date of Birth of Child (Month, day, year) July 17, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Kruger
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace S. Russia (City or town) (State or foreign country)
14. Exact Occupation Grain Buyer
15. Industry or Business Grain elevator

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Burckle
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace S. Russia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of South Dakota
County of Hutchinson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Annie Mary Kruger (First name) Midwife (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lydia Kruger Signature
Menno S.D. Dak P. O. Address

Subscribed and sworn to before me this 16th day of February, 1942

(SEAL) Theodore McKelvy Clerk of Courts Notary Public, residing at Olivet, S.Dak.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 18 1942 by Mary H Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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FEB 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 19 1942

State File No. 333215
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Silver City
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Silver City
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Silver City, Idaho

4. FULL NAME OF CHILD JOHN GOROSTIZA

5. Date of Birth of Child (Month, day, year) June 18, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joe Ramon Gorostiza
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Aspe-Arrazola, Spain (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Urizar
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Aspe-Arrazola, Spain (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho, } ss.
County of Owyhee, }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that W. H. Schuyler, M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ramon Gorostiza Signature

Murphy, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 19 42

(SEAL) Milo Axelson Notary Public, residing at Murphy, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 19 1942 by Mark H. Wilson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334378
Local Reg. No.
Reg. Dist. No.

FEB 17 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? over 21 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ellis Lewis Gilbert.

5. Date of Birth of Child (Month, day, year) May 29 1913

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Josiah J. M. Gilbert
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Cedar City (City or town) Utah. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Priscilla Reese
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Dempsey (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. }
County of Kern } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that Dr. D. C. Kay (First name) (Last name), who attended this birth I know nothing (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Priscilla Gilbert Signature
Bakersfield, Calif. P. O. Address

Subscribed and sworn to before me this 23 day of February, 1942
(SEAL) [illegible] Notary Public, residing at Bakersfield Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on FEB 17 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942
MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO FEB 9 1942

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 1 months few days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County.....
(c) City Sandpoint
(d) Street Address or R.F.D. No. Gen. Del
(e) How long has **MOTHER** lived in Idaho? 1 yr 1 mo yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint Ida

4. FULL NAME OF CHILD Richard Joseph Doe

5. Date of Birth of Child (Month, day, year) Jan 18 - 1913

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Frank A. Doe
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Barron (City or town) Wis. (State or foreign country)
14. Exact Occupation Sawmill worker
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Zelia Marie St Louis
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Pilot (City or town) Wis. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr Stack house (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zelia Marie Doe ..... Signature
Rt 1 Bx 34, Medford Ore. ..... P. O. Address

My Commission Expires May 19, 1945

Subscribed and sworn to before me this 7th day of February, 1942

(SEAL) Florence C. Foster ..... Notary Public, residing at Medford, Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 9 1942 by Mabel Fletcher, Registrar.

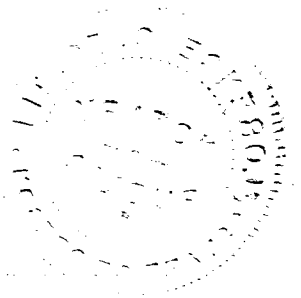
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



4

513/105042/197

334413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 11 days 15

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D. No 2
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls, Idaho

4. **FULL NAME OF CHILD** John Wesley Eaton

5. Date of Birth of Child (Month, day, year) Feb. 5 - 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Lowell Eaton
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace South Hampton (City or town) New Hampshire (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Myrtle Argyle
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Salem (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 29 years, and that Mrs. Mary Homan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Eaton Graine — Signature

Box 715, El Cajon, California — P. O. Address

Subscribed and sworn to before me this 19 day of February 19 42

(SEAL)

My Commission Expires June 7, 1944.

Geo L Waite — Notary Public, residing at El Cajon, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mary H Lefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334578
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Fredrick Corbett

5. Date of Birth of Child (Month, day, year) July 27, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Fredrick Corbett
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer Sheepraiser
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Gwyther Higginson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Malad Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Idaho } ss.
County of Lemhi }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Alice Aston (First name) (Last name), who attended this birth, Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louisa G. Corbett ..... Signature

Salmon, Idaho ..... P. O. Address

Subscribed and sworn to before me this 23rd day of February, 19 42.

(SEAL) Kenneth E. McBride ..... Notary Public, residing at Salmon, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mark Heller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 3 1964

AUG 1 5 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-130010-533

334589

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334589
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. Gen Del
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Gen Del
(e) How long has **MOTHER** lived in Idaho? 2 – – yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls Ida.

4. FULL NAME OF CHILD Robert Earl Wilkinson

5. Date of Birth of Child (Month, day, year) Aug 30 - 1913

6. Sex Male. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Alban Wesley Wilkinson
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Reno Co (City or town) Kansas (State or foreign country)
14. Exact Occupation dry farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Beatrice Winnifred Ellis
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Tecumseh (City or town) Neb. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Calif. } ss.
County of San Joaquin }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Neighbor Fogelsong (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Beatrice Winnifred Wilkinson Signature
R13 Box 442 Stockton Calif. P. O. Address

Subscribed and sworn to before me this 25th day of February, 1942.

(SEAL) Edith A Hodges Notary Public, residing at 343 E Weber Stockton, Calif.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by [illegible], Registrar.

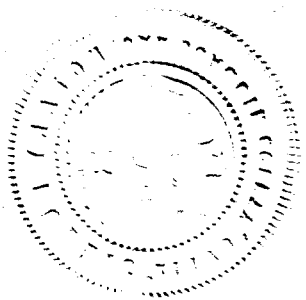
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



713-208 025-313

334624

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334624
Local Reg. No.
Reg. Dist. No.

MAR 3 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Harrisburg Ida

4. FULL NAME OF CHILD Cleta Irene Gallaher

5. Date of Birth of Child (Month, day, year) April 8, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edward L Gallaher
11. Color or Race White **12.** Age at time of THIS birth 52 yrs.
13. Birthplace Lebanon (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Calvert
17. Color or Race White **18.** Age at time of THIS birth 43 yrs.
19. Birthplace Walla Walla (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 13 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 29 years, and that Hanna George (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle V Henderson Signature
908 N 15th St Boise Idaho P. O. Address

Subscribed and sworn to before me this 21st day of February, 1942

(SEAL) Mabel B Havnick Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. exp. 1-22-45

Received for filing on MAR 3 1942 by Mary F Eden, Registrar.

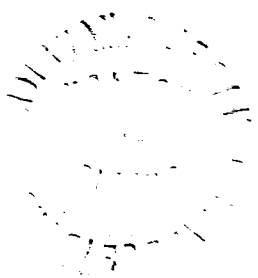
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



+ 866-129 007819

334655

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Carey
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at own Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 5 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Carey
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey Idaho

4. **FULL NAME OF CHILD** Leonard John Howard

5. Date of Birth of Child (Month, day, year) 6, 29, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Wilford Howard
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Lancashire England (City or town) (State or foreign country)
14. Exact Occupation Mechanic
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Ann Harris
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Mackay Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Margaret Harris (First name) (Last name) attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Ann Howard Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 23 day of February, 1942

(SEAL) Alice A. York Notary Public, residing at Carey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Weber, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No change for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by~~ the local registrar for ~~record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-21-4039-799

334845

United States Department of Commerce Bureau of the Census

MAR 4 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls Idaho
(c) Street Address or R.F.D. No. Rural Route
(d) Name of Hospital or Maternity Home: Rosmet Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. Rural Route
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same Idaho

4. FULL NAME OF CHILD Goldie Marie Waltman

5. Date of Birth of Child (Month, day, year) Feb. 14 1918

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Amos Waltman
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Curtisville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Lila Griffard
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace St. Maries, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Canyon, } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that nurse from hospital (First name), (name unknown) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Waltman Signature
1103 13th Avenue So. Nampa, Ida. P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.

(SEAL) ..... Notary Public, residing at Nampa, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

7/3-105 044-356 MAR 4 1942 334853

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334853
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser Idaho

4. FULL NAME OF CHILD Carl Appleton Pack

5. Date of Birth of Child (Month, day, year) May 6 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earle Alexander Pack
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Emerson (City or town) Kansas (State or foreign country)
14. Exact Occupation Salesman and Manual Labor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Bernice Lewis
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace La Grande (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for about 6 years, and that Wm A Wallace (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sarah Bernice Pack Signature
..... P. O. Address

Subscribed and sworn to before me this 4 day of March, 1942

(SEAL) Ralph A Bussman Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mary E Elder, Registrar.

MAR 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DWPC 1913-13829

C 762-118 003-253

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Utah (b) County
(c) City Tremonton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Miles William Goss

5. Date of Birth of Child (Month, day, year) Aug 18, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Myron M. Goss
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Millbrook, Michigan (City or town) (State or foreign country)
14. Exact Occupation Agriculture
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Arka Ann Belknap
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Braxton, West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Box Elder }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (FOSTER) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 23 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature Arka Ann B Goss

P. O. Address Brigham City, Utah

Subscribed and sworn to before me this 5th day of March, 19 42

(SEAL) My Comm Exp 12-5-1945 James Brough Notary Public, residing at Tremonton, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-107-039-845

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 334956
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: American Falls Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 9 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland Idaho

4. FULL NAME OF CHILD Ernest Robert Mac Neil

5. Date of Birth of Child (Month, day, year) Apr. 2 - 1913

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Roy Mac Neil
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Muriel Hunter
17. Color or Race white **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive or stillborn) at 2:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by Roy MacNeil (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature V H Logan M.D. ~~Midwife~~ Address [redacted] Date 2 - 27 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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334994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Kendrick
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Kendrick
(d) Street Address or R.F.D. No. R.F.D. 2
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Kendrick Idaho

4. FULL NAME OF CHILD Raymond Herman Roberg

5. Date of Birth of Child (Month, day, year) Sept. 13, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William John Roberg
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Essen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Mary Vondinbosch
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace O (City or town) Ohio U.S.A. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Solution

23. Number of children of this mother: (a) At time of birth and including this child 10th (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Anne (First name) Storms (Last name), who is related to this child as Sister (Mother, etc.)

25. Attendant's **OWN** signature Anne Storms M.D. Midwife Address 1514 W. Courtland Date 2/21/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that no attendant except sister (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

✓ Katie Mary Roberg Signature
1423 W. Stafford P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942

(SEAL) Arthur L. Lewis Notary Public, residing at 7286 Beverly Blvd

My Commission Expires January 27, 1946

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 88, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-102-031-796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335005
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No. Residence
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Idaho

4. FULL NAME OF CHILD Paul Francis Jacquemin

5. Date of Birth of Child (Month, day, year) Nov, 2. 1913.

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Amos Norman Jacquemin
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Blossburg, Pa. (City or town) (State or foreign country)
14. Exact Occupation Clergyman
15. Industry or Business Preaching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Emma Prosser.
17. Color or Race White
18. Age at time of THIS birth 37. yrs.
19. Birthplace Brisbin Pa. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home making

22. Name prophylactic used to ~~prevent Ophthalmia Neonatorum~~ Silver Nitrate I %

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Amos Jacquemin (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Kamiah Id Date 2/17/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

842-108028 433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

File No. 335027

CERTIFICATE OF BIRTH

STATE OF IDAHO

Reg. No.

Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Couer d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county ..... years ..... month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Couer d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.
(f) Mother's mailing address Rockford, Wn.

3. **RESIDENCE of FATHER** (city, state). Couer d'Alen

4. **FULL NAME OF CHILD** James De Vern Hubbard

5. Date of Birth (Month, day, year) Aug. 8, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Jackson Hubbard
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Davenport (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Elizabeth Mc Clellan
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Couer d'Alene (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Elizabeth Hubbard (First name) (Last name) is related to this child as mother (Mother, etc.)

26. (a) ..... (Date received) (b) Mary [illegible] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Almira J Davis (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Walla Walla } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Bertha Elizabeth Hubbard, being first duly sworn, say that I am related to (Related to (or) acquainted with) James De Vern Hubbard (Name of person on certificate above) as his mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Clinton (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Bertha Elizabeth Hubbard Signature

..... P. O. Address

Subscribed and sworn to before me on this 5th day of February, 1942

(SEAL) M. A. Stafford Notary Public, residing at Walla Walla, Wash.

My Commission expires July 21st, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6

AUG 14 1970

OCT 30 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 2 1942

State File No. 335029

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 510 Fifth Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Bonner.
(c) City Sandpoint Idaho.
(d) Street Address or R.F.D. No. 510 Fifth Ave
(e) How long has MOTHER lived in Idaho? 13 yrs.
(f) Mother's mailing address 510 Fifth Ave.

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD George Leonard Ulrich.

5. Date of Birth (Month, day, year) July 26. 1913.

6. Sex M

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Leonard Earl Ulrich.
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Eau Claire Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Druggist
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret ~~Ulrich~~ Murray.
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace De Tour Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One. (b) Born alive and now living One. (c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) Mar. 2, 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

Mrs Jas Savage, being first duly sworn, say that I am Aunt (Related to (or) acquainted with) George Leonard Ulrich (Name of person on certificate above) Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that I was present (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs James Savage Signature
327 S Boyer Address

Subscribed and sworn to before me on this 28 day of Feb, 1942

(SEAL) Arthur R Bowden Notary Public, residing at Sandpoint Ida

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-120 042445 335120 MAR 6 1942 335120

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 335120
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. 9th ave N
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County T Falls
(c) City Buhl,
(d) Street Address or R.F.D. No. 9th ave n
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address 411, 6th ave aest

3. RESIDENCE of FATHER (city, state) Twin Falls,

4. FULL NAME OF CHILD Seth Charles Stewart

5. Date of Birth (Month, day year) March 22 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME S. Claud Stewart
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fairgrove (City or town) Mich (State or foreign country)
14. Exact Occupation Dept. Recorder
15. Industry or Business Twin Falls County

MOTHER OF CHILD

16. FULL MAIDEN NAME Gladys Hurlburt Dunn
17. Color or Race W
18. Age at time of THIS birth 23 yrs.
19. Birthplace Jones (City or town) Michigan (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by S Claud Stewart (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) March 4th 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature [signature] M.D. (D.O., Midwife, etc.)
and address Twin Falls, Ida. Date 3 4 42

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

MAR 10 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-103-044-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335136
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 4 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Cambridge, Idaho

4. FULL NAME OF CHILD Archie Fred Brandt

5. Date of Birth of Child (Month, day, year) May 3, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Brandt
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City unknown) (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Jane Hannan
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cambridge (City or town), Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that Dr. Charles E. Schmitz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie Brandt Signature
Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 21 st day of February, 1942
(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by Mabel F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335147
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No. 1038 Mountain Av.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d Alene
(d) Street Address or R.F.D. No. 1038 Mountain
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Anna Agnes Edith Peterson

5. Date of Birth of Child (Month, day, year) 12/9/1913

6. Sex Female

7. Twin or Triplet , If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Gunner Hartvig Peterson
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace SWEDEN (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber business

MOTHER OF CHILD

16. FULL MAIDEN NAME AGNES Karolina Beckstrom
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace SWEDEN (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Stevens }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Dr. John (First name) Shepherd (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gunnar Hartvig Peterson Signature

Boyds, Wash. P. O. Address

Subscribed and sworn to before me this 21st day of FEBRUARY, 19 42

(SEAL) Notary Public, residing at Colville, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 21 1942

State File No. 335157
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nes Perce (b) City Spalding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nes Perce
   (c) City Spalding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Blanchard Donald Cline

5. Date of Birth of Child (Month, day, year) Oct. 10, 1913

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frankford Lorenzo Cline
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Elk Point, (City or town) South Dakota (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Alice Martin
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Middle Wallop, (City or town) England (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon
County of Grant } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 28 years, and that Dr. Shaft (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emily Alice Martin Cline Signature

Prairie City, Oregon P. O. Address

Subscribed and sworn to before me this 18th day of February, 1942

(SEAL) ..... Notary Public for Oregon Notary Public, residing at Prairie City, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-911, Idaho Code Annotated.)

My commission expires Aug. 20, 1945

Received for filing on FEB 21 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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335177

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Kooskia, Ida

4. FULL NAME OF CHILD Austin Corbett

5. Date of Birth of Child (Month, day, year) July 17th 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Corbett
11. Color or Race Indian **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Kooskia, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth La France
17. Color or Race Indian **18.** Age at time of THIS birth 23 yrs.
19. Birthplace New York (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10 a. M. on the date and at the place stated above, and that personal particulars were furnished by Elizabeth Corbett (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Hattie Jackson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Corbett Signature

Kooskia, Ida. P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL) E. J. Cleland Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mark H. Gladson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 0 1942

AUG 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281 723-042-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 26 1942

State File No. 335179
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) ~~Street Address or~~ R.F.D. No. 4
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 1 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) ~~Street Address or~~ R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Buhl Idaho

4. FULL NAME OF CHILD Eugene Elmer Shaub

5. Date of Birth of Child (Month, day, year) April 23-1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elmer J. Shaub
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Emerson (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Mary Bridgeman
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace (City or town) London England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that Eugene Elmer Shaub (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Notary Public Residing at Buhl, Idaho
My commission expires November 5th, 1945

x Eliza Mary Shaub Signature
Buhl Idaho R.R. 4 P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL) A. J. Amos Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary F. Eckers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

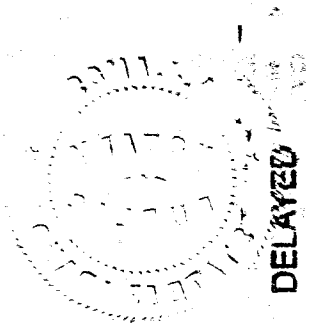
AUG 20 1957

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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335184

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No Gel Del Ida
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Post Falls Ida

4. FULL NAME OF CHILD Albert Warren Mellick

5. Date of Birth of Child (Month, day, year) Mar 7 1913

6. Sex Boy.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Silas LaCoste Mellick
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Deadwood S. Dakota (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Inez Thomas
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Ellensburg Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash. County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 25 years, and that Martha Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Florence Thomas Mellick Signature

R-6 Spokane Wash. P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942.

(SEAL) Alice G. Bergman Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mary Helen, Registrar.

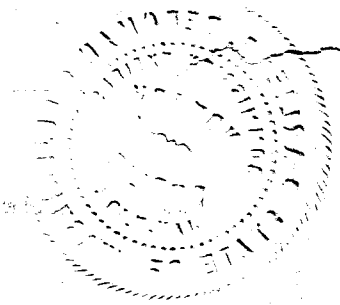
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires in advance payment of fifty cents, money order or coin.

MAR 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for~~ the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



819-202-023-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335348
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Gladys Rachel Harris

5. Date of Birth of Child (Month, day, year) April 2, 1943

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Guy Hladden Harris
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Wichita (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rachel Louisa Lake
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Juarez (City or town) Mexico (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that Dr. (First name) Green (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rachel Harris Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of March, 19 43

(SEAL) Marion E. Orr Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

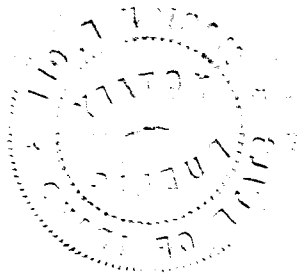
MAY 22 1954

JUN 11 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-227 028-843

335357

335357

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO Mother Deceased

State File No. 335357
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Spirit Lake
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Spirit Lake
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Spirit Lake, Ida.

4. FULL NAME OF CHILD Zella Ann Fallis

5. Date of Birth of Child (Month, day, year) 5-27-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Lafky Fallis
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Stark County, Ind. (City or town) (State or foreign country)
14. Exact Occupation retired Rail-road
15. Industry or Business Mr Ret.

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Esther Hutchinson
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Lafky Fallis Signature

Spirit Lake P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942.

(SEAL) Notary Public, residing at Spirit Lake Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mamie Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 10 1942

SEP 26 1974

MAY 14 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 794-210-203-893

335496

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At her own Home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Lyon Ida

4. FULL NAME OF CHILD Janie Hickman Pidcock

5. Date of Birth of Child (Month, day, year) July 10-1913

6. Sex Female **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Gilbert Burton Pidcock
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Isabell Hickman
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Oakland (City or town) Calif. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 61 years of age, that I have known this person for ____ years, and that Dr. F. C. Castle (First name) Pocatello (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ada Isabell Hickman Pidcock Signature
Box 241 Rupert Idaho P. O. Address

Subscribed and sworn to before me this 5th day of March 1942.
(SEAL) Geo. A. Dawson Notary Public, residing at Twin Falls Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 15 1967

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 342-2041 009-866

335515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 30 19[illegible]

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Bonners Ferry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 10 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Bonners Ferry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Luella Fawn Luse

5. Date of Birth of Child (Month, day, year) Nov. 4-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Edward Luse
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Weepingwater, Nebr. (City or town) (State or foreign country)
14. Exact Occupation Homesteading
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Oleander Isabelle Hood
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Neola Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 a. M. on the date and at the place stated above, and that personal particulars were furnished by myself (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Roy E. Luse M.D. Midwife Address Templeton, Calif. Date Jan. 26-1942

State of California } ss.
County of San Luis Obispo }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that Roy E. Luse (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy E. Luse Signature

My Commission Expires May 6. 194[illegible]

Route #1-Paso Robles, Calif. P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.

(SEAL) [illegible] Notary Public, residing at San Miguel.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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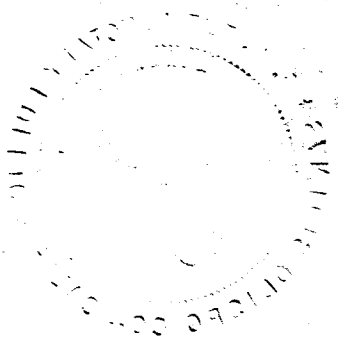

796-228-228-393

335531

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Ford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Ford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Ford, Idaho

4. FULL NAME OF CHILD Alice Hazel Grover

5. Date of Birth of Child (Month, day, year) June, 28, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Elem Grover
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Luella Tillman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Corvalis Montana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Dr. Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Mollie Grover – Risper Signature

Star Route, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 4th day of March, 19 42

(SEAL) Mrs. A. Foster, Clerk of the District Court, residing at

(Note: Perjury is punishable as a felony in Idaho; ~~Sec. 17-1406 Idaho Code Annotated.~~) By Elsie M. Teel Deputy

Received for filing on MAR 9 1942 by Mabel H. Eddie, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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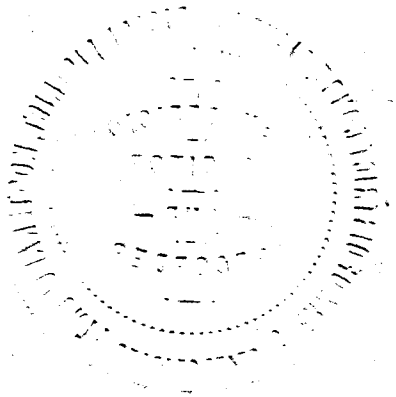

175-230-42-255

MAR 9 1942 335606

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH**
   (a) County Twin Falls (b) City Twin Falls
   (c) ~~Street Address~~ or R.F.D. No. 3
   (d) Name ~~of Hospital or Maternity~~ Home: Private Home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 10 days. IN **THIS** county ~~years~~ ~~month~~ 18 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Utah (b) County
   (c) City Salt Lake City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.
   (f) Mother's mailing address Fullerton Nebr.

3. **RESIDENCE of FATHER** (city, state) Fullerton Nebr.

4. **FULL NAME OF CHILD** Emma Catherine Agnew

5. Date of Birth (Month, day year) Sept 30 1913

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Delbert Leroy Agnew
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Hillsdale Junction (City or town) Iowa (State or foreign country)
14. Exact Occupation
15. Industry or Business Automobile Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carlie Belle Kennedy
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Pawnee City (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ~~None~~ (b) Born alive and now living ~~None~~ (c) Born alive and now dead ~~None~~ (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1-30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Carlie Agnew (First name) (Last name), who is related to this child as Mother.

26. (a) (Date received) by (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.) and address Date

State of Florida } ss.
County of Alachua }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Delbert Leroy Agnew, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Emma Catherine Agnew (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Alexander (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Delbert Leroy Agnew Signature

P. O. Address

Subscribed and sworn to before me on this 5th day of March 19XX

(SEAL)

Notary Public, residing at Gainesville Fla

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

263-127 BK-699

335660

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Elk River
   (c) Street Address or R.F.D. No. P.O. Box 152
   (d) Name of Hospital or Maternity Home: Home Delivery
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Elk River
   (d) Street Address or R.F.D. No. P.O. Box 152
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Henry Frank Solberg

5. Date of Birth of Child (Month, day, year) Nov. 22, 1913

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Louis Andrew Solberg
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Oslo (City or town) Norway (State or foreign country)
14. Exact Occupation Nightwatchman
15. Industry or Business Lumbermill

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Maria Theresa Wirth
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Chippewa Falls, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Anna (First name) Solberg (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Bettie Lillard Midwife Address Elk River Idaho Date Mar. 3, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1 1942
JAN 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-104-009-789

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335676
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand point
(c) Street Address or R.F.D. No. mill house
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand point
(d) Street Address or R.F.D. No. mill house
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) [illegible]

4. FULL NAME OF CHILD Ladotte Desaundru Phillips.

5. Date of Birth of Child (Month, day, year) July 4th - 1913.

6. Sex boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Henery Phillips.
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Knowlton (City or town) Wisconsin (State or foreign country)
14. Exact Occupation work at the mill on boom
15. Industry or Business Carpenter.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabelle Alice Phillips.
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Scotia (City or town) Neb. Lincoln Co. (State or foreign country)
20. Exact Occupation house Keeping.
21. Industry or Business music & church work.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Mesa } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 56 years of age, that I have known this person for 28 years, and that [illegible] (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dale

Mabelle Alice Phillips. Signature
Molina Colo. P. O. Address

Subscribed and sworn to before me this 25 day of February, 1942

(SEAL) Alice L. De Camp Notary Public, residing at Molina Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission exp. June 13 1943.

Received for filing on MAR 2 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1974

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

V 168-213-209-641

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 2 1942

State File No. 335716
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 1007 Church St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 1007 Church St.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint, Ida.

4. FULL NAME OF CHILD Thyra Ingrid Victoria Johnson

5. Date of Birth of Child (Month, day, year) Dec. 13, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Victor Abraham Johnson
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Finland (City or town) (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Sandra Oman
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Finland (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Sandra Oman (First name) (Last name), who is related to this child as mother (Mother, etc.)

Attendant's **OWN** signature Alma Ross M.D. Midwife Address Sandpoint Date 2-27-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

362-12-2006-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335761
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. RFD 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. R F D 3
(e) How long has **MOTHER** lived in Idaho? 2 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alfred Paul Cobbley

5. Date of Birth of Child (Month, day, year) July 22, 1913

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Thomas Cobbley
11. Color or Race white **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Harper
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 2 o'clock P.M. on the date and at the place stated above, and that personal particulars were furnished by George J Cobbley (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature W E Eakin M.D. ~~Midwife~~ Address Blackfoot Ida Date Mar 6 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mary E Cutler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

539-111-024-693 335819

335819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335819
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Hagerman
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county years 0 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Hagerman
(d) Street Address or R.F.D. No. Rural I
(e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman Idaho

4. FULL NAME OF CHILD Moylan Isaac Eliason

5. Date of Birth of Child (Month, day, year) Dec 11- 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 9th **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Isaac Eliason
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Soda Springs (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amydius Louisa Wilde
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 28 years, and that Ida Kinkbonner (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Amedia L. Eliason Talbott Signature
Hagerman Idaho P. O. Address

Subscribed and sworn to before me this 9 day of March, 1942

(SEAL) W. W. Reynolds Notary Public, residing at Hagerman

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-106-029-168

335858

335858

United States
Department of Commerce
Bureau of the Census

MAR 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335858
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County..... (b) City Moscow
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home:
.....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? .....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Harold Robert Kaser

5. Date of Birth of Child (Month, day, year) 7 2 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman Kaser

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Almira (City or town) Washington (State or foreign country)

14. Exact Occupation Baker

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Elena Johnson

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Payette (City or town) Idaho (State or foreign country)

20. Exact Occupation Home nurse

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Kaser (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that Dr Grittman (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Kaser .....Signature
Boise Idaho .....P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942

(SEAL) Wm E. Dunn .....Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1942 by Maud Field, Registrar.

MAR 9 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

764 726 007 595

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335955
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Fairfield
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Rex Emery Poulson

5. Date of Birth of Child (Month, day, year) July 26, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Antone Poulson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Salina (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah J. Nielson
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Ephram (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Annie Thurber (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that Annie Thurber (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J. Poulson Signature

P. O. Address

Subscribed and sworn to before me this 26th day of February, 1942

(SEAL)

Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1942 by Mabel Keeler, Registrar.

MAR 16 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-22 1023-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 33595 8
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) ~~Street Address~~ or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home of Mrs. Julia Cook
(e) Mother's stay **BEFORE** delivery: Gooding, Ida. IN **THIS** county 8 years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 14 5 yrs.

3. RESIDENCE OF FATHER (city, state) Gooding, Ida

4. FULL NAME OF CHILD Pearl Amy Woody

5. Date of Birth of Child (Month, day, year) July 21, 1913

6. Sex female **7.** Twin or Triplet / If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9mo **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Reuben Martin Woody
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Ada (City or town) Nevada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Mabel Wilmore
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Chadron (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Julia Mabel Woody (First name) (Last name) is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J. R. Reynolds M.D. Midwife Address Emmett Ida Date 2-20-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-20-42 by J. R. Reynolds, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-205 006 455

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 335960
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City
(c) Street Address or R.F.D. No. 2 Blackfoot
(d) Name of Hospital or Maternity Home: None, at home on Farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 1 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot R 2
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idah

4. **FULL NAME OF CHILD** Eula Isabelle Jackrell Cordon

5. Date of Birth of Child (Month, day, year) April 15, 1913

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Norman Proctor Jackrell
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Overton (City or town) Nevada (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Dalton Meeks
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Harrisburg (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ... years of age, that I have known this person for 28 years, and that Miss M.A. Crawford (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Jackrell Signature
Blackfoot R 2 Idaho P. O. Address

Subscribed and sworn to before me this 14 day of February, 1942

(SEAL)

Notary Public, residing at Blackfoot

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 1942 by Mabel Wheeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such ~~report is accompanied by a certificate of the~~ attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336016
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 36 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Kimberly Ida

4. FULL NAME OF CHILD George Elbert Cunningham

5. Date of Birth of Child (Month, day, year) August 31, 1913.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Cunningham
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Rock Bridge (City or town) Wis (State or foreign country)
14. Exact Occupation Lather
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louisa Ethelyn Sharp
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Richland Center (City or town) Wis (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was John White (Born alive, stillborn) at now dead M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 28 years, and that John White (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Frank Cunningham Signature
Kimberly Idaho P. O. Address

My Commission Expires May 20, 1945.

Subscribed and sworn to before me this 5 day of March, 1942
(SEAL) Clifford S. Fallis Notary Public, residing at Kimberly Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 7 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

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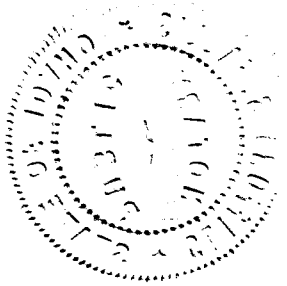
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243 204 022-719

336023

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. RFD
(d) Name of Hospital or Maternity Home: At The Home
(e) Mother's stay **BEFORE** delivery: IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. RFD
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Merle E. (no name) Butler

5. Date of Birth of Child (Month, day, year) Oct. 4, 1913

6. Sex Female

7. Twin or Triplet none If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Neri Willard Butler
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Butlerville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Effie Garrett
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Oxford, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that Dr. Meacham (First name) (Last name), who attended this birth Is Now Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora E. Butler Signature
Box 503, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of February, 1942

(SEAL) Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

547-22 028-557

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH FEB 10 1942

STATE OF IDAHO

State File No. 336025
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d Alene
(c) Street Address or R.F.D. No. 3rd Indiana Ave
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d' Alene
(d) Street Address or R.F.D. No. 3rd Indiana Ave
(e) How long has MOTHER lived in Idaho? 4 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida

4. FULL NAME OF CHILD Williams Robert Engeland

5. Date of Birth of Child (Month, day, year) May 22 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clyde Unval Engeland

11. Color or Race white American

12. Age at time of THIS birth 26 yrs.

13. Birthplace Hannamaville Missouri (City or town) (State or foreign country)

14. Exact Occupation clerk

15. Industry or Business Morrow Mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME Mildred Negley Engeland

17. Color or Race white American

18. Age at time of THIS birth 23 yrs.

19. Birthplace Grand Rapids Michigan (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature John Wood M.D. Midwife Address Coeur d'Alene Ida Date Mar 6 42

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr. John Woods (First name) (Last name), ~~who~~ attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Mildred Negley Engeland Signature

1524-37th Seattle Wash. P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942

(SEAL) R. T. Wright Notary Public residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

557-226-028-614

336048

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D' Alene
(c) Street Address or R.F.D. No. 806-6th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D' Alene,
(d) Street Address or R.F.D. No. 806-6th St.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D'Alene

4. FULL NAME OF CHILD Myrtle Irene England

5. Date of Birth of Child (Month, day, year) Nov. 26, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Mac England
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Indiana (State or foreign country)
14. Exact Occupation Contractor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Fauble
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace (City or town) Michigan (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of San Diego } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person ~~for~~ since birth years, and that Dr. John (First name) Busby (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs May England Signature
P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942
(SEAL) John Edward Loftus Notary Public, residing at San Diego, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 11 1942 by [signature], Registrar.

My Commission Expires June 10, 1944.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

SEP 14 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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336079

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Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAR 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336079
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minnidoka (b) City Rupert
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: Rupert Idaho
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minnidoka
(c) City Rupert
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD David Lewis Noble

5. Date of Birth of Child (Month, day, year) Nov 27, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mths

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Laarence Noble
11. Color or Race American
12. Age at time of THIS birth 29 yrs.
13. Birthplace Nephi (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Belle Pleasant
17. Color or Race American
18. Age at time of THIS birth 32 yrs.
19. Birthplace Limestone (City or town) Tenn (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Laura Belle Noble (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of IDAHO } ss.
County of ADA }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Matilda Pleasant (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Belle Noble Signature
Rupert Idaho, Route #2 P. O. Address

Subscribed and sworn to before me this 14TH day of MARCH, 1942

(SEAL) ..... Notary Public, residing at Boise Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 14 1942 by ..... Registrar.

NOV 2 5 1975

MAR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

456-208- MAR 16 1942 022-796 336089 336089

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Sugar City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 7 months 16 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Sugar City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7½ Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edward Lee Ward

5. Date of Birth of Child (Month, day, year) Aug. 8, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Lee Ward
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Idaho (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Groff
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Idaho (City or town) Canada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 28 years, and that Mary Huffman (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X John D. Ward Signature

Route 1 Kuna, Idaho P. O. Address

Subscribed and sworn to before me this 14 day of March, 1942

(SEAL) S. Amarton Notary Public, residing at Kuna Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code, Annotated.)

Received for filing on MAR 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217 110-004-342

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336131
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Montpelier, Idaho

4. FULL NAME OF CHILD Owen Elsworth Bagley

5. Date of Birth of Child (Month, day, year) 7/10/ 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Hugh Bagley
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Montpelier, (City or town) Idaho. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Mary Tubbs
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Nupher (Pegram) (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes, but dont know what.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Bear Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Ruth Mother Bagley (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all his life years, and that Dr. Geo. F. Ashley (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth M Bagley Signature
Montpelier, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of March, 1942

(SEAL) Chas E Haines Notary Public, residing at Montpelier, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-104-035-335

MAR 12 1942

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 336135

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN THIS county 2 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.
(f) Mother's mailing address Culdesac Dead

3. RESIDENCE of FATHER (city, state) Culdesac Ida. Now

4. FULL NAME OF CHILD John Robert Keller

5. Date of Birth (Month, day year) Sept. 4 - 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Best Keller
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Peru (City or town) Illinois (State or foreign country)
14. Exact Occupation Pharmacist
15. Industry or Business Druggist

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Ester Cleary
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace Midland (City or town) Michigan (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (born alive, stillborn) at 4 P. M. on the date and at the place stated above and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

State of Idaho } ss.
County of Nez Perce }

I, Wm B. Keller, being first duly sworn, say that I am Related to (Related to (or) acquainted with) John Robert Keller (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Skaggs (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Wm B. Keller Signature

Culdesac Idaho P. O. Address

Subscribed and sworn to before me on this 10 day of March 1942

(SEAL) ..... Notary Public, residing at Culdesac, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336184

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Family Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 11 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Ida

4. FULL NAME OF CHILD Carl John Schuster

5. Date of Birth of Child (Month, day, year) 6-19-13

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Frank Schuster
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pomeroy (City or town) Washington (State or foreign country)
14. Exact Occupation General Merchandise Store
15. Industry or Business Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Dellash
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Tama (City or town) Iowa (State or foreign country)
20. Exact Occupation Dress making
21. Industry or Business Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Dr Reiger (First name) (Last name), who attended this birth Do not know address (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Schuster Signature

..... P. O. Address

Subscribed and sworn to before me this 28 day of February, 1942

(SEAL) Harry L Chard Notary Public, residing at Pomeroy Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by Mabel F Elsfers, Registrar.

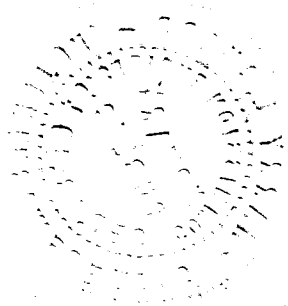
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-213-003813

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

MAR 4 1942

State File No. 336185
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county years 12 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Grace Idaho

4. FULL NAME OF CHILD Helen Hale

5. Date of Birth of Child (Month, day, year) Aug. 13-1913

6. Sex Female **7.** Twin or Triplet? no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9. **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Glen Harriman Hale Jr
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace [illegible] Idaho (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Rosetta Hale
17. Color or Race White **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Mink Creek Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at Grace 9 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rosetta (First name) Hale (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for 28 years, and that M D (First name) J H Hubbard (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosetta K Hale Signature
Grace Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of March, 1942

(SEAL) J. Lloyd Smart Notary Public, residing at Grace Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 4 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215 127 031469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336374
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No. Russell P.O.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. Russell P.O.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nez Perce, Ida

4. **FULL NAME OF CHILD** Allen Franklin Sanders

5. Date of Birth of Child (Month, day, year) Feb. 27, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Mark Sanders
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Dixie, Washington (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Wheat Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Cleveland Morgan
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Windsor, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Wash. } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for Since Birth years, and that Elaine (First name) Brown (Last name), who attended this birth (is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Mark Sanders Signature
W. 523 Sharp Ave. Spokane P. O. Address

Subscribed and sworn to before me this 9 day of March, 19 42

(SEAL) Florence Sine Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital~~ Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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336469

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home in Blackfoot
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Herbert Walter Hatch

5. Date of Birth of Child (Month, day, year) June 27, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orson Wilber Hatch

11. Color or Race White **12.** Age at time of THIS birth 42 yrs.

13. Birthplace Eagle Valley, Nevada (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Josephine Judd

17. Color or Race White **18.** Age at time of THIS birth 40 yrs.

19. Birthplace St. George, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Utah } ss.
County of Garfield }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 28 years, and that Ante Noderuff (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orson Wilber Hatch — Signature

Panguitch, Utah — P. O. Address

Subscribed and sworn to before me this 12 day of March, 19 42

(SEAL) Thos Dodds Co. Clerk ######, residing at Panguitch, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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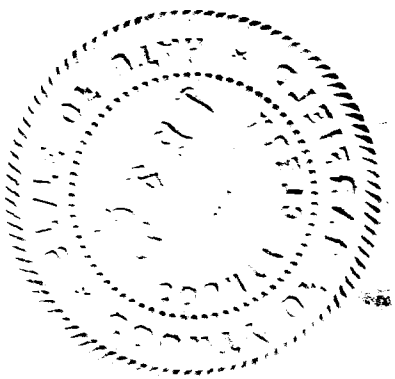

962-204 039-242

1. PLACE OF BIRTH MAR 18 1942

County of Power

City of Rockland, Idaho

No. ____ St. ____

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

36552

336552

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Virginia Robinson

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number, in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, Day, Year)
Female		X	Yes	Oct. 4, 1913

FATHER

9. Full name: Donald Ward Robinson

10. Residence (usual place of abode) (If non-resident, give place and State): Rockland, Idaho

11. Color or race: W | 12. Age at last birthday: 23 (years)

13. Birthplace (city or place) (State or Country): Rockland, Idaho

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Farm

16. Date (month and year) last engaged in this work: now, 1913

17. Total time (years) spent in this work: 2 years

MOTHER

18. Full maiden name: Eva Kubbernus

19. Residence (usual place of abode) (If non-resident, give place and State): Rockland, Ida

20. Color or race: W | 21. Age at last birthday: 20 (years)

22. Birthplace (city or place) (State or Country): Detroit, Minnesota

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home

25. Date (month and year) last engaged in this work: now, 1913

26. Total time (years) spent in this work: 2 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living: 1 (b) Born alive but now dead: (c) Stillborn:

29. If stillborn, period of gestation: ____ months or weeks

30. Cause of Stillbirth: ____ Before labor / During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born Alive or Stillborn) at 6 a.m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) W G Logan, M. D.

or ____, Midwife

Address American Falls

Filed MAR 18 1942, 193

Registrar.

Mary F Felder
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

MAR 1 8 1942

X 255 714-032-815

336797

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 336797
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Acequia
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: family residence
(e) Mother's stay BEFORE delivery: IN THIS county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Acequia
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Same as mother

4. FULL NAME OF CHILD Basil Dean Benedict

5. Date of Birth of Child (Month, day, year) Feb. 14, 1913

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ralph Ray Benedict
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Nebraska (State or foreign country)
14. Exact Occupation school teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Josephine Hanson
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Fairview (City or town) Utah (State or foreign country)
20. Exact Occupation school teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah } ss.
County of Juab }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that Mrs (First name) Craner (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Benedict Signature
Levan, Utah P. O. Address

Subscribed and sworn to before me this 6th day of March, 1942.

(SEAL) C. C. Christensen Notary Public, residing at Levan Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942, by Mark Felt, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337004
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) ~~Street Address~~ or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elmer Lawrence Berg

5. Date of Birth of Child (Month, day, year) May 1, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles J. Berg
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Kungs Bocka (City or town), Sweden (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Magdalene Olson
17. Color or Race White
18. Age at time of THIS birth 45 yrs.
19. Birthplace Ostersund (City or town), Sweden (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 28 years, and that Dr. Storey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Magdalene Berg Signature
801 No. 25th, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of March, 1942

(SEAL) [signature] Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar. 24, 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

JUL 22 1965

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DELAYED REGISTRATION LAW

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 337010
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County CANYON (b) City MELBA
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: PARENTS RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City MELBA
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) MELBA IDAHO

4. FULL NAME OF CHILD FREDERICK GEORG EBERHARD

5. Date of Birth of Child (Month, day, year) AUG. 26, 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ERNEST EBERHARD SR.
11. Color or Race WHITE **12.** Age at time of THIS birth 35 yrs.
13. Birthplace WURTTAMBERG (City or town) GERMANY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ROSA GEBERT
17. Color or Race WHITE **18.** Age at time of THIS birth 30 yrs.
19. Birthplace WURTTEMBERG (City or town) GERMANY (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Mrs. (?) Hartk (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa Gebert Eberhard Signature
R#1 Melba, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of March, 1942.

(SEAL) Donald C. Potts Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mary E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 1943

MAR 25

OCT 1 1942

DELAYED REGISTRATION LAW

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X 863-106-014-653

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 16 1942

State File No. 337983
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: american born
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Ellwood Holbrook

5. Date of Birth of Child (Month, day, year) Jan 6 - 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Robert Frances Holbrook
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ohio (City or town) Idaho (State or foreign country)
14. Exact Occupation Mill worker
15. Industry or Business and farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Pearl Wells
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bunker Hill (City or town) Kansas (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature R N Cummings M.D. ~~Midwife~~ Address Emmett Ida Date 3/16/42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Santa Cruz }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for years, and that Robert Cummings (First name) (Last name), who attended this birth Dr Cummings (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edith Pearl Wells Holbrook Mc Bride Signature
531 - Main St. - Watsonville Cal. P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 42

(SEAL) Ruth A. Cook Notary Public residing at Watsonville, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 16 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

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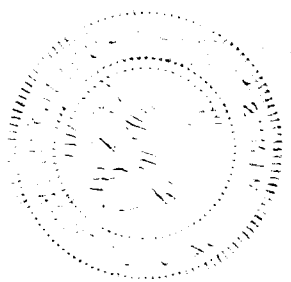


419-105-023-869

338028

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338028
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett Idaho

4. FULL NAME OF CHILD Thomas George Marker

5. Date of Birth of Child (Month, day, year) Oct 5-1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Edmer Marker

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Manti (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Horne

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Bozman (City or town) Montana (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that Dr. Green (First name) (Last name), who attended this birth ____ (Is now deceased) or ~~(Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Marker ____ Signature

____ P. O. Address

Subscribed and sworn to before me this 25 day of March 1942

(SEAL) Edith N. Church Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mary F Elder, Registrar.

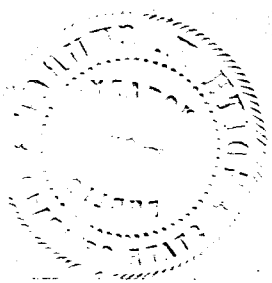
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



275-202(32)-231

338099

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338099
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No. 2 miles east north
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No. 8 miles North
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Richfield, Idaho

4. FULL NAME OF CHILD Marie Spellman

5. Date of Birth of Child (Month, day, year) Aug. 2, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Five (5)

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Nathan D. Spellman
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Harrod, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Duanna L. Black
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Twelve Mile Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oklahoma } ss.
County of Garfield }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for all her life years, and that Dr. ? Harris (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Duanna L Spellman Signature
Enid, Oklahoma R.R.7 P. O. Address

Subscribed and sworn to before me this 16th day of March, 1942

(SEAL) Mildred Corey Notary Public, residing at Enid, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 19 1942 by Mark F Felder, Registrar.

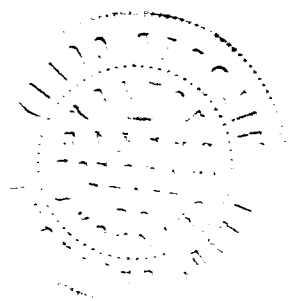
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



291-131-005-713 338103

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338103
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 68 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Isaac James Sifohn

5. Date of Birth of Child (Month, day, year) 3.31.1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Sifohn
11. Color or Race Indian
12. Age at time of THIS birth 38 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Gates
17. Color or Race Indian
18. Age at time of THIS birth 30 yrs.
19. Birthplace Coeur d'Alene Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Water
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29 years, and that Mary Ann Gates (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian West
D. T. West

her Lucy Sifohn Gerry Signature
Plummer Idaho P. O. Address

Subscribed and sworn to before me this 24 day of March, 1942

(SEAL) Charles West Notary Public, residing at Pierce Plummer Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 26 1942 by Mabel E. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.
Witnesses to mark.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-225-005-415

338138

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Alder Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Alder Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Gertrude Julia Schweighardt

5. Date of Birth of Child (Month, day, year) July 25, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Schweighardt
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Austria Hungary (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalia Manners
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Austria Hungary (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs. Mary Sebesta (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joe Schweighardt Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 6 day of March, 1942

(SEAL) Fred Elwell Probate Judge ~~Notary Public~~, residing at St Maries Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

594-106-016-719

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338202
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Oakley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Oakley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Alma Manuel Ericksen

5. Date of Birth of Child (Month, day, year) Aug 6. 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Eric Manuel Ericksen
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jane A Carson.
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Iceland Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3 boys

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for ever birth years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane A Carson Ericksen Signature
R-1 Paul Idaho P. O. Address

Subscribed and sworn to before me this 11 day of March, 1942

(SEAL) M. Jensen Notary Public, residing at Rupert Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 by Mabel Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DELAYED -- DUP OF 1913 - 1853

Dup of 1913-1853

314-124-042.993

338220

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. ----

Local Reg. No.

Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 16 1942

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 101 3rd West
(d) Name of Hospital or Maternity Home: our home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ✓ days.
In **THIS** county ✓ years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls.
(d) Street Address or R.F.D. No. 3rd ave West
(e) How long has **MOTHER** lived in State? 28 yrs.
(f) Mother's mailing address Twin Falls Ida

3. **RESIDENCE of FATHER** (city, state) Cottonwood Kansas

4. **FULL NAME OF CHILD** Nelson Albert Campbell

5. Date of Birth (Month, day, year) Oct 24th 1919

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Archie Horace Campbell

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Iowa (City or town) (State or foreign country)

14. Exact Occupation Mecanic

15. Industry or Business Mecanic

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Estella Riling

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Girard Kansas (City or town) (State or foreign country)

20. Exact Occupation Retail Merchant

21. Industry or Business Retail Store Owner

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 2 (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 1:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Bertha E. Campbell (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) (Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Bertha G. Wilson R N M.D. (D.O., Midwife, etc.)
and address Twin Falls Ida Date Feb. 18 1942

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this .....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-221-027-393

338425

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County JEROME (b) City EDEN
(c) Street Address or R.F.D. No. GENERAL DEL.
(d) Name of Hospital or Maternity Home: NONE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County JEROME
(c) City EDEN
(d) Street Address or R.F.D. No. GENERAL DEL.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) EDEN IDAHO

4. FULL NAME OF CHILD IDA MAE SMITH

5. Date of Birth of Child (Month, day, year) JULY 21 1913

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** DAVID MARION SMITH
11. Color or Race WHITE 12. Age at time of THIS birth 39 yrs.
13. Birthplace ASHLAND (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CORA MAE TICKENER
17. Color or Race WHITE 18. Age at time of THIS birth 29 yrs.
19. Birthplace FORT COLLINS (City or town) COLORADO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, ~~the undersigned~~, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 28 years, and that the Midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

David M. Smith Signature
2526 Foothill Blvd. La Crescenta Cal. P. O. Address

Subscribed and sworn to before me this 7th day of March, 1942
(SEAL) Herbert A. Scheuer Notary Public, residing at La Crescenta Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires Oct. 23, 1945.

Received for filing on MAR 9 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-103 069.345

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338426
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Dover
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 0 months 0 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boonar
(c) City Dover
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dover Idaho

4. **FULL NAME OF CHILD** Wallace Luer Gathwright

5. Date of Birth of Child (Month, day, year) Oct. 3. 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Fred Roy Gathwright
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Barron (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Sawyer
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Christina Luer
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Ridgeland (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Cook.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:20 P. M. on the date and at the place stated above, and that personal particulars were furnished by Anna Luer Gathwright (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date 3/7/42

State of Oregon } ss.
County of Klamath }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Dr. George Patterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Luer Gathwright Signature

P. O. Address

Subscribed and sworn to before me this 7th day of March 1942

(SEAL) W B Barrows Notary Public, residing at

Notary Public in and for State of Oregon
Residing at Klamath Falls, Oregon
My commission expires June 15, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1942 by Mabel Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338578
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnia (b) City Plummer
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: delivered at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 4 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnia
(c) City Plummer
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 6 mo. yrs.

3. RESIDENCE OF FATHER (city, state) Sacramento Cal

4. FULL NAME OF CHILD Horace Robert Price.

5. Date of Birth of Child (Month, day, year) July 28th, 1913

6. Sex Male 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 mo's 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Don Q. Price
11. Color or Race white 12. Age at time of THIS birth 26 yrs.
13. Birthplace Baird (City or town) Texas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business truck gardener

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nola Amie Young
17. Color or Race white 18. Age at time of THIS birth 20 yrs.
19. Birthplace Unicoi (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Oklahoma } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 28 years, and that Dr. — Nelson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nola A. Kimes Signature
Stack Yards Sta, Okla, city Okla, P. O. Address

My Commission expires 11-27-1945

Subscribed and sworn to before me this 19th day of March 1942

(SEAL) Ruby Linthicum Notary Public, residing at 1604 Linwood Blvd. Oklahoma City.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mabel F. Elifer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

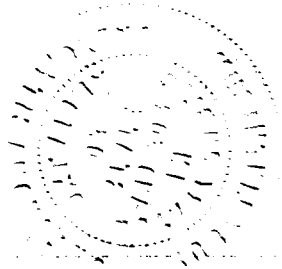
MAR 1 1957

MAR 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



367-124-01k-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R. F. D. #1
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. R. F. D. #1
(e) How long has **MOTHER** lived in Idaho? 2 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD Glenn Harvey Cox

5. Date of Birth of Child (Month, day, year) Aug. 24, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Harvey Cox
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lura Mae Webb
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Waterloo, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that Dr. (First name) Minter (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lura Mae Cox Signature
309 So. Garfield Ave., Alhambra, Calif. P.O. Address

Subscribed and sworn to before me this 28th day of February, 1942

(SEAL) Wm E. Miller Notary Public, residing at Alhambra Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Nov. 10, 1943

Received for filing on MAR 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-127-02-4-33

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO MAR 19 1942

State File No. 338632
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Chancey Luther Conaway

5. Date of Birth of Child (Month, day, year) 4-27-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Thomas Luther Conaway
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lena Susan McCoy
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Grant County Kansas (City or town) (State or foreign country)
20. Exact Occupation Housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lena Brittain Signature
Sumpter Oregon P. O. Address

Subscribed and sworn to before me this 17 day of Mar, 1942.

(SEAL) [signature] Notary Public, residing at Sumpter

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Registrar.

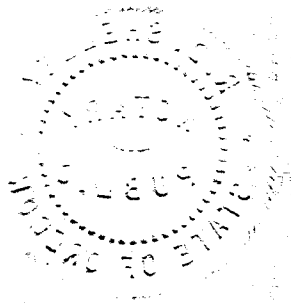
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



X 592-102-025-366

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338704
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Winona
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 8 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Winona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Winona, Idaho

4. FULL NAME OF CHILD William Raymond Nissen

5. Date of Birth of Child (Month, day, year) July 2, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Nicklaus Nissen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sioux Co. (City or town) Iowa (State or foreign country)
14. Exact Occupation Agricultural Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Arminta Lowe
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Benton Co., (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Homemaker

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Los Angeles, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 28 years, and that Dr. (First name) McMann (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mary A. Nissen Signature
Route 2, Box 223A, Compton, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of February, 1942.
(SEAL) ____ Notary Public, residing at Willowbrook, Calif.
My Commission Expires June 6, 1945
(Note: Perjury is punishable as a felony in Idaho, Sec. 17-3414, Idaho Code Annotated)

Received for filing on MAR 25 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NOV 13 1951

314-109-028-157

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City DeSmet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City DeSmet
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) DeSmet, Idaho

4. FULL NAME OF CHILD Felix Isaac Campbell

5. Date of Birth of Child (Month, day, year) Nov. 9, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nicholas Campbell
11. Color or Race Indian
12. Age at time of THIS birth 19 yrs.
13. Birthplace DeSmet, (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Helen Anasta
17. Color or Race Indian
18. Age at time of THIS birth 16 yrs.
19. Birthplace DeSmet, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that Dr. Barto (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nicholas Campbell
Signature

Plummer, Idaho
P. O. Address

Subscribed and sworn to before me this 23rd day of March, 1942.

(SEAL) George J. McFadden Notary Public, residing at Plummer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1942 by Mary Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-213-028-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 338802

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Kootenai (b) City Plummer
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home none days.
In **THIS** county 3 years month days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Plummer
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Plummer, Idaho

3. **RESIDENCE of FATHER** (city, state) Plummer, Idaho

4. **FULL NAME OF CHILD** Ada Alice Harvey

5. Date of Birth (Month, day, year) Nov. 13, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Mahlon Edgar Harvey
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Poke City (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Nora Harple
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Sheldah (City or town) Iowa (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7
(c) Born alive and now dead NONE (d) Stillborn NONE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith L. McCartney, being first duly sworn, say that I am related (Related to (or) acquainted with) to Ada Alice Harvey (Name of person on certificate above) as sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Wm. Cusick (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edith L. McCartney Signature

Plummer, Idaho P. O. Address

Subscribed and sworn to before me on this 21st day of March, 1942.

(SEAL)

Notary Public, residing at Plummer, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

464-220-025-653

338803

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO MAR 19 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Idaho (b) City Joseph
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home of parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county ..... years ..... month ..... days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Joseph
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 5 yrs. yrs.
(f) Mother's mailing address Joseph Idaho

3. RESIDENCE of FATHER (city, state) Joseph Idaho

4. FULL NAME OF CHILD Velma Gladyes Dodge

5. Date of Birth (Month, day, year) Jan 20 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Russell F Dodge
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace McDonough Ga (City of town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie May Wells
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Sparta Mich (City or town) (State or foreign country)
20. Exact Occupation house keeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 9 30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie May Dodge (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's X OWN signature Velma M. Wright R.N. Midwife (D.O., Midwife, etc.) and address Boise Idaho. Date 7-24-1941 & Nurse

26. (a) ..... (b) ..... (Date received) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... as ..... (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

.....Signature

.....P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....

(SEAL) .....Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such re[redacted]may be received and filed by the local registrar for record in th[redacted]eau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

✓ 366-121-009-556 338833

338833

United States
Department of Commerce
Bureau of the Census MAR 30 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Farm
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Farm
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Melvin Lester Cooper

5. Date of Birth of Child (Month, day, year) Dec. 21st 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ralph Lester Cooper
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mankato (City or town) Kansas (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business Timber Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucy Newton
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Farm (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58+ years of age, that I have known this person for 30 years, and that Belle (First name) Crawford (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ralph Lester Cooper Signature
Bonners Ferry - Idaho P. O. Address

Subscribed and sworn to before me this 27th day of March 1942
(SEAL) W. D. Baxter Notary Public, residing at Notary Public for the State of Idaho Residing at Bonners Ferry. Commission Expires March 6 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary F. Elder, Registrar.

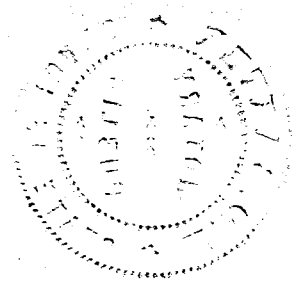
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



414-206-001-533

338847

338847

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

MAR 31 1942

Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 338847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Meridian
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At home on ranch
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 6 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Meridian
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? Nine yrs.

3. RESIDENCE OF FATHER (city, state) Meridian, Ida.

4. FULL NAME OF CHILD Lois Lucile Madden

5. Date of Birth of Child (Month, day, year) Oct 6, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Charles Eugene Madden
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Davenport (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Cora Janet Ellison
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Mateshelville (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that Margaret Ellison-Davies (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Cora Madden Signature
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942

(SEAL) Marion E. Ross Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

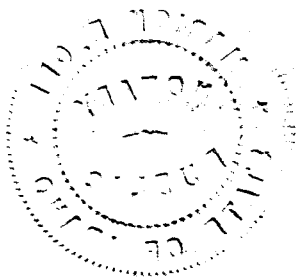
Received for filing on MAR 31 1942 by Mary F Felder, Registrar.

MAR 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



683-10-235-652

339013

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez. Perce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 3 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez. Perce
(c) City Leland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) Leland, Idaho

4. FULL NAME OF CHILD THEODORE ALAN OYLEAR

5. Date of Birth of Child (Month, day, year) July 20, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Ralph Theodore Oylear
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Leland (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Verlie Ursula Webster
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Carrolton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Dr. William Reece (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verlie Ursula Oylear Signature
1102-14th Ave. Lewiston, Idaho, P. O. Address

Subscribed and sworn to before me this 26th day of March, 1942

(SEAL) ____ Notary Public, residing at Lewiston, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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155-127-0212-386

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339142
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl Idaho

4. **FULL NAME OF CHILD** Hubert Averett

5. Date of Birth of Child (Month, day, year) Feb. 27, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Smith Averett
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Washington (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Malinda C. Thompson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Washington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 69 years of age, that I have known this person for 29 years, and that Hubert Averett (First name) Mary McCaulie (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Malinda C. Thompson Averett Signature
1612 N Benton Ave, Portland Ore. P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942

(SEAL) Albert Hansen Notary Public, residing at Portland Ore.

(Notice: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES FEB. 25, 1945

Received for filing on MAR 23 1942 by ..... Registrar.

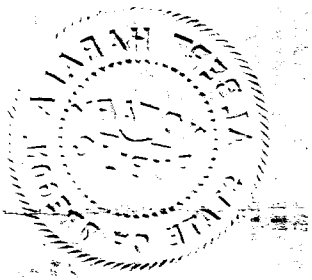
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



816-225-022-569

339144

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339144
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. General Postoffice
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. General Del.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Mildred Matilda Hawkes

5. Date of Birth of Child (Month, day, year) Sept. 25, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Hawkes
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Oxford, Idaho (City or town) (State or foreign country)
14. Exact Occupation Roundhouse Foreman
15. Industry or Business Railroad

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Matilda Nordquist Hawkes
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Grantsville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ at ____ M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 28 years, and that Martha Wisicke (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Matilda Nordquist Hawkes Warren Signature
127 E. Cleveland Ave P. O. Address

Subscribed and sworn to before me this 19th day of March, 1942.
(SEAL) James W. Latimer Notary Public, residing at Salt Lake City Utah
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 23 1942 by ____, Registrar.

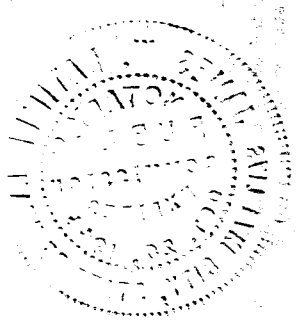
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



243-107-009-569

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonner's Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonner's Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? nine yrs.

3. RESIDENCE OF FATHER (city, state) Bonner's Ferry, Id.

4. FULL NAME OF CHILD Charles William Sullivan

5. Date of Birth of Child (Month, day, year) Dec. 7, 1913

6. Sex
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** William Robert Sullivan
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dublin, Ireland (City or town) (State or foreign country)
14. Exact Occupation Railroad worker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Norton
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Elkin, North Carolina (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Dr. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Witness to Mark - Jackie Shield

+ Mary Norton Sullivan Signature
114 Allen Road, Bend, Oregon P. O. Address

Subscribed and sworn to before me this 14th day of March, 1942
(SEAL) C L Allen - County Judge ~~Notary Public~~, residing at Bend, Deschutes, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

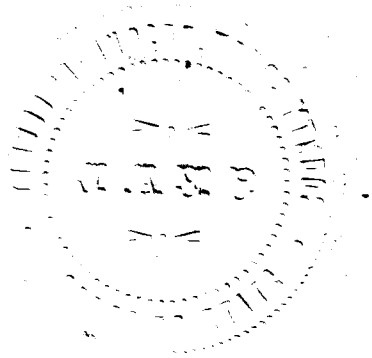
Received for filing on MAR 21 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-210-208-279

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339194
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Roseberry
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Roseberry
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Roseberry, Ida.

4. **FULL NAME OF CHILD** Vada Reese Willey

5. Date of Birth of Child (Month, day, year) Aug. 10, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claude Willey
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Alsea (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hortense Spickelmier
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Missouri (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Valley }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for years, and that Blanche A Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary H. Willey Signature
Donnelly, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 19 42

(SEAL) [signature] Notary Public, residing at Donnelly Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 31 1942 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

USP-204-232-357

339209

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339209
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Lincoln (b) City Shoshone.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital of Maternity Home: (Home) Dr. Hyde.
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home 3 Days
   In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone, Idaho
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.
   (f) Mother's mailing address (For registration notice): Mrs. Pete Mendiola, Hailey, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Dietrich.

4. **FULL NAME OF CHILD** Paul Mary Mendiola

5. **DATE OF BIRTH** (Month, day, year) Oct 4/1913

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Prudencio Mendiola

11. Color or Race Spanish

12. Age at time of THIS birth 39 yrs.

13. Birthplace Ugr. Spain
(City or Town) (State or foreign country)

14. Exact Occupation Rooming House Hotel

15. Industry Business Spanish Rooming House

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Paulina Izquierdo

17. Color or Race Spanish

18. Age at time of THIS birth 31 yrs.

19. Birthplace Guernica, Spain
(City or Town) (State or foreign country)

20. Exact Occupation Housewife —

21. Industry or Business Boarding & Rooming House

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% —

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None. (d) Stillborn None —

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive. (born alive, stillborn) at 5 9. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Mendiola — (First name) (Last name), who is related to this child as Mother, (Mother, etc.)

26. (a) MAR 23 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** [signature] — M.D. (D.O., Midwife, etc.)
and address Shoshone, Idaho Date March 18/1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of None.

(b) Labor: Complications: None.

Induced? No.

(c) State all operations for delivery None.

(d) Did baby have any:

(1) Congenital Malformation? No.

Describe: no

(2) Birth Injury? None

Describe:

(3) Was mother given a Wasserman before delivery?

Yes..... No. X Pos..... Neg.....

(e) Signature of Physician:

[signature] M.D.

Shoshone, Idaho.

755-116-020-213 APR 2 1942 339267

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339267
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Prairie
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 10 months 26 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Prairie
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Prairie Idaho

4. FULL NAME OF CHILD Harold Vergil Peebler

5. Date of Birth of Child (Month, day, year) 8-16-13

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Evert Guy Peebler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Meriden (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtie Ethel ~~Peebler~~ Bates
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Coffeyville (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Mrs. Calvin (First name) Wylie (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtie Ethel Peebler Signature
Clayton, Washington Rt. #I P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942
(SEAL) V. M. Brasch Notary Public, residing at Boise, Idaho Ada County, therein.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Maud F Elder, Registrar.

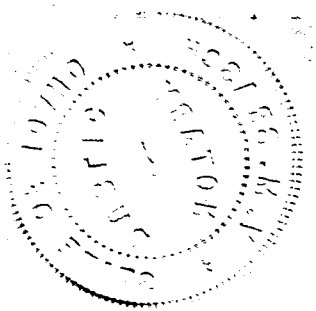
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



669-127601-859 339278

United States Department of Commerce Bureau of the Census

APR 2 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339278
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rt. 3
(d) Name of Hospital or Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Rt. 3
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise R.3. Thurs.

4. FULL NAME OF CHILD Kenneth Eugene Ford

5. Date of Birth of Child (Month, day, year) Nov. 27 - 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chas. A. Ford
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Boston (City or town) Mass. (State or foreign country)
14. Exact Occupation Lumber Grader & Painter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Leilian Hersh
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Indianola (City or town) Nebr. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Kenneth Eugene Ford (First name) Dr. Shurtz (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Chas. A. Ford Signature
X Boise Rt. #1 P. O. Address

Subscribed and sworn to before me this 2 day of April, 1942.
(SEAL) S. L. Gill Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1975

MAR 5 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

958-22-022-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339426
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No. no number
(d) Name of Hospital or Maternity Home: private residence
(e) Mother's stay BEFORE delivery: IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Allie XXXXXX Vanell Reynolds

5. Date of Birth of Child (Month, day, year) July 26, 1913

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Boyd Levi Reynolds
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Mt. Pleasant. Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Allie Delilah Smith
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Auburn, Wyoming (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Alameda }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since birth and that Dr. Hummel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1907 Session Laws.

Allie Delilah Reynolds Signature

P. O. Address

Subscribed and sworn to before me this 31st day of March, 1942

(SEAL) Notary Public, residing at Oakland, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by M. J. Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

947-114-008-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339460
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boise (b) City Roseberry
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: At farm residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Roseberry
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Louis Alfred Rupp

5. Date of Birth of Child (Month, day, year) Jan. 14, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Burt John Rupp
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Potosi, (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Regina Peters
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Cherokee, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 61 years of age, that I have known this person for 29 years, and that Ida Spickelmire (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937 Session Laws.

Regina Rupp Signature

Route 2, Box 51, Fresham, Oregon P. O. Address

Subscribed and sworn to before me this 14th day of March, 19 42

(SEAL) Virginia M. Lewis Notary Public, residing at Gresham, Ore.

NOTARY PUBLIC FOR OREGON

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires 6/27/45

Received for filing on MAR 27 1942 by Mabel McElhiney, Registrar.

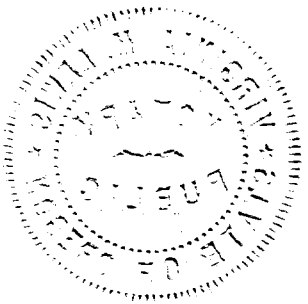
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



413-105-025-238

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 339483
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH: (a) County Idaho (b) City Grangeville
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home .....days. In THIS county 15 years .....months .....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these) (a) State Idaho (b) County Idaho (c) City Grangeville Idaho (d) Street Address or R.F.D. No. (e) How long has MOTHER lived in Idaho? 15 yrs. (f) Mother's mailing address Grangeville Idaho
3. RESIDENCE OF FATHER (city, state) Grangeville Idaho

4. FULL NAME OF CHILD John Pete Mattson
5. Date of Birth (Month, day, year) Sept 5-1913
6. Sex. M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Mathias A. Mattson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary D. Schaefer
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Manitowoc Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't Know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead — (d) Stillborn —

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 1 1942 (Date received) (b) Mabel Keeler (Registrar's signature)

25. Attendant's OWN signature (Deceased) M.D. or ..... (D.O., Midwife, etc.) and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Idaho

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mary D. Mattson, being first duly sworn, say that I am related to (Related to (or) acquainted with) John Pete Mattson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J. J. Steele (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary D. Mattson Name
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of March 1942

(SEAL) ..... Notary Public, residing at Grangeville Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP 00 1913-16523

1. PLACE OF BIRTH
County of Boise
City of Sweet
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

33948

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Jesse ~~Raymond~~ Reed Bennis

3. Sex	If plural births	4. Twin, triplet, or other ..... 5. Number, in order of birth	6. Premature ..... Full term 1	7. Legitimate? 1	8. Date of birth March 31, 1913 (Month, Day, Year)
male					

FATHER	MOTHER
9. Full name William Edward Bennis	18. Full maiden name Jamima Seeley
10. Residence (usual place of abode) (If non-resident, give place and State) Sweet	19. Residence (usual place of abode) (If non-resident, give place and State) Sweet
11. Color or race W. | 12. Age at last birthday 49 (years)	20. Color or race W. | 21. Age at last birthday 30 (years)
13. Birthplace (city or place) (State or country) Mona, Utah	22. Birthplace (city or place) (State or country) Mt. Pleasant Utah
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
16. Date (month and year) last engaged in this work March, 1913 | 17. Total time (years) spent in this work 13	25. Date (month and year) last engaged in this work March, 1913 | 26. Total time (years) spent in this work 1

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) .....
or Mary B. Rainey, M.D.
Address Sweet, Ida.
Filed APR 1 1942, 193.. Mabel E. Elder
Registrar.

Give name added from a supplemental report .....
(Date of)
.....
Registrar.

WRITE PLAINLY
One child as

JUN 8 1976

JUN 9 1976

X 618-228-24-618

339542

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Payette Idaho

4. FULL NAME OF CHILD Mary Lucinda Wayne

5. Date of Birth of Child (Month, day, year) Nov 28-1913

6. Sex female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Herbert Claude Wayne
11. Color or Race White 12. Age at time of THIS birth ..... yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rebecca Lucinda Wayne
17. Color or Race White 18. Age at time of THIS birth 29 yrs.
19. Birthplace (City or town) California (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 66 years, and that Dr. Snook (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert Claude Wayne Signature
Payette Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 1942
(SEAL) Bernice White Notary Public, residing at Payette, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of [illegible] to report any birth which has required subsequent to such date, such report may be received and filed by the local registrar for [illegible] the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-22-0289-59

339637

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. D STREET
(d) Name of Hospital or Maternity Home: IN OWN RESIDENCE
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. D, 5 STREET
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) COEUR D'ALENE, IDA.

4. **FULL NAME OF CHILD** FRANCIS LEROY LLEWELLYN

5. Date of Birth of Child (Month, day, year) NOV. 22, 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE VIVIAN LLEWELLYN
11. Color or Race WHITE
12. Age at time of THIS birth 33 yrs.
13. Birthplace WAUKAU (City or town), WISCONSON (State or foreign country)
14. Exact Occupation LUMBER GRADER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH JOSEPHINE REICH
17. Color or Race WHITE
18. Age at time of THIS birth 29 yrs.
19. Birthplace ORTONVILLE (City or town), MINNESOTA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John O Woods M.D. Midwife Address Mar. 25. 92. Coeur d'Alene, Ida. Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of WASHINGTON } ss.
County of SPOKANE }

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that DR. JOHN (First name) WOODS (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Josephine Llewellyn Signature
1414 Dc. et 2nd Spokane Wash P. O. Address

Subscribed and sworn to before me this 25th day of March, 1942.

(SEAL)

Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 27 1942 APR 2 1942 by Mina K. Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-105-005-343

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339647
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries Idaho
(d) Street Address or R.F.D. No. St. M 1
(e) How long has MOTHER lived in Idaho 31 yrs.

3. RESIDENCE OF FATHER (city, state) Ida - Died 1925

4. FULL NAME OF CHILD Julius Raymond Graff

5. Date of Birth of Child (Month, day, year) Dec 5-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Paul Frederic Graff

11. Color or Race White

12. Age at time of THIS birth 41 yrs.

13. Birthplace Milwaukee (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Inez Lavina Custer

17. Color or Race White

18. Age at time of THIS birth 33 yrs.

19. Birthplace near Sumter (City or town) Minnesota (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. J. Graff (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Elsie R. Weiler M.D. Midwife Registered nurse - Washington State Address Spokane Wn. R.R. 5 Date Mar. 16-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 49 years of age, that I have known this person for 2 6 years, and that O. L. Nelson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie R. Weiler Signature
Spokane Wash. P.O. Address R.R. 5

Subscribed and sworn to before me this 16 day of March, 1942

(SEAL) John L. Glazer Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1942 by Mary E. Nelson, Registrar.

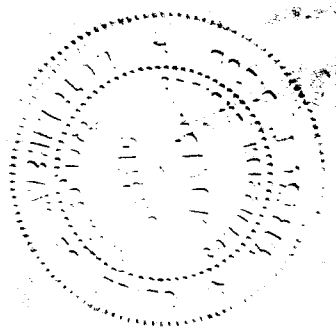
APR 7 1942

JUN 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or in~~ case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



912-109-099-715

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339654
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sand Point
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 9 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sand Point
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Benjamin Harrison Rash

5. Date of Birth of Child (Month, day, year) September 9 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jake Rash
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Working in Timber

MOTHER OF CHILD

16. FULL MAIDEN NAME Liddy Rash
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Liddy Rash Signature

Chico, California Gen. Del. P. O. Address

Subscribed and sworn to before me this 7 day of March, 19 42.

(SEAL) M. Forcum Notary Public, residing at Chico, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1942 MAR 30 1942 by ____, Registrar.

APR 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 84-118-028-344

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339698
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? all yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum Ida.

4. FULL NAME OF CHILD Edwin James Young

5. Date of Birth of Child (Month, day, year) June 18-1913

6. Sex male **7.** Twin or Triplet ____ If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy 9 **9.** Legitimate? yes.

FATHER OF CHILD

10. FULL NAME Roland Edwin Young
11. Color or Race white **12.** Age at time of THIS birth 21 yrs
13. Birthplace Pittsburg (City or town) Washington (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Cuddy
17. Color or Race white **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Helberg (City or town) Minnesota (State or foreign country)
20. Exact Occupation Student
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living Yes!

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 47 years of age, that I have known this person for 47 years, and that E. Frank Wells (First name) (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Roland Edwin Young Signature
Rathdrum P. O. Address

Subscribed and sworn to before me this 2nd day of April, 1942.

(SEAL) NOTARY PUBLIC FOR THE STATE OF IDAHO RESIDING AT RATHDRUM, IDAHO

Notary Public, residing at Rathdrum

(Note: Perjury is punishable as a felony in Idaho, Sec. 17-913, Idaho Code Annotated.)

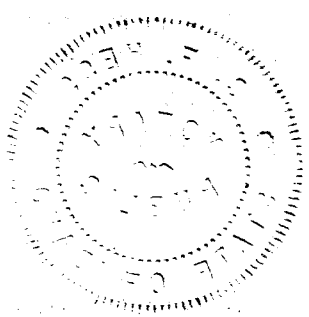
Received for filing on APR 4 1942 by Mary E Helen, Registrar.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



113-226-040-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339714
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Piccabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Piccabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Piccabo, Ida

4. FULL NAME OF CHILD Inez May Jacoby

5. Date of Birth of Child (Month, day, year) Jan. 26, 1913

6. Sex female

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Owen Clifford Anston Jacoby
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lincoln, Nebr. (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lizzie May Lyons
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Vandalia, Michigan (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Mrs Tipton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lizzie May Lyons Jacoby, Wedding Signature
Midvale Idaho P. O. Address

Subscribed and sworn to before me this 1 day of April, 1942
(SEAL) J. H. Goodnight Notary Public, residing at Midvale Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

759-29-023-847

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339717
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Dem (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Dem
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ola, Idaho

4. **FULL NAME OF CHILD** Edna May Penson

5. Date of Birth of Child (Month, day, year) 8/19/13

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy full 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Penson
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie E. Hughes
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace Ola (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Kate (First name) Woody (Last name), who is related to this child as Aunt (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Dem }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 28 years, and that Dr. (First name) Bird (Last name), who attended this birth was now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Kate Woody Signature

Emmett Idaho P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942

(SEAL) Elsa Salskov Notary Public, residing at Emmett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-20-042-394

339865

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339865
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twins Falls (b) City Filer
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has MOTHER lived in Idaho? 4 Mo. yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Geralda Pauline Wood

5. Date of Birth of Child (Month, day, year) May 5, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Guy E. Wood
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace New Providence (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Cruse
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Milport, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 28 years, and that Doctor Morgan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Mrs. Mary Wood Signature

921 E 4th Pomona Calif. P. O. Address

Subscribed and sworn to before me this 3 day of April, 1942

(SEAL) Mabel Felder Notary Public, residing at Pomona Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 8 1942

MAY 2 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

v 049-118-001-753

339869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339869
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Rural, no number
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Kenneth Edwin Smith

5. Date of Birth of Child (Month, day, year) May 18, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Nathan Seward Smith
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Davenport (City or town), Nebraska (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ezra Ann Peck
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Crichton (City or town), Idaho (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 29 years, and that Unknown (First name) person (Last name), who attended this birth cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

N. S. Smith Signature
Nampa Ida R 2 P. O. Address

Subscribed and sworn to before me this 7 day of April, 1942

(SEAL) Elsie Hulse Notary Public. Notary Public residing at Nampa Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 1942 by Mary F Eagen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

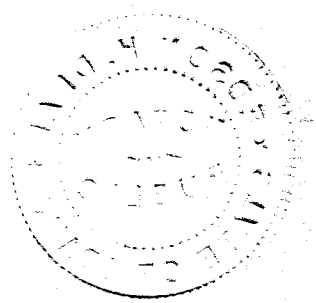
APR 10 1942

DEC 8 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



813-116-028-693

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339957
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. N. 7th Street
(d) Name of Hospital or Maternity Home: Home of Mrs. Sarah Ferguson
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Washington (b) County
(c) City Spokane
(d) Street Address or R.F.D. No. Upton Hotel
(e) How long has **MOTHER** lived in Idaho? 3 mos. yrs.

3. RESIDENCE OF FATHER (city, state) Spokane, Wash.

4. FULL NAME OF CHILD Caleb Littlejohn Hall Jr.

5. Date of Birth of Child (Month, day, year) Oct. 16, 1913

6. Sex male **7.** Twin or Triplet — If so—born 1st, 2nd, 3rd — **8.** No. months of Pregnacy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Caleb Littlejohn Hall
11. Color or Race white **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Kingston (City or town), Jamaica BWI (State or foreign country)
14. Exact Occupation Hotel manager
15. Industry or Business Upton Hotel

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Grace Wiley
17. Color or Race white **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Blacksburg (City or town), Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know.

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Arizona } ss.
County of Pima }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Dr. William Holden (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Wiley Hall Hunt — Signature
Emery Park, Tucson, Arizona — P. O. Address

Subscribed and sworn to before me this 4th day of March, 1942

(SEAL) Sally W. Carter — Notary Public, residing at Tucson, Ariz.
My commission expires October 10, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 6 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 3 1970

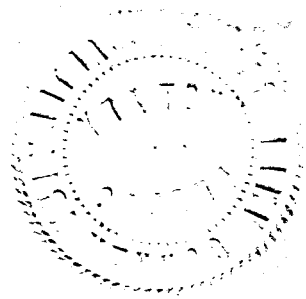
APR 9 1942

JAN 21 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



386-110-016-193

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339968
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Malta, Idaho

4. FULL NAME OF CHILD DeROY THOMPSON

5. Date of Birth of Child (Month, day, year) March 10, 1913

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 13

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Henry Thompson
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Clarkston, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ALZINA ARCHIBALD
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Clarkston Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3rd (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Emma Smith (Midwife) (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alzina Thompson Signature
Hawthorne, Nevada P. O. Address

Subscribed and sworn to before me this 1st day of April, 1942

(SEAL) J. J. Connelly Notary Public, residing at Mineral County, Hawthorne, Nevada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 3 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 339987
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeurd'Alene
(c) Street Address or R.F.D. No. 813 'B' St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county XX years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeurd'Alene
(d) Street Address or R.F.D. No. 813 B St.
(e) How long has **MOTHER** lived in Idaho? One yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lowell James White

5. Date of Birth of Child (Month, day, year) Apr. 3, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Aubrey Otis White
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Pueblo, Colo (City or town) (State or foreign country)
14. Exact Occupation Local Freight Agent
15. Industry or Business Nor. Pac. Ry. Co.

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Mae Marshall
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Edgerton, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Minnesota } ss.
County of Hennepin }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for ____ years, and that Dr. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Pearl Mae White — Signature
3341 Nicollet Ave. Minneapolis Minn. P. O. Address

Subscribed and sworn to before me this 21 day of March, 19 42

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

ABEL J. LINDSKOG
Notary Public, Hennepin County, Minn.
My Commission Expires Jan. 14, 1947.

Received for filing on MAR 25 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 9 1942

OCT 14 1989

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Newport
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 14 years – months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Newport
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Newport, Idaho

4. FULL NAME OF CHILD Oscar Colman Meek

5. Date of Birth of Child (Month, day, year) Sept. 10, 1913

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy normal **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Henry Meek
11. Color or Race white **12.** Age at time of THIS birth 48 yrs.
13. Birthplace Kansas City, Mo. (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Buehler
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Salem, Michigan (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Mrs. Rose Varner (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Meek Signature
706 N. Maple Street, Spokane, Wash P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942

(SEAL) Charles J. Lovell Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1942 by Mabel [illegible], Registrar.

APR 10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340155
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City SHOSHONE
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City SHOSHONE
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs. 7 mos. yrs.

3. RESIDENCE OF FATHER (city, state) SHOSHONE, IDAHO.

4. FULL NAME OF CHILD JOHN TERRY RYAN

5. Date of Birth of Child (Month, day, year) OCT. 6 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SHERIDAN HARRISON RYAN
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace SULPHUR SPRINGS (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation RANCH FOREMAN
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LODA MAE LIPE
17. Color or Race WHITE
18. Age at time of THIS birth 22 yrs.
19. Birthplace PINEVILLE (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE TO MY KNOWLEDGE
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of CALIFORNIA
County of SANTA CLARA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that C. F. ZELLER (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Loda Mae Lipe Ryan Signature
516 E. WASHINGTON AVE. SUNNYVALE, CALIF. P. O. Address

Subscribed and sworn to before me this 2 day of APRIL, 1942

(SEAL) Leo H. Oushoat Notary Public, residing at SUNNYVALE, CALIF.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Leo H. Oushoat

Received for filing on APR 9 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1? 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443 115 005 513 340311

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340311
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl Amos Lockiel Mutch

5. Date of Birth of Child (Month, day, year) Nov. 15 1913

6. Sex Male

7. Twin ~~or Triplet~~ If so—born ~~1st~~, 2nd, ~~3rd~~

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Amos Mutch
11. Color or Race W
12. Age at time of THIS birth 47 yrs.
13. Birthplace New Castle (City or town) New Brunswick (State or foreign country)
14. Exact Occupation farmer and logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Gertrude Eaton
17. Color or Race W
18. Age at time of THIS birth 36 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol.

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 8-22 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mabel (First name) Mutch (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature G. Kinsolving M.D. ~~Midwife~~ Address St. Maries, Date March 23, 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340349
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Coolin
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Coolin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Coolin, Idaho

4. FULL NAME OF CHILD Forrest Mead Winslow

5. Date of Birth of Child (Month, day, year) July 12-1918.

6. Sex male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Butler Winslow

11. Color or Race white

12. Age at time of THIS birth 40 yrs.

13. Birthplace Logansport, (City or town) Indiana (State or foreign country)

14. Exact Occupation Engineer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maud Pearl Mead

17. Color or Race white

18. Age at time of THIS birth 37 yrs.

19. Birthplace Petersburgh, (City or town) Michigan (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 28 yr 9 m years, and that Dr. Carl Fitzhugh (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Winslow Signature

719 W Fiznan, Spokane, Wn P. O. Address

Subscribed and sworn to before me this 11th day of April, 1942.

(SEAL) George Bradley Notary Public, residing at Spokane Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on APR 13 1942 by Mabel E Colyer, Registrar.

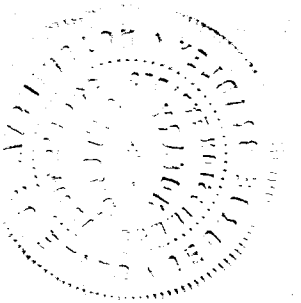
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340516
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. numbers not used
(d) Name of Hospital or Maternity Home: at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. none used
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Frankie LaVonne Burton

5. Date of Birth of Child (Month, day, year) May 12, 1913

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd not

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Harrison Burton
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation working in livery stable
15. Industry or Business " " " "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Belle McQueen
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Buffalo Gap, South Dakota (City or town) (State or foreign country)
20. Exact Occupation housewife.
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum don't know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Wyoming } ss.
County of Hot Springs }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 years, and that Mrs. Taylor (First name) Burton (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Belle Burton Signature

Owl Creek Rt. Thermopolis, Wyo. P. O. Address

Subscribed and sworn to before me this 7th day of April, 19 42.

(SEAL) C B Engle Notary Public, residing at Thermopolis, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1942 by Mabel Taylor, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 16 19[illegible]

JUN 14 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1913-13763

DUP OF 13- 13763

X 493-115016 797

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340727
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. 130 No. Conant Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Burley, Idaho

4. FULL NAME OF CHILD William Chester Dickey Jr.

5. Date of Birth of Child (Month, day, year) Oct. 15, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Chester Dickey
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Farragut, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Pippin
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Council Bluffs, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nebraska
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Dr. John M. Minter (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Chester Dickey Signature
2874 Redick St., Omaha, Nebr. P. O. Address

Subscribed and sworn to before me this 10th day of April, 1942
(SEAL) Pauline Slagel Notary Public, residing at Omaha, Nebraska
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel F. Elsfers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

JUL 16 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340755
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Payette (b) City New Plymouth
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county yes years months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Payette
(c) City New Plymouth
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Robert Carpenter

5. Date of Birth of Child (Month, day, year) 5/12 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Russell Carpenter
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Anatone (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irene Elizabeth Castle
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Greeley (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3 o'clock P. M. on the date and at the place stated above, and that personal particulars were furnished by Irene (First name) Carpenter (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Agnes Carpenter M.D. Midwife X Address New Plymouth Date 4-13-42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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340872

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At own private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Ida

4. FULL NAME OF CHILD Clyde Leonard Peterson

5. Date of Birth of Child (Month, day, year) June 15, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Aaron Randal Peterson
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Campus, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Edna Stern
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Comache, Iowa (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3. (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature (Dead) M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 25 years of age, that I have known this person for since birth years, and that Clyde Leonard Peterson (First name) (Last name), ~~who attended this birth~~ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Edna (Stern) Peterson Signature
Post Falls, Idaho R.F.D. 1 P. O. Address

Subscribed and sworn to before me this 15th day of April 1942

(SEAL) Eugene Best Notary Public, residing at Coeur d'Alene, Idaho

Notary Public for the State of Idaho
My Commission Expires August 2, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mary A. Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

AUG 1 2 1969

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Larson
   (c) Street Address or R.F.D. No. Box 327
   (d) Name of Hospital or Maternity Home: Unknown home with Dr. Ralf attending
   (e) Mother's stay BEFORE delivery: IN THIS county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City ~~Murray~~ Larson
   (d) Street Address or R.F.D. No. Box 327
   (e) How long has MOTHER lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Larson, Idaho

4. **FULL NAME OF CHILD** Mildred Margaret Caroline Erickson

5. Date of Birth of Child (Month, day, year) Aug 19 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herning Erickson
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Värmland (City or town) Sweden (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margareth Caroline Halle
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in item 4, above, that I am now 56 years of age, that I have known this person for ____ years, and that Dr. Ralf (First name) ____ (Last name), who attended this birth, ~~is now deceased~~ or ~~cannot be located~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margareth Erickson ← Mrs Margareth Erickson Signature

1422 - Sycamore - Box 142 P.O. Address

Subscribed and sworn to before me this 14 day of April, 19 42 Clarkston, Wn.

(SEAL) Burt C. Valsey Notary Public, residing at Clarkston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 15 1942 by ____ Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 913 - 17915

DUP OF 13-17915

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340915

United States Department of Commerce
Bureau of the Census

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(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 90
Reg. Dist. No. 361

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County Canyon
(c) City
(d) Street Address or R.F.D. No. R7 4
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lauretta Josephine Smith

5. Date of Birth of Child (Month, day, year) May 7 1913

6. Sex

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine Legitimate? Y

FATHER OF CHILD

10. FULL NAME Floyd Newton Smith

11. Color or Race American

12. Age at time of THIS birth 32 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Brown

17. Color or Race American

18. Age at time of THIS birth 39 yrs.

19. Birthplace Kingston New Hampshire (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 1%

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature S. J. Miller M.D. ~~Midwife~~ Address Long Beach Cal Date 3-21-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 25, 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

954 120-003842

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340951
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Chesterfield
(c) Street Address or R.F.D. No. no street number
(d) Name of Hospital or Maternity Home: mo. own home
(e) Mother's stay BEFORE delivery: IN THIS county 2 years 11 months 21 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Chesterfield
(d) Street Address or R.F.D. No. no street address
(e) How long has MOTHER lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Chesterfield Idaho

4. FULL NAME OF CHILD Milton Hubbard Redford

5. Date of Birth of Child (Month, day, year) May 20, 1913

6. Sex Male

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Thomas Lloyd Redford
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wellsville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Gwen Hubbard
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Willard (City or town) Utah (State or foreign country)
20. Exact Occupation School Teacher
21. Industry or Business Teaching profession

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child four (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Utah } ss.
County of Cache }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for life years, and that John H. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gwen H. Redford Signature
312 North 5th East St., Logan Utah P. O. Address

Subscribed and sworn to before me this 11th day of April, 19 42

(SEAL) Merrell Hatch Notary Public, residing at Logan Utah

My commission expires Feb 4th 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 340990
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: At home
   IN THIS county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Clyde Alton Harrington

5. Date of Birth of Child (Month, day, year) June 29th 1913

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Goodlock Harrington
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Wyandotte (City or town) Kansas (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Montgomery
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Walnut Co Ore (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Adams }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his life years, and that Martha A. Montgomery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lillie Harrington Signature
Council, Idaho P. O. Address

Subscribed and sworn to before me this 11 day of April, 19 42.
(SEAL) Matilda Moser Clerk District Court residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by Matilda Moser, Registrar.

APR 2 1958

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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341036

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341036
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Priest River
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ___ years ___ months ___ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Priest River
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Priest River, Ida

4. **FULL NAME OF CHILD** Michael Bombino Jr.

5. Date of Birth of Child (Month, day, year) March 29, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo. 9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Bruno Bombino
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Grimaldi (City or town) Italy (State or foreign country)
14. Exact Occupation Labor
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Naccarato
17. Color or Race White.
18. Age at time of THIS birth 23 yrs.
19. Birthplace Grimaldi (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ___ (Born alive, stillborn) at ___ M. on the date and at the place stated above, and that personal particulars were furnished by ___ (First name) (Last name), who is related to this child as ___ (Mother, etc.)

25. Attendant's **OWN** signature ___ M.D. Midwife Address ___ Date ___

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Rose (First name) Bombino (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Bombino Signature

Box-313, Priest River, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 42

(SEAL) Rieka M Evans Notary Public, residing at Priest River, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by Mabel Fee, Registrar.

APR 24 1942

MAY 6 1942

MAR 7 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-128-003816

341066

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No. R.F.D. #2
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Grace Idaho

4. FULL NAME OF CHILD James Loyd Thomas

5. Date of Birth of Child (Month, day, year) Aug. 28 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph James Thomas
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Samaria (City or town) Cache Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Ethel Hawkins
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Benjamin (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Utah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr. Hubbard (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James A. Hawkins Signature
192 No. 9 W. Provo, Utah P. O. Address

Subscribed and sworn to before me this 15 day of April, 1942

(SEAL) L. L. Bench Notary Public, residing at Provo, Utah

Com. Exp. 3-22-43

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789 229 007 669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341071
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blain (b) City Carey
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home of Frank W. Phippen
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blain
(c) City Carey
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Carey, Idaho

4. FULL NAME OF CHILD Ella May Phippen

5. Date of Birth of Child (Month, day, year) May 29, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Worthington Phippen
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Renting Ranch
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Pearl Ford
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Elejay (City or town) Georgia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Lysol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10 A.M. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Union } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that Mrs. Carey (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Pearl Phippen Signature
Elgin, Oregon P. O. Address

Subscribed and sworn to before me this 15th day of April 1942

(SEAL) Jesse Crum Notary Public, residing at Elgin, Oregon

NOTARY PUBLIC FOR OREGON
My Commission Expires Feb. 19, 194[illegible]

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

5

Received for filing on APR 17 1942 by [illegible], Registrar.

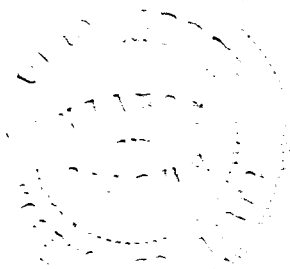
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



419 103 001818

341098

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: ST ALPHONSEUS HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD MARSHALL FRANCIS MARTIN

5. Date of Birth of Child (Month, day, year) Oct 3rd 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME CHARLES MARTIN
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Easton, Pa (City or town) (State or foreign country)
14. Exact Occupation Clerk, retail store
15. Industry or Business mercantile

MOTHER OF CHILD

16. FULL MAIDEN NAME ROWENA HAYES
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Silver City, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business homemaking

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 28 years, and that Dr. George Collister (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Martin Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of March, 19 42

(SEAL) ____ Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-225005-814

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341116
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Santa
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Santa
(d) Street Address or R.F.D. No. ---
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Santa, Idaho

4. FULL NAME OF CHILD Dorothea Elaine McAlinden

5. Date of Birth of Child (Month, day, year) Oct. 25, 1913

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnacy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Patrick McAlinden
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Mayo, Quebec, Canada (City or town) (State or foreign country)
14. Exact Occupation Railroad Engineer
15. Industry or Business Logging Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Julia Hauger
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Tekoa, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver 2%

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7:55 P M. on the date and at the place stated above, and that personal particulars were furnished by Ethel McAlinden (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 28 years, and that Lizzie M. Renfro (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel J. McAlinden Signature
4015 North 7th Tacoma, Washington P. O. Address

Subscribed and sworn to before me this 13th day of April, 1942

(SEAL) Judson Benton Notary Public, residing at Tacoma Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

252-209028-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341161
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Mica Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years 10 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Mica
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 46 yrs.

3. **RESIDENCE OF FATHER** (city, state) Mica Idaho

4. **FULL NAME OF CHILD** Evaneille Ione Best

5. Date of Birth of Child (Month, day, year) May 9, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Reuben Thomas Best
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Downing (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ~~Fanny~~ Fannie Blanche Whitknect
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Eagle River (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 52 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Reuben T. Best Signature
Bayview, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Apr, 1942

(SEAL) James J. Kelly Notary Public, residing at Bayview, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT BAYVIEW, IDAHO
MY COMMISSION EXPIRES DEC 1 1942

Received for filing on APR 17 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 21 1942

MAY 27 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 129 039 - 318

341191

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 29 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Ida

4. FULL NAME OF CHILD Raymond LeRoy Morris

5. Date of Birth of Child (Month, day, year) Jan. 29, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME David John Morris
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Rockland, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ruth Taysom
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Rockland, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12: P M. on the date and at the place stated above, and that personal particulars were furnished by Ruth Morris (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address American Falls Date 4-11-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by , Registrar.

APR 2 1 1942

JUN 7 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-113029-853

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341205
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Millard Burton Christie

5. Date of Birth of Child (Month, day, year) August 13, 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Martain Christie
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Jackson County, Minn. (City or town) (State or foreign country)
14. Exact Occupation ~~Farmer~~ Merchant
15. Industry or Business Confectionery

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Hellikson
17. Color or Race White **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Bergen (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of IDAHO } ss.
County of LATAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for all his life ~~years~~, and that Dr. J.W. Olson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martin H Christie Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.

(SEAL) E.C. Brooke Notary Public, residing at Troy, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1942 by Mark H Coffin, Registrar.

APR 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-222-025-954

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341214
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City White Bird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 19 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idah
(c) City White Bird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Bertha Maud Thomson

5. Date of Birth of Child (Month, day, year) June 22, 1913

6. Sex Female

7. ~~Twin or~~ Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leland John Thomson
11. Color or Race white
12. Age at time of THIS birth 23 yrs.
13. Birthplace Los Gatos (City or town) California (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Amy Remington
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace White Bird (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maud (First name) Delmage (Last name), who is related to this child as Cousin (Mother, etc.)

25. Attendant's **OWN** signature Maud Delmage ~~M.D.~~ Midwife Address White Bird, Idaho Date 4/15/42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 15 day of April, 1942

(SEAL) Monte C. Shrock Notary Public, residing at White Bird, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1942 by Mabel F. Elgers, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 10 1951

* Father was Secretary of State of Idaho 1918-22 .

United States 165-116-040 (Be sure the information is as of date of birth of THIS child)
Department of Commerce 538
Bureau of the Census

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341271
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Wardner-Kellogg Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kellogg
(d) Street Address or R.F.D. No.
(e) How long had **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Kellogg, Ida

4. FULL NAME OF CHILD Robert Sprague Jones *

5. Date of Birth of Child (Month, day, year) June 16, '13

6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert O. Jones
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ethel, Missouri (City or town) (State or foreign country)
14. Exact Occupation Bookkeeper, Bunker Hill and
15. Industry or Business Sullivan Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mrs. Florence Ethel
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all his life and that Dr. George H. Kennett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence E. Jones Signature
5628 20th N. E., Seattle, Washington P.O. Address

Subscribed and sworn to before me this 18th day of April, 1942
(SEAL) [signature] Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

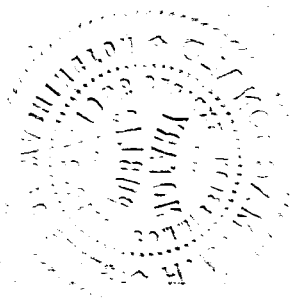
Received for filing on APR 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



455-230033-343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 341280
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City North Salem
(c) Street Address or R.F.D. No. (I) One
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City North Salem
(d) Street Address or R.F.D. No. (I) One & 3 Mg
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) N. S. Idaho

4. FULL NAME OF CHILD Thelma Larene Dennis

5. Date of Birth of Child (Month, day, year) Oct. 30th. 1913

6. Sex Female

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Earl Dennis
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Marysville (City or town) Utah (State or foreign country)
14. Exact Occupation Foreman in Sugar Factory
15. Industry or Business Sugar Factory

MOTHER OF CHILD

16. FULL MAIDEN NAME Irene Lillian Tuckett
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Green River (City or town) Wyoming (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of California } ss.
County of Solano }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Dr. Shupe (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irene Lillian Tuckett Dennis Guinan Signature

57 Cunningham St. Vallejo, Cal. P. O. Address

Subscribed and sworn to before me this 9th. day of April, 19 42.

(SEAL) William J. Corbett Notary Public, residing at Vallejo, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 17 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1942

JUL 24 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449 203 016 343

341388

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Alms
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Almo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Almo Idaho

4. **FULL NAME OF CHILD** Louisa Pryphena Durfee

5. Date of Birth of Child (Month, day, year) April 3, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Orin Durfee
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Des Moines Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Cutler
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Centerville Utah (City or town) (State or foreign country)
20. Exact Occupation housekeeper
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ____ (b) Born alive and now living ____

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Ft midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Hannah Bankhead Signature

523 Main E. Twin Falls P. O. Address

Subscribed and sworn to before me this 20th day of April 1942

(SEAL) Ed Bacon Notary Public, residing at Twin Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by ____ Registrar.

MAY 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-201-028-365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342415
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D No. P.O. Box 502
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home.....days.
In THIS county 14 years.....months.....days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. P.O. Box 502
(e) How long has MOTHER lived in Idaho? 41 yrs.
(f) Mother's mailing address Harrison Idaho

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Florenda Filomena D'Andrea
5. Date of Birth (Month, day, year) Oct 1-1913
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Carlo D'Andrea
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Forli Del Sannio (City or town) Italy (State or foreign country)
14. Exact Occupation Sawmill
15. Industry or Business Lumber

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucia Tonti
17. Color or Race White
18. Age at time of THIS birth 41 years
19. Birthplace Forli Del Sannio (City or town) Italy (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9 (c) Born alive and now dead 1 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 12:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lucia Tonti D'Andrea (First name) (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) APR 20 1942 (Date received) (b) Mabel F. Elsfern (Registrar's signature)
27. Given name added on.....by..... (Registrar's signature)

25. Attendant's OWN signature Oliva Sala M.D. or..... (D.O., Midwife, etc.)
and address Harrison Ida Date 4/13-42

State of..... } ss.
County of..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Oliva Sala, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Florenda D'Andrea (Name of person on certificate above) as Midwife (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that..... (Name of attendant at birth), who attended said birth..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

.....Name
Harrison, Idaho P. O. Address

Subscribed and sworn to before me on this.....day of.....

(SEAL) .....Notary Public, residing at.....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-202-214-291

342456

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or ~~R.F.D. No.~~ 515 10th Ave So.
(d) Name of Hospital or Maternity Home Nampa Hospital
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 8 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or ~~R.F.D. No.~~ 515-10 Ave So.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Florence Evelyn Hicks

5. Date of Birth of Child (Month, day, year) Apr. 2, 1913

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Clifford Conrad Hicks
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Minneapolis (City or town) Minn. (State or foreign country)
14. Exact Occupation Proprietor
15. Industry or Business Hardware

MOTHER OF CHILD

16. FULL MAIDEN NAME Ora Evelyn Bray
17. Color or Race White **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Blue (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for 1 years, and that Dr. H. P. Rose (First name) (Last name), who attended this birth Whereabouts unknown (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clifford Conrad Hicks Signature
La Grande, Oreg. P. O. Address

Subscribed and sworn to before me this 16 day of April, 1942

(SEAL) Rodney J. Kitchen Notary Public, residing at La Grande Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com. ex. 6/11-'44

Received for filing on APR 18 1942 by ____ Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-203-040-557

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census Shoshone

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342491
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Chehutte~~ (b) City Kellogg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Chehutte~~ Shoshone
(c) City Kellogg, Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD DELIA MARY LATTIMORE

5. Date of Birth of Child (Month, day, year) Apr. 3, 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LEWIS MONROE LATTIMORE
11. Color or Race White 12. Age at time of THIS birth 38 yrs.
13. Birthplace Salix, Iowa (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Bunker Hill Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** AntoNettie Engelhart
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Near LaCrosse, Wis. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs. Mary Huffman (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Antonettie Lattimore Signature
Route 3, Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942
(SEAL) Cecille Reynolds Notary Public, residing at Weiser, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by [signature], Registrar.

APR 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

683-105-018-462

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342521
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Elk River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Elk River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1¼ yrs.

3. RESIDENCE OF FATHER (city, state) Elk River, Idaho

4. FULL NAME OF CHILD Wendell Leroy Wylie

5. Date of Birth of Child (Month, day, year) December 5, 1913

6. Sex Male

7. Twin or Triplet One child only. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Leroy Wylie

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Drennen (City or town) Pennsylvania (State or foreign country)

14. Exact Occupation Teacher

15. Industry or Business Principal of Public Schools

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Eliza Moss

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Polo (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Ohio, County of Cuyahoga } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 1/3 years, and that ---- (First name) Dr. Seeley (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Leroy Wylie Signature

2248 Cranston Road, Cleveland Heights, Ohio P. O. Address

Subscribed and sworn to before me this 20th day of April, 19 42

(SEAL) Florence R. Patton Notary Public, residing at Cleveland, Ohio

FLORENCE R. PATTON, Notary Public
My Commission Expires July 8, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 22 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-125-001-293 342535 342535

United States Department of Commerce Bureau of the Census

APR 25 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342535
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: St. Alphonsus
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Mtn Home, Ida

4. FULL NAME OF CHILD Mariano Barinaga

5. Date of Birth of Child (Month, day, year) Dec. 25, 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jose Barinaga
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Leguito (City or town) Spain (State or foreign country)
14. Exact Occupation Sheepman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Santa Bilbao
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Getaria (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Lincoln }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 28 years, and that Dr. Geo. Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Santa Bilbao Barinaga Signature

P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942

(SEAL) Notary Public, residing at Mtn Home Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1942 by Mary E Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 25 1962

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967-108-034-367

342544 342544

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 342544

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Mundaka (b) City Rupert
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Carlson Rogers

5. Date of Birth of Child (Month, day, year) Dec. 8-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clay J. Rogers

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Rogersville (City or town) Texas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Jane Cope

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Rogersville (City or town) Texas (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy Jane Rogers Signature

Rupert - Idaho P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942

(SEAL) [signature] Notary Public, residing at Rupert

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

19V-115-014-967

342561

342561

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342561
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 610 11th Ave. So.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county [redacted] years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 610 11th Ave. So
(e) How long has MOTHER lived in Idaho? Six yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ralph Waldo Armstrong Jr.

5. Date of Birth of Child (Month, day, year) April 15, 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Waldo Armstrong
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Kansas (City or town) City Kans. (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Elsie Rogler
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Mayfield (City or town) Green Kans. (State or foreign country)
20. Exact Occupation Music Teacher
21. Industry or Business Home-wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Maud E. Armstrong (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. Midwife Address Nampa Ida Date April 25 1942

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Maud Fiedler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 CHG

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-120-2 39-913

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342588
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 2 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Am. Falls, Idaho.

4. FULL NAME OF CHILD Emanuel Henry Brucks

5. Date of Birth of Child (Month, day, year) 1-20-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry John Brucks
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Southern Part (City or town), Russia (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Ratzloff
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cottonwood County (City or town) Minnesota (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 11 p.m. M. on the date and at the place stated above, and that personal particulars were furnished by Louise Brucks (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Henry John Brucks M.D. Midwife Address Date

State of Idaho } ss.
County of Power }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that the father was the only one (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise V Brucks Signature
American Falls, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of April, 1942

(SEAL) J. B. Collins Notary Public, residing at American Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 21 1942 by [illegible], Registrar.

APR 25 1992

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-20-532-243

342825

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone (P.O.)
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Home on Homestead
(e) Mother's stay BEFORE delivery: IN THIS county Mine years 7 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? Since 1908 yrs.

3. RESIDENCE OF FATHER (city, state) Shoshone Ida.

4. FULL NAME OF CHILD Mabel Audrey Thomason

5. Date of Birth of Child (Month, day, year) Mar. 7, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Regular

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Harmon Young Thomason
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Little Rock (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Buchanan
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Prineville (City or town) Oregon (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Nebraska } ss.
County of Madison }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above that I am now 51 years of age, that I have known this person for 29 years, and that Martha Thomason (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Nora Thomason Signature

R.F.D. #2 Norfolk, Nebr. P. O. Address

Subscribed and sworn to before me this 21 day of April, 1942

(SEAL) Lynn D. Hilton Notary Public, residing at Norfolk, Nebr.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1942 by Mabel Hilton, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-110-016-741

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342888
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Vieux
(c) Street Address or R.F.D. No. Route 3
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Vieux
(d) Street Address or R.F.D. No. Route 3
(e) How long has **MOTHER** lived in Idaho? Life yrs.

3. RESIDENCE OF FATHER (city, state) Vieux, Idaho

4. FULL NAME OF CHILD Vernal Albert Harper

5. Date of Birth of Child (Month, day, year) Feb. 10, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert Harper

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Calla Fort (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Sophia Pratt

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Milford (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid solution

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signatur ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that Dr. John M. Minter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Harper — Signature
Burley, Idaho — P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942

(SEAL) Nancy N. Tucker Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-207-D 03-168

United States
Department of Commerce
Bureau of the Census Bannock

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342889
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Pocatello~~ (b) City Pocatello, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Pocatello
(c) City Pocatello
(d) Street Address or R.F.D. No. 845 S. Main
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lois Adelia Brown
5. Date of Birth of Child (Month, day, year) Nov 7, 1913
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, (3rd)
8. No. months of Pregnacy
(9.) Legitimate?

FATHER OF CHILD
10. **FULL NAME** Reuben Brown
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Buhl, Idaho (City or town) (State or foreign country)
14. Exact Occupation Conductor on U.P. Railroad
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Sophia Johnson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Chicago Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (three) (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 44 years of age, that I have known this person for 28 years, and that DR. Bean of Pocatello, Ida. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Carl E. Johnson
Signature
2259 Park Circle Inglewood Calif.
P. O. Address

My Commission Expires May 2[illegible] 1942

Subscribed and sworn to before me this 20th day of April, 1942
(SEAL) John A. Simpson Notary Public, residing at Los Angeles County California
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-210-016-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342890
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Burley
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Burley
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Margaret Arizona Sanders

5. Date of Birth of Child (Month, day, year) August 10-1913

6. Sex Female Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Hyrum Peter Sandra

11. Color or Race White **12.** Age at time of THIS birth 23 yrs.

13. Birthplace New Mexico (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosanna Clawson

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Randolph Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. / Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Oregon } ss.
County of Columbia }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 28 yrs 8 month years, and that Rosanna Chevy (First name) (Last name), who attended this birth do not know Location (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosanna Sanders Welch Signature

Scappoose, Oregon, P. O. Address

Subscribed and sworn to before me this 6th day of April, 1942

(SEAL) Rosa Allen Notary Public, residing at Scappoose, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annot.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEB. 26, 1943

Received for filing on APR 23 1942 by ....., Registrar.

APR 28 1942

JUN 6 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

643-109-001-795

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342897
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Henry Hull

5. Date of Birth of Child (Month, day, year) January 9, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

Foster FATHER OF CHILD

10. FULL NAME John James Hull
11. Color or Race White
12. Age at time of THIS birth 63 yrs.
13. Birthplace Nebraska (City or town) (State or foreign country)
14. Exact Occupation R R Conductor
15. Industry or Business

Foster MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen E. Green
17. Color or Race White
18. Age at time of THIS birth 60 yrs.
19. Birthplace Jasper County, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

This birth certificate filed in accordance with Chapter 139, 1937 Idaho Session Laws for filing certificates for adopted children in the foster name. Affidavit from Children's Home Finding and Aid Society of Boise, Idaho, dated March 10, 1942, signed by Lillian M. Carse, Superintendent, gives place of birth of above child as Boise, Idaho, on January 13, 1913 and states that the child was released by the mother to said Home on January 13, 1913. Authentic copy of Order of Adoption in the Probate Court, Bannock County, State of Idaho filed in the Bureau of Vital Statistics, Boise, Idaho, this 21st day of February, 1942, gives date of birth January 13, 1913 and is dated June 2, 1913. Mabel Keller Director, Bureau of Vital Statistics.

Received for filing on 5-1-42 by Mabel Keller, Registrar.

Use black typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope furnished by State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

363-116-833-366

34-297-342992

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 342992
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home of parents
(e) Mother's stay BEFORE delivery: IN THIS county years 6 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Salt Lake City, Utah

4. FULL NAME OF CHILD James Maxwell Cochrane

5. Date of Birth of Child (Month, day, year) Nov. 16, 1913

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Acton Cochrane
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Lake View (City or town) Goyder (State or foreign country) Utah
14. Exact Occupation Teacher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Cook
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Rexburg (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Utah, County of Salt Lake } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 35 years of age, that I have known this person for 28 years, and that George J. Parkinson M.D. (First name) (Last name) who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Cook Cochrane Signature
1406 So. Thirteenth East P.O. Address Salt Lake City

Subscribed and sworn to before me this 6 day of April, 1942
(SEAL) Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by ____, Registrar.

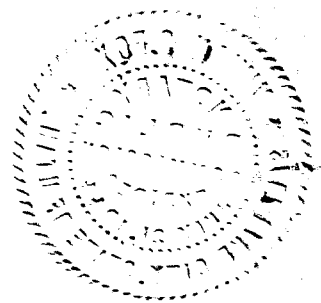
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-18016-394

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343108
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. +
(d) Name of Hospital or Maternity Home: +
(e) Mother's stay **BEFORE** delivery: all her life
IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Albion, Idaho

4. FULL NAME OF CHILD Glen La Bar Stokes

5. Date of Birth of Child (Month, day, year) May 18 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Lane Stokes
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Albion (City or town) Idaho (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Leona Trummer
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Albion (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Mother

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 28 years, and that Dr. Story (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ardey Stokes Winters Signature
627-2nd Ave So - Twin Falls, Idaho Address

Subscribed and sworn to before me this 21st day of April, 1942

(SEAL) Alice C. Taylor Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1942 by Mabel F. Elsie, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1966

APR 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of ~~Chapter 191, 1911 Session Laws, has~~ not been recorded, or ~~in case of~~ failure to report any birth which ~~has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Glen Labar Stokes

Birth: May 18, 1915
Idaho, USA

Death: Feb. 13, 1999
Placer County
California, USA

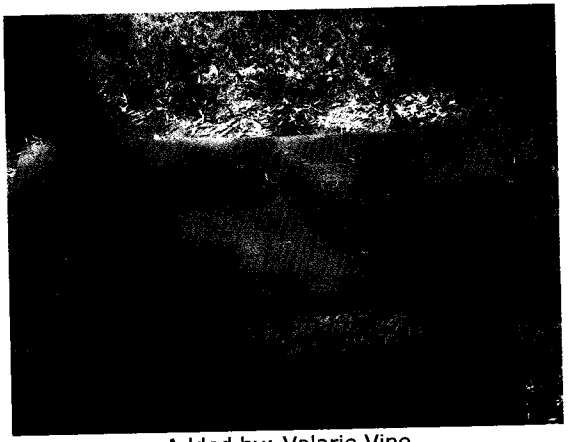
Family links:
Spouses:
Geraldine Louise *Smith* Stokes (1920 - 1992)
Helen L. *Merkel* Stokes (1913 - 1948)*

*Calculated relationship

Inscription:
"Loving Husband & Father"

Burial:
Roseville Public Cemetery District
Roseville
Placer County
California, USA
Plot: Sec. NC, Block A, Lot 5, Grave 2

Created by: Kathie
Record added: Sep 17, 2014
Find A Grave Memorial# 136038834



Added by: Valarie Vine

Cemetery Photo
Added by: countedx58

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343110
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Enaville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Barnes at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Enaville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Enaville Idaho

4. **FULL NAME OF CHILD** Burl Henery Seaman

5. Date of Birth of Child (Month, day, year) Oct 20 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frances Henry Seaman
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Waterloo (City or town) Iowa (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Guerin
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Stella Seaman (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Francis Henry Seaman and Stella Seaman Signature
3015 N Lincoln Spokane P. O. Address

Subscribed and sworn to before me this 30 day of April, 1942.

(SEAL) ..... Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 13 1942 by ....., Registrar.

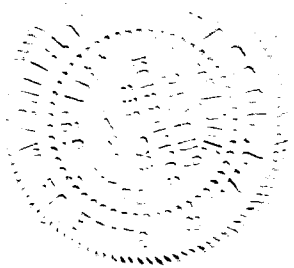
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



769 102-014-123

343194

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Bramwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county Two years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Bramwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Three yrs.

3. RESIDENCE OF FATHER (city, state) Bramwell, Idaho

4. FULL NAME OF CHILD Leness Leon Gordon

5. Date of Birth of Child (Month, day, year) March 2, 1913

6. Sex Male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leon Gordon
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Provo (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Aston
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Vernal (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Idaho~~ Utah
County of ~~Canyon~~ Utah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. Anderson (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Aston Gordon Signature
R. F. D. #2 Box 178 Provo Utah P. O. Address

Subscribed and sworn to before me this 23 day of April, 1942

9-20-45 (SEAL) C Lucius Daudie Notary Public, residing at Orem, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F. Elder, Registrar.

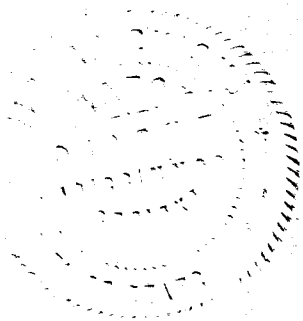
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-124043-413

343197

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County McClain (b) City Cascade
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County McClain
   (c) City Cascade
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Clifford J. Morehouse

5. Date of Birth of Child (Month, day, year) 5-24-1913

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Morehouse
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Laclede Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Matthews
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Laclede Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation House keeper
21. Industry or Business

22. ~~Name prophylactic used to prevent Ophthalmia~~ Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~dead~~) at M. on the date and at the place stated above, and that personal particulars were furnished by Effie (First name) Morehouse (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Effie Morehouse M.D. Midwife Address Date

State of Missouri
County of Greene } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Morehouse Signature
1160 Hovey Ave., Springfield, Mo P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 42.

(SEAL) Geo. T. Davies Notary Public, residing at Springfield, Mo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

JUL 14 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

884-205028-291

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343201
Local Reg. No. 287
Reg. Dist. No. 121

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Marine Route
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 4 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Marine Route
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address Coeur d'Alene, Idaho

3. RESIDENCE of FATHER (city, state) C.D.A., Idaho

4. FULL NAME OF CHILD Marie Elizabeth Hyde

5. Date of Birth (Month, day year) June 5, 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Paul Eugene Hyde
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Sioux City, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Brawley
17. Color or Race White 18. Age at time of THIS birth 32 yrs.
19. Birthplace Amesville, Ohio (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as Mary F. Elder (Mother, etc.)

26. (a) APR 14 1942 (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mrs. Clarence Youmans, being first duly sworn, say that I am related to (Related to (or) acquainted with) Marie Elizabeth Hyde (Name of person on certificate above) as older sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Nelson Black (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mrs. Clarence Youmans (Dorothy) Signature
503 W. Ave. La Grande Ore. P. O. Address

Subscribed and sworn to before me on this 30 day of August 1941
(SEAL) M. E. Williams Notary Public, residing at La Grande

MY COMMISSION EXPIRES JUNE 5, 1943.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343223

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 2 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. farm home
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls, Ida.

4. FULL NAME OF CHILD Otto Funk

5. Date of Birth of Child (Month, day, year) May 12, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gottfried Funk
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fere Champenoise, Bessarabia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Schultz
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Beraseina, Bessarabia (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business farm

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that J. John Lunz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Funk Signature
American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of April, 1942

(SEAL) W. C. Loofbourow Notary Public, residing at American Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 343266

Local Reg. No.

Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City BURLEY
   (c) Street Address or R.F.D. No. R.F.D. PAUL
   (d) Name of Hospital or Maternity Home: OWN HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City BURLEY
   (d) Street Address or R.F.D. No. R.F.D. PAUL
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Louis LE Roy Jeppson

5. Date of Birth of Child (Month, day, year) MAY 24, 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Jeppe LE Roy Jeppson
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace PL GROVE (City or town) UTAH (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business INDUSTRY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA ROSIE HAHN
17. Color or Race WHITE
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business INDUSTRY

22. Name prophylactic used to prevent Ophthalmia Neonatorum NITRATE OF SILVER

23. Number of children of this mother: (a) At time of birth and including this child. ONE. (b) Born alive and now living YES.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of UTAH } ss.
County of UTAH }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. Storey (First name) Doctor Storey (Last name), who attended this birth, Is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Rosie Hahn Jeppson Louis LeRoy Jeppson Signature

738 South 4th West, Provo Utah P. O. Address ~~Pe Dayton Dividend, UTAH~~

~~Subscribed~~ and sworn to before me this 28th day of April, 19 42

(SEAL) ____ Notary Public, residing at Provo, Utah

(Note: Perjury is punishable as a ~~felony in Idaho,~~ see Sec. 17-914, Idaho Code Annotated.) Comm. expires 9/22/43

Received for filing on APR 29 1942 by ____ Registrar.

738 So 4th W

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-225 022-364

343281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Wilford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Wilford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Wilford, Idaho

4. FULL NAME OF CHILD Mada Zene Hansen

5. Date of Birth of Child (Month, day, year) June 25, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Hansen
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Tout
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) Beverly Canyon, Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the ~~attendant does not sign~~ in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Dr. Hammell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Catherine Hansen Signature
St. Anthony Idaho P. O. Address

Subscribed and sworn to before me this 25 day of April, 1942
(SEAL) or Meservy, Probate Judge ~~Notary Public~~, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F. Elder, Registrar.

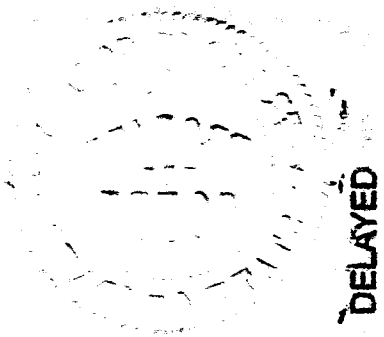
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Dup of 1913--14345

X 689-115-001-635 MAY 4 1942

343357 343357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City BOISE
(c) Street Address or R.F.D. No. 1405 E. STATE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County ADA
(c) City BOISE
(d) Street Address or R.F.D. No. 1405 E. STATE
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE IDAHO.

4. FULL NAME OF CHILD CLAIR ALBERT WHITNEY

5. Date of Birth of Child (Month, day, year) 4-15-1913

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** NATHANIAL-GILBERT WHITNEY
11. Color or Race WHITE
12. Age at time of THIS birth 40 yrs.
13. Birthplace VERMONT (City or town) (State or foreign country)
14. Exact Occupation PLASTER-CEMENT WORKER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MINNIE JOSEPHINE FLEAK
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace BOISE IDAHO. (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 29 years, and that INES PHELPS WHITNEY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice R. Turner Signature
2505 IDAHO ST. BOISE IDA. P. O. Address

Subscribed and sworn to before me this 2 day of May, 1942
(SEAL) Willis Ellis Zatt Notary Public, residing at Boise Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

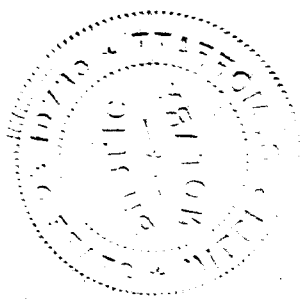
MAY 4 1942

JUN 22 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



753 204029-173

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343460
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No. S. Almond St
   (d) Name of Hospital or Maternity Home: At Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No. S. Almond St.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow Idaho

4. **FULL NAME OF CHILD** Dorothy Ethel Peterson

5. Date of Birth of Child (Month, day, year) Feb. 4, 1913

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Peterson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Spencer (City or town) Iowa (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Axtell
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Minn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nit.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho }
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Joseph Asprey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Charles Peterson Signature

522 - 9th Ave P. O. Address

Subscribed and sworn to before me this 29th day of April, 1942

(SEAL) ..... Notary Public, residing at Lewiston, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3704, Idaho Code Annotated)

Received for filing on MAY 1 1942 by ..... Registrar.

MAY 5 19[illegible]

MAR 26 195[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-129 040-749

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343492
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Silver King
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Silver King
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? one yrs.

3. RESIDENCE OF FATHER (city, state) Silver King,

4. FULL NAME OF CHILD Charles Camilo Spelgatti

5. Date of Birth of Child (Month, day, year) 1-29-1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John B. Spelgatti
11. Color or Race Italian **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Italy (City or town) (State or foreign country)
14. Exact Occupation mining
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Angelina Guizzetti
17. Color or Race Italian **18.** Age at time of THIS birth 39 yrs.
19. Birthplace Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 28½ years, and that unknown lady (First name) (Last name), who attended this birth ---- (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× John B. Spelgatti. Signature
Potlatch, Idaho. P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

NOTARY PUBLIC for the State of Idaho
Residing at Potlatch, Idaho
My Commission Expires Dec. 3, 1944

Received for filing on MAY 4 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343493
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Cotterel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Elma Lutz

5. Date of Birth of Child (Month, day, year) Oct. 7th, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Jacob Lutz
11. Color or Race W
12. Age at time of THIS birth 30 yrs.
13. Birthplace Johannesthal, So. Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosina Hauff
17. Color or Race W
18. Age at time of THIS birth 25 yrs.
19. Birthplace Romania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Rosina (First name) Lutz (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Jacob Lutz M.D. Midwife Address Hebron, N.D. Date 4-22-1942

State of North Dakota
County of Morton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Rosina (First name) Lutz (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob Lutz Signature
Hebron, North Dakota. P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1942.

(SEAL) [signature] Notary Public, residing at Hebron, N.Dak.

Notary Public Morton County, N.Dak. My Commission expires Sept. 1. 1946.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-[illegible] Annotated)

Received for filing on APR 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343495
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years . . months . days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. RESIDENCE OF FATHER (city, state) Rexburg, Ida.

4. FULL NAME OF CHILD Wanda Paul

5. Date of Birth of Child (Month, day, year) Dec. 18, 1913

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clarence Paul
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Rexburg (City or town) Idaho (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business Automobile

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alda Maryette Gee
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lewiston Cache (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 28 years, and that Doctor C. C. Meacham (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alda Gee Paul Signature
221 So. Montebello Blvd., Montebello, Cal. P. O. Address

Subscribed and sworn to before me this 25th day of April, 1942

(SEAL) [signature] Notary Public, residing at Montebello, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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343511

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Twin Lakes
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mother's stay **BEFORE** delivery: **IN THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Rathdrum
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as above Rathdrum, Idaho

4. **FULL NAME OF CHILD** Albert Henry Nelms

5. Date of Birth of Child (Month, day, year) Aug. 8, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William George Nelms
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Cameron (City or town) Missouri (State or foreign country)
14. Exact Occupation Sheep Shearer
15. Industry or Business owner

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Estella Fisher
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Rochelle (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that William George Nelms (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Nellie Nelms Signature

2807 East Second Avenue, Spokane Wn. P. O. Address

Subscribed and sworn to before me this 24 day of April, 1942

(SEAL) x W. Keller Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

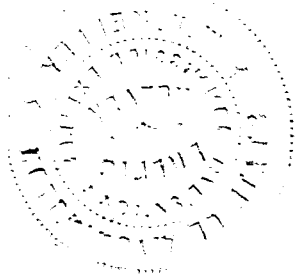
Received for filing on MAY 4 1942 by Mark Keller, Registrar.

MAY 5 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



757-128028-762

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343515
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenia (b) City HAYDEN LAKE.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenia.
(c) City Hayden Lake.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Franklin Wilbert PeGG

5. Date of Birth of Child (Month, day, year) 2-28-1912

6. Sex Male 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 4th 8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Frank Ward PeGG
11. Color or Race White 12. Age at time of THIS birth 34 yrs.
13. Birthplace Greenfield (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Max Goss.
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Mondovi (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, ~~stillborn~~) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Ruby (First name) PeGG (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature John Elwood M.D. Midwife Address Coeur d'Alene Ida Date Apr 24 '42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by Mark F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 5 1942

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-205028-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343574
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur D'Alene
(c) Street Address or R.F.D. No. W Smiley Ave.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur D'Alene
(d) Street Address or R.F.D. No. W Smiley Ave
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Coeur D'Alene Ida.

4. FULL NAME OF CHILD Hanna Margaret Stan

5. Date of Birth of Child (Month, day, year) Aug. 5, 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 Mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edward Waclaw Stan
11. Color or Race White 12. Age at time of THIS birth 32 yrs.
13. Birthplace Wilna (City or town) Poland (State or foreign country)
14. Exact Occupation Brewery Worker
15. Industry or Business ~~[illegible]~~ Coeur D'Alene Brewery

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Kazmarski
17. Color or Race White 18. Age at time of THIS birth 27 yrs.
19. Birthplace Glenwood (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Dr. John Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Fannie Stan Signature
816-8th St Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn ~~to before me this~~ 18th day of April, 1942.
(SEAL) E. H. Miles Notary Public, residing at Coeur d'Alene
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-110-042-286

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343577
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) ~~Street~~ Address or R.F.D. No. One
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 5 months 27 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. One
(e) How long has **MOTHER** lived in Idaho? Five mo.

3. RESIDENCE OF FATHER (city, state) Twin Falls Idaho

4. FULL NAME OF CHILD Charles Earl Sieber

5. Date of Birth of Child (Month, day, year) July 10, 1913

6. Sex Male 7. Twin or Triplet No. If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy nine 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Earl Sieber
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace Thompsontown (City or town) Penna (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha B. Shoemaker
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Freeport (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now eighty years of age, that I have known this person ~~for~~ since birth ~~years~~, and that Dr Chas D Weaver (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

D. F. Detweiler Signature
R.F.D. #3 Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942.
(SEAL) A. L. Skinner Notary Public, residing at Twin Falls.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 29 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753 205026 363

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343579
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County JEFFERSON (b) City RIGBY
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County JEFFERSON
(c) City RIGBY
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) RIGBY IDAHO

4. FULL NAME OF CHILD CLEORA OLIVE PETERSEN

5. Date of Birth of Child (Month, day, year) JULY 5, 1913

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOSEPH HANS PETERSEN
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace HYRUM (City or town) UTAH (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LEAH EVELYN TOLLEY
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace NEPHI (City or town) UTAH (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. ~~Number of~~ children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11 00 P.M. on the date and at the place stated above, and that personal particulars were furnished by LEAH TOLLEY PETERSEN (First name) (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Bonneville }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that JOSEPHINE NEWMAN (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leah Evelyn Tolley Petersen Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of April, 1942

(SEAL) Nina N. Tucker Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 30 1942 by [signature], Registrar.

MAY 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-122004-269

343699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343699
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Georgetown, Idaho

4. FULL NAME OF CHILD Reed Farrell Smit

5. Date of Birth of Child (Month, day, year) 4-22-13

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William James Smit
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Georgetown (City or town) Idaho (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Marie Sorensen
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Georgetown (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Alice (First name) Jeanette Tippets (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Jeanette Pecora Signature
R5 Boise Ida P. O. Address

Subscribed and sworn to before me this 6th day of May, 1942
(SEAL) A. Van Voorhis Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 127 007 497

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343823
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Joseph R. Patterson, residence
(e) Mother's stay BEFORE delivery: IN THIS county Blaine years 20 months 7 days 10

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 49 yrs.

3. RESIDENCE OF FATHER (city, state) Carey Idaho

4. FULL NAME OF CHILD Ralph Williams Patterson

5. Date of Birth of Child (Month, day, year) Jan. 27-1918

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William Oliver Patterson
11. Color or Race white **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel May Dip
17. Color or Race white **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Carey (City or town) Idaho (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Lula B Howard (First name) (Last name), who attended this birth ✕ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel M. Patterson Signature
Carey Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 1942
(SEAL) W. P. Lawrence Notary Public, residing at Carey Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mabel Phelps, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 702-030-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343830
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Salmon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mrs. Radford's MaternityHome
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 4 months - days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Lemhi
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Lemhi, Idaho

4. FULL NAME OF CHILD Jesse Cornelius Martin

5. Date of Birth of Child (Month, day, year) May 2, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roscoe Conkling Martin
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Snowball (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Caroline Brown
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Harrison (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Texas
County of Stephens } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Charles F. Hanmer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R C Martin Signature

Breckenridge, Tex. 500 North Breckenridge, Ave. P. O. Address

Subscribed and sworn to before me this 28th day of April, 1942

(SEAL) Evelyn Cole EVELYN COLE Notary Public, residing at Breckenridge, Tex.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1945

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dept of 1913 - 14279 - different names

446-212003-995

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343831
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Driggs Idaho
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Driggs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Driggs, Idaho

4. **FULL NAME OF CHILD** Anna Dolores Muffler

5. Date of Birth of Child (Month, day, year) May 12 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Adolph Muffler
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation mason
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Margaret Kinderknecht
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Providence Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah } ss.
County of Salt Lake }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for years, and that Nat Brown (First name) (Last name), who attended this birth Cannot Be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Margaret Muffler Signature
413 Vachner St Salt Lake City Utah P. O. Address

Subscribed and sworn to before me this 1st day of May, 19 42

(SEAL) Herman H. Greene Notary Public, residing at Salt Lake City, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 4 1942 by , Registrar.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-14352

466-117-029-445

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343833
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 [redacted] yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ole John Moody

5. Date of Birth of Child (Month, day, year) June 17, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Peter Moody
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Yterhogdal (City or town) Sweeden (State or foreign country)
14. Exact Occupation logger
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christina Munson
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Vemdalen (City or town) Sweeden (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for all his life years, and that Mrs Joe Carlson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christina Moody Signature
Troy Ida P. O. Address

Subscribed and sworn to before me this 4 day of May, 1942
(SEAL) L. Broche Notary Public, residing at Troy Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

APR 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238 102 034 415.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343847
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Eden
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at parents home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Eden
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? [illegible]

3. RESIDENCE OF FATHER (city, state) Eden Idaho

4. FULL NAME OF CHILD Howard Lauren Schwab

5. Date of Birth of Child (Month, day, year) Sept. 2, 1913

6. Sex Male
7. Twin or Triplet one If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Schwab
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Untersyeinbach Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alpha Davis
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mtn. Home, Ark. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 28 years, and that Ida J. Davis (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Davis Schwab Signature
Eden, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of May, 1942.
(SEAL) Ed W Little Justice of Peace ~~Notary Public~~, residing at Eden, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713 210028 253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 343970
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City ST. MARIES
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 9 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City ST MARIES
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) ST. MARIES, IDA.

4. **FULL NAME OF CHILD** OLGA FLORENCE PATTERSON

5. Date of Birth of Child (Month, day, year) OCT. 10 1913

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES PATTERSON.
11. Color or Race WHITE
12. Age at time of THIS birth 49 yrs.
13. Birthplace FRENDSHIP (City or town) NEW YORK (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** OLGA OLYMPE BEL
17. Color or Race WHITE
18. Age at time of THIS birth 36 yrs.
19. Birthplace PAYERNE (City or town) SWITZERLAND (State or foreign country)
20. Exact Occupation SEAMSTRESS AND
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 11 61 Clock P.M. on the date and at the place stated above, and that personal particulars were furnished by Olga Paterson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Laura Derpentus M.D. Midwife Address St Maries Idaho Date 1 May 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mark Helena, Registrar.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

215-115035-766

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. 343978
Registrar's No. _____

State of Idaho

1. PLACE OF BIRTH:
(a) County Nez Perce
(b) City or town Lapwai (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: At home (If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery: In hospital or institution _____ In this community _____ (Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Nez Perce
(c) City or town Lapwai, (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child Sylvester Peter Kane
4. Date of birth July 15, 1913 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? Yes

FATHER OF CHILD

9. Full name John Kane
10. Color or race Indian 11. Age at time of this birth 34 yrs.
12. Birthplace Kamiah (City, town, or county) Idaho (State or foreign country)
13. Usual occupation Laborer
14. Industry or business General

MOTHER OF CHILD

15. Full maiden name Ellen Poweke
16. Color or race Indian 17. Age at time of this birth 23 yrs.
18. Birthplace Spalding (City, town, or county) Idaho (State or foreign country)
19. Usual occupation Housewife
20. Industry or business Home

21. Children born to this mother:
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 1
(c) How many children were born dead? -

22. Mother's mailing address for registration notice:
Mrs. Ellen P. Kane
Lapwai, Idaho

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 4 a.m. on the date above stated and that the information given was furnished by John Kane, related to this child as Father

24. Date received by local reg. MAY 15 1942
25. Registrar's own signature _____
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature John Kane
[illegible] Father Date signed 4/17/42
Address Lapwai, Idaho

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

I certify that the information furnished above is a correct and true transcript as taken from the Official Records of the Northern Idaho Agency, and from information furnished by the father of the applicant. Certified this 17th day of April, 1942, at Lapwai, Idaho.

A. G. Wilson, Superintendent

Subscribed and sworn to before me this 17th day of April, 1942 at Lapwai, Ida.

Notary Public

My Commission Expires: 3/22 19 43.

MAY 11 1942

DECEASED

DELAYED

437 / 19 040 - 249

343988

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Shoshone 5 years 6 months 6 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Frank Melvin Mc Gillivray

5. Date of Birth of Child (Month, day, year) 8-19-1913

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alexander Allyn Mc Gillivray

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Adas (City or town) Michigan (State or foreign country)

14. Exact Occupation Lumberman

15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina Pearl Smith

17. Color or Race White

18. Age at time of THIS birth 32 yrs.

19. Birthplace Tahedoygan, (City or town) Muskegan (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, [illegible]) at M. on the date and at the place stated above, and that personal particulars were furnished by Ina (First name) Smith (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature J. R. Mason M.D. Midwife Address Kellogg, Ida Date 5-5-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DEC 9 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to ~~report any birth which has occurred subsequent to such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-214-035-613

344042

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Peck
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 15 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Peck
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.
(f) Mother's mailing address Peck, Idaho

3. RESIDENCE of FATHER (city, state) Peck, Idaho

4. FULL NAME OF CHILD Rowena Pearl Parks

5. Date of Birth (Month, day year) May 14, 1913

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Miles Monroe Parks
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Iona (City or town) Michigan (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Walker
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Harrison Co. (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 7:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ella May Parks (First name) (Last name) who is related to this child as Mother (Mother, etc.)
26. (a) MAY 1 1942 (Date received) (b) Mabel G. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature [signature] M.D. (D.O. Midwife, etc.)
and address Peck Date Feb.

State of ..... } ss.
County of ..... }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature
..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19.....
(SEAL) ..... Notary Public, residing at .....

K

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in ~~the~~ Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

553-208021816

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344107
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Erma Hawkes Nelson

5. Date of Birth of Child (Month, day, year) Oct 8 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Taylor Nelson
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Franklin Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Hawkes
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Hyde Park City Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4 P. M. on the date and at the place stated above, and that personal particulars were furnished by Susie Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Franklin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Allen R. Cutler, Sr. (First name) (Last name), who attended this birth (Is deceased) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Susie H Nelson Signature
Preston Ida P. O. Address

Subscribed and sworn to before me this 25 day of Apr, 1942

(SEAL) [signature] Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DuPOD 1913-17126

244112044695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344291
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. Star Route
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Midvale Ida

4. FULL NAME OF CHILD Melvin Jake Sumpter

5. Date of Birth of Child (Month, day, year) Nov. 12, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Perry Otto Sumpter
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Asotin (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Lenora Finley
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Kirksville (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 a.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Lenora Finley Sumpter Signature

Rose Lodge, Ore. P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942.

(SEAL) [signature] Notary Public, residing at Neotsu, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by [signature], Registrar.

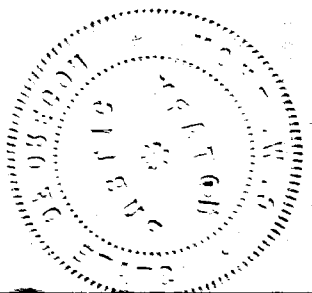
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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344295

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Samuels
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Samuels
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. RESIDENCE OF FATHER (city, state) Samuels, Idaho

4. FULL NAME OF CHILD Harry Jenkins Samuels

5. Date of Birth of Child (Month, day, year) August 20 - 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Floyd Samuels
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Washington County (City or town) Mississippi (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Maria Jenkins
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Crawford County (City or town), Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Bonner } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that Dr. Baker (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Floyd Samuels Signature
Samuels P. O. Address

Subscribed and sworn to before me this 6 day of May, 1942
(SEAL) [signature] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 13 1968

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-126 010-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344342
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Iona
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: None. Birth at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** MILO FRANKLIN SHAPLEY

5. Date of Birth of Child (Month, day, year) Sept. 26, '13

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Albert Lorane Shapley
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Greeley (City or town) Colorado (State or foreign country)
14. Exact Occupation Steam and Gas Engineering
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Arvilla Ione Sanders
17. Color or Race White
18. Age at time of THIS birth ____ yrs.
19. Birthplace Casper, Wyoming (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Trinity }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Mrs Dora Sanders (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Lorane Shapley Signature

My Commission Expires July 10, 1945

Douglas City, Box 21, Calif P. O. Address

Subscribed and sworn to before me this 3rd day of April, 1942

(SEAL)

Notary Public, residing at Weaverville, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by ____, Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1913-16667

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344353
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 9 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 9 1/2 mo.

3. RESIDENCE OF FATHER (city, state) Buhl, Idaho

4. FULL NAME OF CHILD Rosemary Scheier

5. Date of Birth of Child (Month, day, year) 8-13-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Matthias Aloysius Scheier
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Seneca (City or town) Kans. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sara ~~Scheier~~ Burke
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Chicago (City or town) Ill. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 years, and that Dr. Murphy (First name) of Buhl (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sara Scheier Signature
P. O. Address

Subscribed and sworn to before me this 5th day of May, 1942

(SEAL) Roland I. Kraft Notary Public, residing at Lecompton, Kans.
My Comm. expires July 24, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 8 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

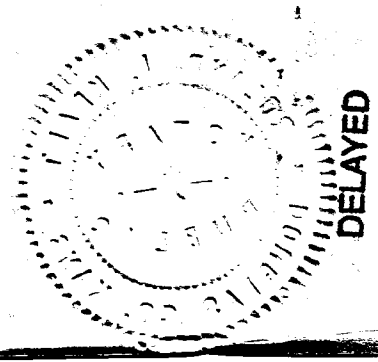
MAY 13 1942

dup of 1913-15397

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DUP OF 1913-15397

365-224032 799

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344357
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Winn (b) City Shoshone
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: none
   (e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Winn
   (c) City Shoshone
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shoshone, Idaho

4. **FULL NAME OF CHILD** Mable Gladys Long

5. Date of Birth of Child (Month, day, year) December 24 1913

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mth

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Henry Long
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Georgia (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Pearl Privett
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Paris, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Oregon
County of Josephine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that not attended (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Pearl Hamilton Signature

Rt. 1 Box 470 P. O. Address

My Commission expires April 2, 1945

Subscribed and sworn to before me this 2 day of May, 1942

(SEAL) Oscar M. Shepherd Notary Public, residing at 614 H St.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

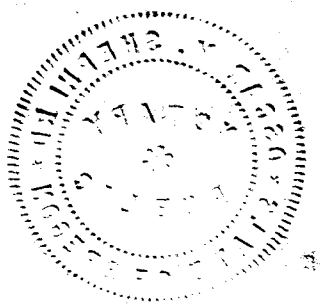
Received for filing on MAY 7 1942 by Mabel K Nelson, Registrar.

MAY 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



433104 004 893

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Fish Haven
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BEAR LAKE
(c) City Fish HAVEN
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marcus Gale McCann
5. Date of Birth of Child (Month, day, year) May-4-1913
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes ~~No~~

FATHER OF CHILD
10. **FULL NAME** George SANT McCANN
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fish HAVEN (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Sophia Hildt
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace PARIS IDAHO (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Sophia (First name) McCANN (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. (First name) Curless (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia McCann Signature
Fairfield Montana P. O. Address

Subscribed and sworn to before me this 8th day of May 1942
(SEAL) Edw. R. Nett Notary Public, residing at Augusta, Montana
NOTARY PUBLIC for the State of Montana Residing at Augusta, Montana Commission Expires August 1, 1943

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1942 by Mabel [illegible], Registrar.

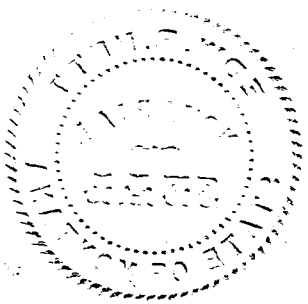
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 13 1942
JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-100 039 814

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344557
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Ida.

4. FULL NAME OF CHILD Varil Delone Perry

5. Date of Birth of Child (Month, day, year) Apr. 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ira James Parry
11. Color or Race white
12. Age at time of THIS birth 21 yrs.
13. Birthplace Rockland (City or town) Ida. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Hammer
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by Julia Hammer (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature V G Logan M.D. ~~Midwife~~ Address Lewiston Falls Date 5-6-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 7 1942 by Mabel Wilson, Registrar.

OCT 3 1944
AUG 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

✓ 494·119 028·494

344648

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

MAY 14 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Springston
(c) Street Address or R.F.D. No. P.O. Box 63
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Springston
(d) Street Address or R.F.D. No. P.O. Box 63
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Springston Ida.

4. FULL NAME OF CHILD George Dimico

5. Date of Birth of Child (Month, day, year) Aug. 19. 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sebastian Dimico

11. Color or Race White

12. Age at time of THIS birth 53 yrs.

13. Birthplace Naples (City or town) Italy (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Di Maria

17. Color or Race White

18. Age at time of THIS birth 28 yrs.

19. Birthplace Naples (City or town) Italy (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Luoy Monte (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+ (Her mark) Signature

E. 2323 First Ave. Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of May, 1942

(SEAL) Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 14 1942 by ____, Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356-123016-515

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344677
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CASSIA (b) City RUPERT
   (c) Street Address or R.F.D. No. R.F.D.-5
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years 11 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CASSIA
   (c) City RUPERT
   (d) Street Address or R.F.D. No. RFD-5
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) RUPERT, IDAHO

4. **FULL NAME OF CHILD** MARTIN HOPKINS LEWIS

5. Date of Birth of Child (Month, day, year) JAN. 23, 1913

6. Sex MALE

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM THOMAS LEWIS
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace FAIRVIEW (City or town) VERGINIA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIA ANN MANZANT
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace FAIRVIEW (City or town) VERGINIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEKEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of MISSOURI } ss.
County of GREEN }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that MAE (First name) STEPHENS (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm. T. Lewis Signature

2132 N. National, Springfield Mo. P. O. Address

Subscribed and sworn to before me this 9 day of May, 1942

(SEAL) My Commission Expires May 11, 1945

Notary Public, residing at Springfield Mo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ..... Registrar.

MAY 15

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-128025-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344679
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 24 years June months 20. days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho Co.
(c) City Grangeville
(d) Street Address or R.F.D. No. 1 Box 11
(e) How long has MOTHER lived in Idaho? 43 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased, Ida

4. FULL NAME OF CHILD Everett Lee Schmadeka

5. Date of Birth of Child (Month, day, year) Jan. 28th. 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Wesley Schmadeka
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Eugene (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Araminta Araminta Johnson
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Pike Co. (City or town) Ill (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum XX

23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as X (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that Dr. C. S. Stockton (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Araminta Schmadeka Swan Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 2nd day of May, 19 42
(SEAL) T. Rothwell Notary Public, residing at Grangeville, Id.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by , Registrar.

MAY 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-202005-318

344682

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BENEWAH (b) City St. MARIES
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BENEWAH
(c) City St MARIES
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1910-1942 yrs.

3. RESIDENCE OF FATHER (city, state) St. MARIES IDAHO

4. FULL NAME OF CHILD ELIZABETH ANNIE ROBSON

5. Date of Birth of Child (Month, day, year) DEC. 2-1913

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** EDWIN ROBSON
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace MIDDLESBROUGH ENGLAND (City or town) (State or foreign country)
14. Exact Occupation SUPT. OF BLD. CONSTRUCTION
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** RACHAEL MAYNARD TAYLOR
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace LA CROSSE WISCONSIN (City or town) (State or foreign country)
20. Exact Occupation WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Rachael Robson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Owen D. Platt M.D. ~~Midwife~~ Address St. Maries, Ida. Date 5-9-42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by Mary F. Elefer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1976

MAY 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-19 028 613

344765

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

State File No. 344765

CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH:
(a) County Kootenai (b) City Coeur d' Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
In THIS county 2 years 10 month 21 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state):

4. FULL NAME OF CHILD Granville Alanson Coe

5. Date of Birth (Month, day, year) March 19, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Ernest Barnette Coe
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Little Falls (City or town) Minnesota (State or foreign country)
14. Exact Occupation Pondman at Saw mill
15. Industry or Business Lumbering

MOTHER OF CHILD

16. FULL MAIDEN NAME Sadie Wallace
17. Color or Race
18. Age at time of THIS birth 32 yrs.
19. Birthplace Baxter Springs, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead None (d) Stillborn None.

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 11 [illegible] (Date received) (b) [signature] (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Washington
County of Okanogen } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Ernest Barnette Coe, being first duly sworn, say that I am related to (Related to (or) acquainted with) Granville Alanson Coe (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Ernest Barnette Coe Signature

Omak, Washington P. O. Address

Subscribed and sworn to before me on this 5th day of May, 1942

(SEAL) [signature] Notary Public, residing at Omak, Washington

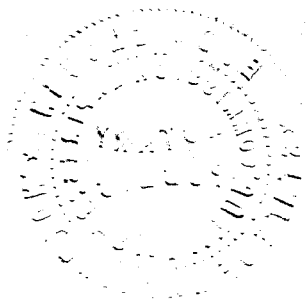
MAY 16 1942

AUG 5 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



249-123-024-641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 344880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 3 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell Ida.

4. FULL NAME OF CHILD George Paul Smith

5. Date of Birth of Child (Month, day, year) Dec. 23, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Polycarp Smith
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Indian Creek (City or town) Missouri (State or foreign country)
14. Exact Occupation Veterinarian
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bernadetta # O'Daniel
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Hunnewell (City or town) Missouri (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20 % Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by ~~Smith~~ Robert Smith (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature [signature] ~~M.D.~~ Midwife Address Wendell Date Ida

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 15 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 19 1992

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup of 1913-18985

419-113-023-395 345034

United States
Department of Commerce
Bureau of the Census

MAY 21 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 345034
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years None months None days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett

4. FULL NAME OF CHILD Edward Alfred Marker

5. Date of Birth of Child (Month, day, year) 1-13-13

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew Ruben Marker
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Manti (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Lindsey
17. Color or Race White
18. Age at time of THIS birth 44 yrs.
19. Birthplace Hyde Green (City or town) England (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living yes 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 29 years, and that Dr. Dr. Clark (First name) (Last name), who attended this birth Can Not be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Marker Signature
Rt. 2 Boise Idaho P. O. Address

Subscribed and sworn to before me this 21st day of May, 1942.

(SEAL) Mary B. Edwards Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Comm. expires 11/6/44.

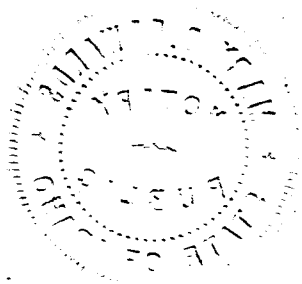
Received for filing on MAY 21 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



251-110-022-957

346062

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. ----
(d) Name of Hospital or Maternity Home: None-(at Home)
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 0 years 4 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 4 mos. yrs

3. RESIDENCE OF FATHER (city, state) St. Anthony, Idaho

4. FULL NAME OF CHILD THAD PHILLIP BEATTY

5. Date of Birth of Child (Month, day, year) March 10, 1913

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnacy 10Mos. **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Glenn Beatty
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Hancock, Iowa (City or town) (State or foreign country)
14. Exact Occupation Manager.
15. Industry or Business Telephone Company

MOTHER OF CHILD

16. FULL MAIDEN NAME Catherine Louise Ready
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Gunnison, Colorado (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living None

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that Dr. Boucher (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

W Glenn Beatty Signature
1760 No 11th Boise Idaho P. O. Address

Subscribed and sworn to before me this 4th day of April, 1942.

(SEAL) Edna L Casey Notary Public, residing at Mountain Home Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel H Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 4 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-109-039-194

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346077
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 5 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland, Idaho

4. FULL NAME OF CHILD Virgil William Allen

5. Date of Birth of Child (Month, day, year) Sept. 9, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME J. Ira Allen
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Calls Fort (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Dry Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Nancy Emily Arm
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Honeyville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Making ghome rearing Children

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Solution Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:30 P.M. on the date and at the place stated above and that personal particulars were furnished by Ira Allen (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address Emerson Falls Date May 16 1942

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-913 Idaho Code Annotated)

Received for filing on MAY 18 1942 by Mary E. Logan, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-219-032469

346078

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Shoshone
(c) Street Address or R.F.D. No. R.F.D.1
(d) Name of Hospital or Maternity Home: ---
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Shoshone
(d) Street Address or R.F.D. No. R.F.D.#1
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) RFD Shoshone Idaho

4. FULL NAME OF CHILD THERESE IRENE BERNARD

5. Date of Birth of Child (Month, day, year) Oct. 19, 1913

6. Sex Female **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME BENOIT HENRY BERNARD
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace France (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY LOUISE MORNAC
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace France (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 28½ years, and that no physician or midwife (First name) (Last name), ~~XXX~~attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Louise Bernard Signature
R.F.D.#1, Shoshone, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.
(SEAL) ..... Notary Public, residing at Shoshone, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 20 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

162-108-040-263

346111

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Linton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Linton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD ONNIE Doki

5. Date of Birth of Child (Month, day, year) Feb 28 - 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME ALEXANDER Doki

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace VAASA (City or town) FINLAND (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Loviisa Serafiina Koliseva

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace VAASA (City or town) FINLAND (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 7 P.M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) LeGross (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of ____ } ss.
County of ____ }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 29 years, and that Mrs. Tom Niemi (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia LeGross Signature

Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 11th day of May, 1942.

(SEAL) ____ Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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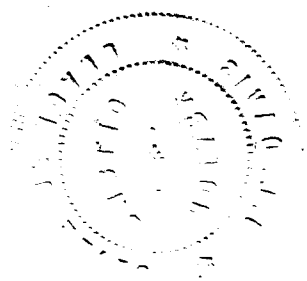


365-123-014-395

346112

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: at their mothers home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Nampa
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Harold Tousley

5. Date of Birth of Child (Month, day, year) Aug 23 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? +

FATHER OF CHILD

10. FULL NAME Arthur C. Tousley

11. Color or Race White

12. Age at time of THIS birth 42 yrs.

13. Birthplace (City or town) (State or foreign country)

14. Exact Occupation Carpenter Farming

15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Elma Lee Leinebaugh

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Wentworth Texas (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8 PM M. on the date and at the place stated above, and that personal particulars were furnished by Elma Tousley (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Elma Lee Tousley M.D. Midwife Address Silver City, Nev. Date 5/9/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 9 day of May, 19 42

(SEAL) ..... Notary Public, residing at Silver City, Nev.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 12 1942 by ....., Registrar.

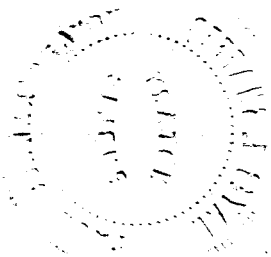
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235-110-043-434

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City Roseberry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Roseberry
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Roseberry, Ida.

4. FULL NAME OF CHILD CARL DONALD KLEINT

5. Date of Birth of Child (Month, day, year) 1-10-1913

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl August Kleint
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Alaska (City or town) Germany (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Sawmill Owner

MOTHER OF CHILD

16. FULL MAIDEN NAME Azuba McDonald
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Indianola (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ____ } ss.
County of ____ }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. F. M. (First name) Compton (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Azuba M. Kleinty Signature
1137 Eddy St. Lebanon Ore. P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942
MY COMMISSION EXPIRES DEC. 17, 1944 J. E. Estep Notary Public, residing at Lebanon, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Mabel Fielder, Registrar.

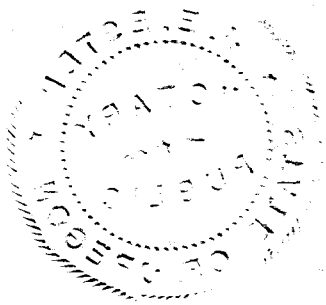
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



414-120-022-751

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346179
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County FREMONT (b) City Driggs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Driggs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Driggs Idaho

4. **FULL NAME OF CHILD** Carl Lorin Madsen

5. Date of Birth of Child (Month, day, year) Dec. 20-1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fritz Carl Madsen
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Ringsted (City or town) Denmark (State or foreign country)
14. Exact Occupation Printer
15. Industry or Business Publishing newspaper

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Pearson Madsen
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Provo (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of California } ss.
County of San Francisco }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother's sister and step-mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Edsie Pearson Madsen Signature
451 Ninth Ave., San Francisco P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 42

(SEAL) Sinclair G. Tramble Notary Public, residing at San Francisco, California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by Mark Felsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-101-042-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346221
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Twin Falls (b) City Twinfalls
(c) Street Address or R F.D No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 1 years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.
(f) Mother's mailing address Twin Falls, Idaho

3. **RESIDENCE OF FATHER** (city, state) Twin Falls Idaho

4. **FULL NAME OF CHILD** Clarence Edward Robinson

5. Date of Birth (Month, day, year) 4-1st-1913

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bedford Anderson Robinson
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Jackson County, Tennessee (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Zulema Webb
17. Color or Race White
18. Age at time of THIS birth 21 years
19. Birthplace Jackson County, Tennessee (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead none (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 13 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Z. Robinson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Clarence Edward Robinson (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Morgan (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Z. Robinson Name
Emmett, Idaho P. O. Address

Subscribed and sworn to before me on this 12th day of May, 1942

(SEAL) C H Hager Notary Public, residing at Emmett, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dep of 1913 - 13689

DELAYED

255-227-029-639

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D No. ✓
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days. ✓
In **THIS** county 23 years ..... months ..... days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. ✓
(e) How long has **MOTHER** lived in Idaho? 23 yrs.
(f) Mother's mailing address now 2207 Colby Everett Wn (same)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Evelyn Bernice Benton

5. Date of Birth (Month, day, year) Apr 27, 1913

6. Sex Female

7. Twin or Triplet one

If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy regular

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Richard Dwight Benton

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Missouri (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Freda Flieger

17. Color or Race White

18. Age at time of THIS birth 28 years

19. Birthplace Wisconsin (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child only child (b) Born alive and now living ✓
(c) Born alive and now dead ✓ (d) Stillborn ✓ living and married

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 11:30 a. M. on the date and at the place stated above, and that personal particulars were furnished by self (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) MAY 12 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** Freda Benton M.D. or mother (D.O., Midwife, etc.)
and address 2207 Colby Everett Wn Date May 8/42

State of Washington
County of Snohomish } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Freda Benton, being first duly sworn, say that I am natural mother (Related to (or) acquainted with) of Evelyn Bernice Benton (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Carrithers (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Freda Benton Name
2207 Colby, Everett, Wash P. O. Address

Subscribed and sworn to before me on this 8 day of May, 1942

(SEAL) Phil G Warnock Notary Public, residing at Everett, Wash

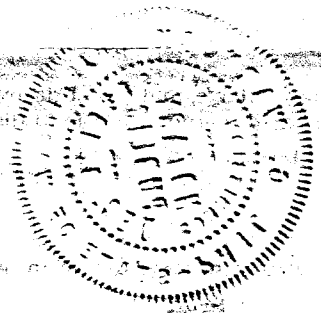
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



Dupe of 1913-14722

DELAYED

313-101-022-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346239
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City DUBOIS
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City DUBOIS
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) DUBOIS IDAHO

4. FULL NAME OF CHILD JUDSON WARD CALLISON

5. Date of Birth of Child (Month, day, year) Sept 1, 1913

6. Sex MALE

7. Twin or Triplet TWIN

If so—born 1st, 2nd, 3rd 2ND

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME REYNOLDS GRANT CALLISON
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace GALESBURG (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation OPERATOR RETAIL STORE
15. Industry or Business SAME HARDWARE

MOTHER OF CHILD

16. FULL MAIDEN NAME MABEL BRUNER
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace NORTH HENDERSON (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Reynolds Callison (First name) (Last name), who is related to this child as Father (Mother, etc.).

25. Attendant's **OWN** signature J. B. Klein M.D. Midwife Address Galesburg Illinois Date Apr. 29, 1942

Rush Medical, Chicago, Ill 1912.
This was an emergency attended by me while on visit in Dubois, Idaho.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of
County of ss.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 13 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-101-022-094

346240

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346240
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Dubois
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Dubois
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dubois, Idaho

4. **FULL NAME OF CHILD** David Grant Callison

5. Date of Birth of Child (Month, day, year) Sept. 1 1913

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Reynolds Grant Callison
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Galesburg, (City or town) Illinois (State or foreign country)
14. Exact Occupation Operator Retail Store
15. Industry or Business Same Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Bruner
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace North Henderson, (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1 A M. on the date and at the place stated above, and that personal particulars were furnished by Reynolds (First name) Callison (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Rush Medical, Chicago, Illinois Address Galesburg, Illinois Date April 29, 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of
County of

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 13 1942 by , Registrar.

JUN 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-1234003-593

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346248
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 430 So. 3rd
   (d) Name of Hospital or Maternity Home: At Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 412 So 11th
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Raymond Edgar Butcher

5. Date of Birth of Child (Month, day, year) Dec. 23, 1913

6. Sex M/C

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Edgar Butcher
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pleasantpill Missouri (City or town) (State or foreign country)
14. Exact Occupation U.P. [redacted] Railroad
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Victoria Villanueva
17. Color or Race White-Italian
18. Age at time of THIS birth 28 yrs.
19. Birthplace Orvieto-Italia (City or town) (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at about 12 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ella (First name) Muir (Last name), who is related to this child as Midwife (Mother, etc.)

25. Attendant's **OWN** signature Ella Muir Quesnel M.D. Midwife Present Address 530 So 6th Douglas Wyo Date 5-14-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1927 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this 18 day of May, 19 42

(SEAL) ..... Notary Public, residing at St. George Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

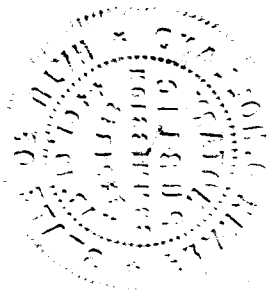
Received for filing on MAY 20 1942 by ..... Registrar.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has not been recorded, or~~ in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



219-11-0036-964

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346252
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Arbon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Arbon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arbon, Idaho

4. **FULL NAME OF CHILD** Seth R. Bailey

5. Date of Birth of Child (Month, day, year) 12/17/1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Parley Hawkins Bailey
11. Color or Race Anglo Saxon
12. Age at time of THIS birth 30 yrs.
13. Birthplace Wellsville, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Roderick
17. Color or Race Anglo Saxon
18. Age at time of THIS birth 27 yrs.
19. Birthplace Samaria, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cassia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for years, and that Mrs. Shandrew (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Jane Bailey Signature

Rupert, Rt. 2, Idaho P. O. Address

Subscribed and sworn to before me this 16 day of May, 19 42

(SEAL) [illegible] Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

619-104-035-763 346308 346308

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Reubens
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Reubens
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George O. Farr

5. Date of Birth of Child (Month, day, year) Jan 4, 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Ned Warren Farr
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Beloit (City or town), Kansas (State or foreign country)
14. Exact Occupation Grocery clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Poler
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rockford (City or town), Wash (State or foreign country)
20. Exact Occupation house-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Asotin } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Father's sister) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that Mrs Viola Gardner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fannie L Lewis Signature
Clarkston, Wash P. O. Address

Subscribed and sworn to before me this 7th day of May, 1942

(SEAL) Dewey Schube ~~Notary Public, residing at~~ County Clerk

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1969

MAY 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-206-007-863

346310 346310

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 8 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) 32 years in Idaho

4. **FULL NAME OF CHILD** Margaret Marie Carpenter

5. Date of Birth of Child (Month, day, year) April 6 - 1913

6. Sex Girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Carpenter
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Indiana (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Melvina Hollenbeck
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Redlands California (City or town) (State or foreign country)
20. Exact Occupation Housework at home
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that Alice A. Compton (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Henry Carpenter Signature
1412 - 4th St No. Nampa Ida. P. O. Address

Subscribed and sworn to before me this 24 day of May, 1937

(SEAL) R. N. McCoy Notary Public, residing at Hailey Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1937 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 18 1964

MAY 23 1942

APR 20 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-220-036-295

346404

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Holbrook
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Holbrook, Ida.

4. FULL NAME OF CHILD LaPreal B Blaisdell

5. Date of Birth of Child (Month, day, year) April 20, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James William Blaisdell
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Centerville (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ann Iona Bingham
17. Color or Race White **18.** Age at time of THIS birth 26 yrs.
19. Birthplace Clifton (City or town) Idaho (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business School-Teaching

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 3 a. M. on the date and at the place stated above, and that personal particulars were furnished by James (First name) B Blaisdell (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. ~~Midwife~~ Address Pocatello Ida. Date 5-15-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on MAY 18 1942 by Mabel F Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1976

MAY 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dupcaf 1913 - 12781

DELAYED

255-131-035-255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346432
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years 7 months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) 3 yrs

4. FULL NAME OF CHILD Harvey George Kennedy

5. Date of Birth of Child (Month, day, year) July 31, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry Melvin Kennedy
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Stillman Valley Illinois (City or town) (State or foreign country)
14. Exact Occupation salesman
15. Industry or Business Partner Hardware store

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Ada Bender
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Covert Michigan (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business mangeing the house

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Harry M. (First name) Kennedy (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature J. H. Ragsdale M.D. ~~Midwife~~ Address Nazato Wn. Date May 17-1942

State of ..... }ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

769-122.001-491

346439

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 713 - Idaho, St.
(d) Name of Hospital or Maternity Home: St. Alphonsus Hospital
(e) Mother's stay BEFORE delivery: IN THIS county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 713 - Idaho, St.
(e) How long has MOTHER lived in Idaho? 5½ yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD George Angel Gorrono

5. Date of Birth of Child (Month, day, year) March 22 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Bruno Gorrono

11. Color or Race White

12. Age at time of THIS birth 27 yrs.

13. Birthplace Amorebieta (City or town) Spain (State or foreign country)

14. Exact Occupation Watchman

15. Industry or Business Watchman on Arrowrock Dam

MOTHER OF CHILD

16. FULL MAIDEN NAME Luisa Diaz

17. Color or Race White

18. Age at time of THIS birth 23 yrs.

19. Birthplace Leguetio (City or town) Spain (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7:A.M. M. on the date and at the place stated above, and that personal particulars were furnished by Luisa (First name) Gorrono (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. George Collister (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Luisa Diaz Gorrono Signature

Box 13 - Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 20 day of May, 1942

(SEAL) Mrs L. Clark Notary Public, residing at Emmett Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 22 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-119-043-437

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346445
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley.
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD John Weamer McCall

5. Date of Birth of Child July 19, 1925 (Month, day, year)

6. Sex boy **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Dawson McCall
11. Color or Race White **12.** Age at time of THIS birth 32 yrs.
13. Birthplace Kansas City, Mo. (City or town) (State or foreign country)
14. Exact Occupation Forest Ranger.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Martha Ennis McGee
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Portland Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 1. (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. (Doctor and Nurse both deceased.) Midwife Address Date

State of Washington } ss.
County of King }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 57 years of age, that I have known this person for 28 years, and that Dr. Snyder (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ennis McCall. Signature
Waldorf Hotel, Seattle, Wash. P. O. Address

Subscribed and sworn to before me this 19th day of May, 19 42

(SEAL) E. F. Hilinglah Notary Public, residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 20 1942 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

966-115 44-253

346447

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washinton
(c) City Weiser
(d) Street Address or R.F.D. No. 709 East Court
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Weiser, Idaho

4. FULL NAME OF CHILD Donald Laverne Root

5. Date of Birth of Child (Month, day, year) Sept 15th 1913

6. Sex male

7. Twin or Triplet one

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William S. Root
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Humboldt Co. (City or town) California (State or foreign country)
14. Exact Occupation Railroading
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Kate May Kelley
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Weiser, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for all his life years, and that Dr Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William S Root Signature

Pendelton, Oregon Box 747 P. O. Address

Subscribed and sworn to before me this 19th day of May, 1942

(SEAL) F. B. Lloyd Notary Public, residing at Weiser, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-110-022-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346532
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Fred Woolsey

5. Date of Birth of Child (Month, day, year) 2/10/ 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James A. Woolsey
11. Color or Race white
12. Age at time of THIS birth 42 yrs.
13. Birthplace (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Jane Layton
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Kays ville (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of ~~birth and~~ including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 29 years, and that Dr. Malot (First name) (Last name), who attended this birth is now deseased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah J Woolsey Signature
P. O. Address

Subscribed and sworn to before me this 18th day of May, 1942.
(SEAL) Kathryn Coffin Deputy Clerk of District Court Notary Public, residing at ST. ANTHONY, IDA.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

823-109-037-231

346545

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346545
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) ~~City~~ Reddle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 3 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Reddle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 ¾ yrs.

3. **RESIDENCE OF FATHER** (city, state) Reddle Ida

4. **FULL NAME OF CHILD** Stanley Dean Yates

5. Date of Birth of Child (Month, day, year) Nov. 9, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Chas Anderson Yates
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Chloe Maria Stanley
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Hay Springs Nebr. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Powell }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 3-3 years of age, that I have known this person for 28 years, and that Nurse Crowley + Carl Yates (First name) (Last name) who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Chloe Maria Yates Signature

Victor P. O. Address

Subscribed and sworn to before me this 16 day of May, 19 42

(SEAL) [illegible] Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 18 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 1973

JAN 9 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of [redacted] any birth which has occurred subsequent to such [redacted] may be received and filed by the local registrar for [redacted] Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

466-111-0282-559

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346556
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Lee Moore

5. Date of Birth of Child (Month, day, year) Jan 11 1918

6. Sex Male **7.** Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 2 **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Moore
11. Color or Race White **12.** Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) (State or Foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Leonard
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Roy Moore (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature E. L. Rogers M.D. Midwife Address Ashton Idaho Date 6-9-42

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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249-115-022-319

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346558
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Squirrel
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Squirrel
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Squirrel Idah

4. FULL NAME OF CHILD Charles L. Burrall Jr.

5. Date of Birth of Child (Month, day, year) Aug. 15, 1913

6. Sex male

7. Twin or Triplet XXX If so—born 1st, 2nd, 3rd XXX

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles L. Burrall
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Brooklyn (City or town) N. Y. (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business genl. mdes.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine C. Carlson
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace DesMoines (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 P.M. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that J. D. Louis (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles L. Burrall Signature
Ashton - Idaho P. O. Address

Subscribed and sworn to before me this 22 day of May, 19 42

(SEAL) Kathryn Coffin Deputy Clerk of District Court Notary Public, residing at ST. ANTHONY, IDA.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 13 1943

MAY 27 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DECEASED

913-114-016-962 MAY 29 1942 346685

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346685
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No. General Del.
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mother's stay before delivery: IN THIS county --- years --- months --- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No. General Del.
   (e) How long has MOTHER lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion Idaho

4. **FULL NAME OF CHILD** Cornelious Edmond Rathbone

5. Date of Birth of Child (Month, day, year) Dec. 14-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eugene Stephen Rathbone
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Greenwood (City or town) County Kansas (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lucretia Rosetta Rose
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Farmington (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Mrs (First name) Neilson (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene S. Rathbone Signature
[illegible] Route 4, Boise, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of February, 1942.

(SEAL) Mae Magley Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

666-24-020-719

346691

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 34669
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Mountain Home
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Opal Louise Wood

5. Date of Birth of Child (Month, day, year) July 24, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Reuben Wood
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Brainard (City or town) Minnesota (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie May Parker
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bayard (City or town) Nebraska (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lilly Parker Wood (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 28 years, and that Sadie Parker (First name) my mother (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lillie Wood. Signature
Ferndale, Washington P. O. Address

Subscribed and sworn to before me this 23 day of May, 19 42

(SEAL) M. E. Jones Notary Public, residing at Ferndale

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 27 1942 by Mark F Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-221-D 01-393

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346825
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ada (b) City Boise
(c) Street Address or R.F.D. No. forgotten
(d) Name of Hospital or Maternity Home: +
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years ✓ months ◦ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Boise
(d) Street Address or R.F.D. No. –
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Colorado

4. FULL NAME OF CHILD Martha Lucille Brigham

5. Date of Birth of Child (Month, day, year) 1-21-1913

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Elzy Roy Brigham
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Lovland (City or town) Colorado (State or foreign country)
14. Exact Occupation General Labor
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Allene Little
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Chatanooga (City or town) Tenn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at —— M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature Mary A. Callaway M.D. ~~Midwife~~ Address Boise Idaho 5-26-42 Date

State of Georgia
County of Fulton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. Calaway (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Altene Kemerer Signature
1049 Berne St SE P. O. Address

Subscribed and sworn to before me this 14 day of May 1942.

(SEAL) Mrs Martha Nash Notary Public, residing at Large
Notary Public, Commission Expires Sept. 3, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code annotated.)

Received for filing on MAY 18 1942 by [signature], Registrar.

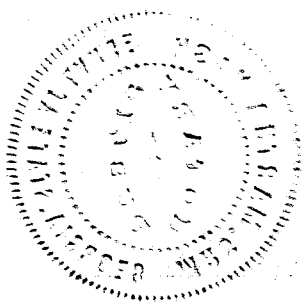
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1960

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



215-123-021-366

346852

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346852

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Franklin (b) City Franklin

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Their own home

(e) Mother's stay BEFORE delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State [redacted] (b) County Franklin

(c) City Franklin

(d) Street Address or R.F.D. No.

(e) How long has MOTHER lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) Franklin Ida

4. FULL NAME OF CHILD Cecil Leroy Sant

5. Date of Birth of Child (Month, day, year) May 23 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 7 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME George Oscar Sant

11. Color or Race White **12.** Age at time of THIS birth 27 yrs.

13. Birthplace Treasureton Idaho (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Luvanah Townley

17. Color or Race White **18.** Age at time of THIS birth 22 yrs.

19. Birthplace Townley Alabama (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr. Sewell (First name) (Last name), who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Luvanah J Sant Signature

McCammon Ida P. O. Address

Subscribed and sworn to before me this 6th day of April, 19 42

(SEAL) J. F. Whitney Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 2 1942 by Mary F Felder, Registrar.

JUN 2 1942

JUL 30 1962

53 24
Bartlett

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth occurring subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

434-106 042-817

346913

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Hollister
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Rural
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hollister
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Richard Mc Donald

5. Date of Birth of Child (Month, day, year) Sept. 6-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William A. Mc Donald
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Douglas County- (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence E. Hager
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for 29 years, and that Dr. Duckett (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. McDonald Signature

R.F.D. 4 - Filer - Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May 1942.

(SEAL) O. A. Bailey Probate Judge. Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 26 1942 by Mabel Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2
JUL 29 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-223-222-895

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 346937
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Farnum
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Mary Merrick

5. Date of Birth of Child (Month, day, year) June 23, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Merrick
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Mt. Pleasant Utah (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Henry (deceased)
17. Color or Race white
18. Age at time of THIS birth 42 yrs.
19. Birthplace Bloomington, Ill. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 10 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that Dr. Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Merrick Signature
P. O. Address

Subscribed and sworn to before me this 23d day of May, 1942
(SEAL) Vivian Fuller Notary Public, residing at Ashton, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

234-217.005-719

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 346998
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH Kootney later changed to
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootney
(c) City Plummer
(d) Street Address or R.F.D.No.
(e) How long has MOTHER lived in Idaho? 36 6 yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Plummer, Ida

4. FULL NAME OF CHILD Lula May Sturdevant

5. Date of Birth (Month, day year) Sept. 17, 1913

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Leonard Sturdevant
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Goodman, Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie E. Garoutte
17. Color or Race white
18. Age at time of THIS birth 24 yrs
19. Birthplace Goodman, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4
(c) Born alive and now dead 3 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 29 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Washington
County of Yakima } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Elmer Garoutte, being first duly sworn, say that I am related (Related to (or) acquainted with) Lula May Sturdevant (Name of person on certificate above) as Uncle (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Norris (Name of attendant at birth), who attended said birth is deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Elmer Garoutte Signature
Outlook Wash. P. O. Address

Subscribed and sworn to before me on this 2 day of August 1941

(SEAL) Margaret E. Brown Notary Public residing at Sunnyside

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho~~ Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

154-107-003-165

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Thatcher
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home.
(e) Mother's stay **BEFORE** delivery: **IN THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Homer L. Anderson.

5. Date of Birth of Child (Month, day, year) Feb. 7, 1913.

6. Sex Male. **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Andrew Moroni Anderson.
11. Color or Race White. **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Bear River City, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farming.

MOTHER OF CHILD

16. FULL MAIDEN NAME Hannah Elvira Jones.
17. Color or Race White. **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Lakeside, Box Elder Co. Utah. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Housewife.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was at M. on the date (Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Lincoln, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person ~~for ... years, and that~~ since birth and am his (First name) (Last name), ~~who attended this birth~~ mother (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hannah Elvira Anderson Signature
Dietrich, Idaho. (Lincoln Co.) Address

My commission expires March 26, 1945.

Subscribed and sworn to before me this 27th. day of May, 19 42.

(SEAL) Ben B. Haddock. Notary Public, residing at Shoshone, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-117-009-719

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347278
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Hope
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Montana (b) County Powell
(c) City Orando
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3-mo ~~yrs.~~

3. RESIDENCE OF FATHER (city, state) Orando, Mont

4. FULL NAME OF CHILD Kenneth Irvine Sperry

5. Date of Birth of Child (Month, day, year) May 17-1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Irvine Paton Sperry
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Helena (City or town) Montana (State or foreign country)
14. Exact Occupation Lumber Piler
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elta Myrtle Parsely
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Avon (City or town), Montana (State or foreign country)
20. Exact Occupation Nous~~[illegible]~~ife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ——

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Montana
County of Missoula } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that William Knapp, DR. (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Irvine P. Sperry Signature
Greenough Mont P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942
(SEAL) Elizabeth McMahon Notary Public, residing at Greenough, Mont

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 1 1942 by Mabel [illegible], Registrar.

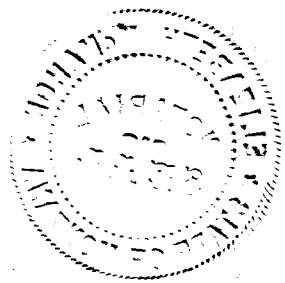
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-210-039-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347647
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. ~
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ONE years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. ~
(e) How long has **MOTHER** lived in Idaho? FOUR yrs.

3. RESIDENCE OF FATHER (city, state) AMERICAN FALLS, IDAHO.

4. FULL NAME OF CHILD MERCEDES WATTS

5. Date of Birth of Child (Month, day, year) JUNE 10, 1913

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Joseph Elgin WATTS
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace LOGAN, UTAH (City of town) (State or foreign country)
14. Exact Occupation PLUMBER
15. Industry or Business PLUMBING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNIE WHITEHEAD STAPLES
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace INVERURY, UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of UTAH } ss.
County of SALT LAKE }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, heing first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that RICHARD F. NOTH, M.D. (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

1/20/46

Annie Staples Watts Beckstead Signature

1176 HERBERT AVE., SALT LAKE CITY, UTAH P. O. Address

Subscribed and sworn to before me this 6 day of June, 19 42

(SEAL)

Notary Public, residing at Salt Lake City Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 8 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 11 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

417-130-025-753

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347718
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Coeur
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: farm house
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Coeur
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur

4. FULL NAME OF CHILD Henry Wendle Matthews

5. Date of Birth of Child (Month, day, year) Sept 30 1913

6. Sex Male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Jesse Conrad Matthews
11. Color or Race White **12.** Age at time of THIS birth 33 yrs.
13. Birthplace Williamston Mich (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Agatha Peterson
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Rushford, Minn. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Male (Born alive, stillborn) at 4 6 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Clara Mathews (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature A J Bryan M.D. ~~Midwife~~ Address Kellogg Id Date 5/26/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 6 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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314-114-032-314

347727 347727

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347727
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Richfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Richfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Robert Jean Campbell

5. Date of Birth of Child (Month, day, year) Feby 14 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Elmer Campbell
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Montpelier (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Millee Campbell
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation Teacher + Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Yes
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 28 years, and that Unknown (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Elmer Campbell Signature

Caldwell Rt 1 P. O. Address

Subscribed and sworn to before me this 28 day of May, 1942

(SEAL) P C Cleaper Notary Public, residing at Caldwell Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1942 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 1 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-203-040-515 347743 347743

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ..... (b) City Kellog Idaho
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: Bunker Hill Hospital
(e) Mother's stay **BEFORE** delivery IN **THIS** county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County .....
(c) City Kellog
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Thelma Beverly Peterson

5. Date of Birth of Child (Month, day, year) Jan 3, 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Bert Walter Peterson
11. Color or Race White 12. Age at time of THIS birth 28 yrs.
13. Birthplace Grantsburg (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business Bunker Hill Mining Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha May Van Ness
17. Color or Race White 18. Age at time of THIS birth 21 yrs.
19. Birthplace Potomac (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Michigan
County of Wayne } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that ..... (First name) (Last name), who attended this birth ..... (~~Is now deceased~~) ~~or~~ (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Bertha Jacobsen Signature
16561 Beaverland P. O. Address

Subscribed and sworn to before me this 20th day of May, 1942

(SEAL) Sam D. Lizzent Notary Public, residing at Detroit Michigan

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Maud F. Elder, Registrar.

My Commission Expires Dec. 23, 1945

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed~~ by the ~~local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-12-0JU4-261 347775

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347775
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 9 st no
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 9 st no
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Ida

4. FULL NAME OF CHILD Lloyd Merton Easterby

5. Date of Birth of Child (Month, day, year) April 21, 1913

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Merton Easterby
11. Color or Race White 12. Age at time of THIS birth 40 yrs.
13. Birthplace Lowell (City or town) Michigan (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Swain
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Merton (First name) Easterby (Last name) who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Geo. O. A. Kellogg M.D. ~~Midwife~~ Address Nampa Ida Date 6/11/42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 12 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FEB 29 1952

719-215-031-847

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347837
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Kamiah
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Kamiah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah Ida.

4. FULL NAME OF CHILD Juanita Alfaretta Parr

5. Date of Birth of Child (Month, day, year) 3/15/13

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Enoch Davis Parr
11. Color or Race White **12.** Age at time of THIS birth 60 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Myrtle Hagan
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Yakima }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 29 years, and that Dr. A. McNamara (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mary Tinney Signature
Toppenish Wash. P. O. Address

Subscribed and sworn to before me this 6 day of June, 1942

(SEAL) Notary Public, residing at Grandview Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 9 1942 by Mabel Fielder, Registrar.

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-108-010-795

347844

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville, (b) City Idaho Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls,
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho Falls

4. FULL NAME OF CHILD Lenord Eugens Flitton,

5. Date of Birth of Child (Month, day, year) 7-8-13

6. Sex M, **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd First **8.** No. months of Pregnacy 9 **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William Vernon Flitton
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Graysville (City or town) Davis Co. Utah (State or foreign country)
14. Exact Occupation Stock Buyer & Shipper
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie Green,
17. Color or Race White **18.** Age at time of THIS birth 17 yrs.
19. Birthplace Salt Lake City (City or town) Utah, (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho, County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 28 years, and that Mrs. (First name) Albert Flitton (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ollie Flitton Grendenhall Signature
Weiser Idaho, P. O. Address

Subscribed and sworn to before me this 2nd day of June, 19 42

(SEAL) Jno. J. Gallagher Notary Public, residing at Weiser

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1942

JAN 6 1949

MAR 15 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-109-001-795

347903

347903

United States Department of Commerce
Bureau of the Census

JUN 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347903
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Alturas Street,
(d) Name of Hospital or Maternity Home: at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Alturas Street
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD JOHN HENRY MATHIS

5. Date of Birth of Child (Month, day, year) Jan. 9, 1913

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Robert Mathis
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Cabool (City or town) Missouri (State or foreign country)
14. Exact Occupation miner
15. Industry or Business mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen E. Green
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Peoria (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. (First name) Collister (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Robert Mathis Signature
Mountain Home, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of June, 19 42.

(SEAL) Edna L. Casey Notary Public, residing at Mountain Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mary F. Feder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

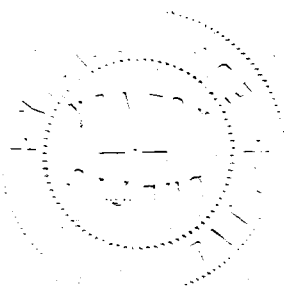
JUN 26 1959

JUN 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DUP OF 1913-342897

319-124-040-306

347960

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHOSHONE (b) City WALLACE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home Residence St.
(e) Mother's stay BEFORE delivery: IN THIS county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No. Residence St.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAROLD EUGENE CARLSON

5. Date of Birth of Child (Month, day, year) DEC. 24, 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert CARLSON

11. Color or Race White **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Johnskoping (City or town) Sweden (State or foreign country)

14. Exact Occupation Machinest

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME VERA Lofquist

17. Color or Race White **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Sunnasval (City or town) Sweden (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN signature** ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington, County of Pierce } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 2 years, and that Dr. (First name) Smith (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert Carlson Signature

2906—No—10—th P. O. Address

Subscribed and sworn to before me this 5th day of June, 1942

(SEAL) Frank Ehlers Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1942 by M. M. Nelson, Registrar.

JUN 17 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

695-12-039-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 347961
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls,

4. **FULL NAME OF CHILD** Pete Wiens

5. Date of Birth of Child (Month, day, year) Dec. 22, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John J. Wiens
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Watchmaker
15. Industry or Business Watchmaking & jewelry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lena Schmidt
17. Color or Race White
18. Age at time of THIS birth 41 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Kansas
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29 years, and that unknown (First name) (Last name), who attended this birth cannot locate (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Sept. 23, 1944

Jens Wiens Signature
Goessel, Kansas P. O. Address

Subscribed and sworn to before me this 6 day of June, 19 42.

(SEAL) L. T. Buller Notary Public, residing at Hillsboro, Kansas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-[illegible] Idaho Code Annotated.)

Received for filing on JUN 11 1942 by Mabel M. Miller, Registrar.

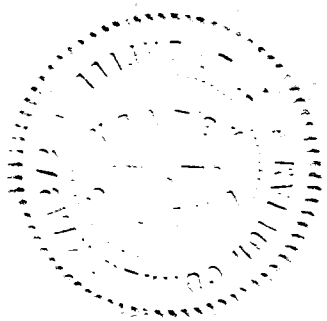
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



268-113-006-165

347973

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No. Bannock St
(d) Name of Hospital or Maternity Home: Born at residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No. Bannock St.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Ida

4. FULL NAME OF CHILD Herbert Mathew Boyle

5. Date of Birth of Child (Month, day, year) July 13, 1913

6. Sex Male 7. Twin or Triplet no If so—born 1st, 2nd, 3rd 2nd 8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Milton Boyle
11. Color or Race White 12. Age at time of THIS birth 22 yrs.
13. Birthplace Lost River, Idaho (City or town) (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu L. Jones
17. Color or Race White 18. Age at time of THIS birth 22 yrs.
19. Birthplace Howe, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 2:00 AM. on the date and at the place stated above, and that personal particulars were furnished by Lulu J. King (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Boulder } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr Joseph (First name) Davis (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lulu J. King Signature
938 Appleton Long Beach, Col. P. O. Address

Subscribed and sworn to before me this 8th day of June, 1942

(SEAL) Cecely F. Sherwood Notary Public, residing at Boulder Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

My commission expires Nov. 9, 1942

Received for filing on JUN 11 1942 by Mabel Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred~~ subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

866-205021299

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348073
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Farnum
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Barnum (b) County Fremont
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ena May Howard

5. Date of Birth of Child (Month, day, year) May 5, 1913

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME John Lester Howard
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Hooper (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion M Bird
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Manhan (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by Marion Howard (First name) (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Hattie Watson M.D. Midwife Address 205 W. 6th So. Hamshorn Idaho Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

195-204022-695

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 348103
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Warm River
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county approx. 20 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Warm River
(d) Street Address or R.F.D.No
(e) How long has MOTHER lived in Idaho? approx. 20 yrs.
(f) Mother's mailing address Warm River, Idaho

3. RESIDENCE of FATHER (city, state) Warm River, Idaho

4. FULL NAME OF CHILD TREVA MAUDE ARNOLD

5. Date of Birth (Month, day year) SEPT. 4, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Arnold
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Ina Maude Winters
17. Color or Race White
18. Age at time of THIS birth 29 yrs
19. Birthplace Grass Valley, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4
(c) Born alive and now dead None (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ina Maude Winters Arnold (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 12 1942 (Date received) (b) (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature E. T. Adams M.D. (D.O., Midwife, etc.)
and address Date

State of .....
County of ..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this ..... day of ....., 19..

(SEAL) ..... Notary Public, residing at .....

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

225-227-009 618

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348143
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Priest River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Priest River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Priest River, Idaho

4. FULL NAME OF CHILD Jean Evelyn SKERRY

5. Date of Birth of Child (Month, day, year) 8-27-1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James William Skerry
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business Congregational Church

MOTHER OF CHILD

16. FULL MAIDEN NAME Florence Myrtle Fay
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Princeton, Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 p.m. on the date stated above, and that personal particulars were furnished by James William Skerry (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Washington } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 28 years, and that Dr. Mc Carthy (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James William Skerry Signature
1611 Forest St - Seattle P.O. Address

Subscribed and sworn to before me this 11th day of June, 1942

(SEAL) Sandison Notary Public residing at Seattle

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on JUN 12 1942 by Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235 201-011-249

348144

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Boundary (b) City Porthill
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Porthill
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Porthill, Ida

4. FULL NAME OF CHILD Mildred Josephine Stenerson

5. Date of Birth of Child (Month, day, year) Jan. 1, 1933

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Bernard Stenerson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Minot, (City or town) N. Dakota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ercel Inez Smith
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Wilbur, (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Mrs. Cynthia Smith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs Ercel Stenerson Signature

P. O. Address

Subscribed and sworn to before me this 31 day of March, 1942

(SEAL) Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by Mabel Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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433-211022-162

348145

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348145
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Chester
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Chester
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Chester, Idaho

4. FULL NAME OF CHILD Charlotte Rebecca McLane

5. Date of Birth of Child (Month, day, year) April 11, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Duncan McLane
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Pleasant View, Utah (City or town) (State or foreign country)
14. Exact Occupation Grain Buyer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Isabelle Josephson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace St. John, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Teacher

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Cecelia White (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C D McLane Signature

Box 16 Chester Idaho P. O. Address

Subscribed and sworn to before me this 11th day of June, 1942.

(SEAL) Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 12 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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862-131-020-795

348224

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Hill City
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: Born on ranch
(e) Mother's stay **BEFORE** delivery: IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Hill City
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Paul Hostetler

5. Date of Birth of Child (Month, day, year) October 31, 1913

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Benjamin Franklin Hostetler
11. Color or Race white **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Ripley County, Indiana (City or Town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Eva Angeline Green
17. Color or Race white **18.** Age at time of THIS birth 33 yrs.
19. Birthplace x Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business farmwife

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Gooding }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 28 years, and that Mrs. Mouser (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Benjamin Franklin Hostetler Signature

Bliss, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of June, 1942

(SEAL) Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel Weller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

356110-040-318

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348238
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County SHASHANE (b) City KELLOGG
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: ?
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City KELLOGG
(d) Street Address or R.F.D. No. ?
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD MELBURN-TELERAD-LEWIS-SR.

5. Date of Birth of Child (Month, day, year) Feb. 10-1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MELBURN-TELERAD-LEWIS-SR
11. Color or Race WHITE
12. Age at time of THIS birth ..... yrs.
13. Birthplace ? (City or town) (State or foreign country)
14. Exact Occupation Father dead
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARTHA-BELLE-LAY
17. Color or Race WHITE
18. Age at time of THIS birth ..... yrs.
19. Birthplace OKLAHOMA TERRITORY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

~~22. Name prophylactic used to prevent Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by OLIVE (First name) Hill (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's **OWN** signature Olive Hill M.D. Midwife Address Rocky Butte-Portland ORE Date 4-11-42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 28 years, and that MARTHA (First name) LEWIS (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Olive Hill Signature
Rocky Butte Portland Ore P. O. Address

Subscribed and sworn to before me this 12 day of May, 1942
(SEAL) My commission expires 1-14-44 Notary Public, residing at Portland, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 16 1942 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1942

DELAYED REGISTRATION LAW

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689 723001-357

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

348445

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH**
(a) County Ada (b) City Mayfield
(c) Street Address or R F.D No.....
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county — years 1 months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Elmore
(c) City Prairie
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho?.....yrs.
(f) Mother's mailing address.....

3. **RESIDENCE OF FATHER** (city, state).....

4. **FULL NAME OF CHILD** RALPH HARRISON WHIPPLE

5. Date of Birth (Month, day, year) June 23-1913

6. Sex. M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Matthew Whipple
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Leasy
17. Color or Race White
18. Age at time of THIS birth 25 years
19. Birthplace Legrande Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Dont Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a) JUN 17 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature**.....M.D. or.....(D.O., Midwife, etc.)
and address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Alice Godfrey, being first duly sworn, say that I am related to (Related to (or) acquainted with) Ralph Harrison Whipple (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Ella Slater (Name of attendant at birth), who attended said birth as midwife is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Alice Godfrey Name
Orangeville, Idaho P. O. Address

Subscribed and sworn to before me on this 28th day of May 1942

(SEAL) [signature] Notary Public, residing at Orangeville, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1942

MAY 12 1955

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-201-039 553

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 348602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME Albany Life
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland Idaho

4. FULL NAME OF CHILD Helen Lorene Nelson

5. Date of Birth of Child (Month, day, year) Sept. 1. 1913

6. Sex F **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Bert Albert Nelson
11. Color or Race White **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Paradise Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Polly May Nelson
17. Color or Race White **18.** Age at time of THIS birth 19 yrs.
19. Birthplace Rockland Idaho (City or town) (State or foreign country)
20. Exact Occupation Farming, home duties
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 4:15 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Bert Nelson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logue M.D. ~~Midwife~~ Address American Falls Date May 6th 1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 20 1942 by Mabel E. Eden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1959

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

459 213 001 599

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349647
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1116 - River St.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay BEFORE delivery: IN THIS county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. 1116 River St
(e) How long has MOTHER lived in Idaho? 55 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Clara Elvesta Merrill

5. Date of Birth of Child (Month, day, year) March 13, 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Clarence Merrill
11. Color or Race white **12.** Age at time of THIS birth 46 yrs.
13. Birthplace Idaho Falls Idaho (City or town) (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME May Erickson
17. Color or Race White **18.** Age at time of THIS birth 44 yrs.
19. Birthplace Denmark (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was [redacted] (Born alive, stillborn) at [redacted] M. on the date and at the place stated above, and that personal particulars were furnished by [redacted] (First name) (Last name), who is related to this child as [redacted] (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Half Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 29 years, and that Mildred Roberts (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. L. Eggleston Signature
Rt 2 Box 370 Oregon City Ore. P. O. Address

Subscribed and sworn to before me this 17 day of June, 1942.

(SEAL) [redacted] Notary Public, residing at 2000 W. Florence Los Angeles, Calif

MY COMMISSION EXPIRES NOV. 24, 1945

(Note: Perjury is punishable as a felony in Idaho, Sec. 17-814, Idaho Code Annotated.)

Received for filing on JUN 18 1942 by [redacted], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 210025133

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349650
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Warren
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) 3 mo. Buhl

4. **FULL NAME OF CHILD** Ruth L. McClusky

5. Date of Birth of Child (Month, day, year) August 10, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** DR. Albert F. McClusky
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Oil City, Penn (City or town) (State or foreign country)
14. Exact Occupation physician
15. Industry or Business medical profession

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise ALLMENDINGER
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ann Arbor, Mich. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 4 4
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) cannot be located I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise C. McClusky Signature

Buhl Idaho P. O. Address

Subscribed and sworn to before me this 16 day of June, 19 42.

(SEAL) John M. Barker Notary Public, residing at Buhl, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by Mabel F. Gladden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1967

JUN 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-215-009 JUN 22 26 1942 item #6 amended 3/11/85tlc 349785 349785

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349785
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Bonners Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Bonners Ferry
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Bonners Ferry, Idaho

4. FULL NAME OF CHILD Susie Virginia Andrews

5. Date of Birth of Child (Month, day, year) July 15, 1913

6. Sex ~~Male~~ Female **7.** Twin or Triplet Single **If so—born** 1st, 2nd, 3rd 2nd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Fay Monroe Andrews
11. Color or Race White **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Watson Twp. Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business same

MOTHER OF CHILD

16. FULL MAIDEN NAME Junnie Reed Abshire
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Boonesmill, Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that Dr. Fry (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Junnie Reed Andrews Signature
Sagle, Idaho—Route #1 P. O. Address

Subscribed and sworn to before me this 23rd day of May, 1942

(SEAL) Frances J. Long, Probate Judge ~~Notary Public~~, residing at Sandpoint Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Mabel H. Elder, Registrar.

JUN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, State and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
NOV 12 51 PM '85

State of Idaho
County of Ada } ss.

Certificate No. 349785
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Susie Virginia Andrews (Name on Original Certificate) who was born (Was Born, Died, etc.) on July 15, 1913 (Date of Event)

in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
sex of child	male	female

Subscribed and sworn to before me this 11 day of March, 1985.

Notary Public, Teresa L. Clavely

Residing at Boise, Idaho

My commission expires April 3, 1985

(Seal)

x Mrs Susie Messenger
Signature of Applicant

x 458 Wake Field, Twin Falls Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

MAR 8 1985

692-225037-JUN 314 26 1942

347787

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 349787
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City SILVER CITY
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City SILVER CITY
(d) Street Address or R.F.D. No. NONE
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) SILVER CITY IDAHO

4. FULL NAME OF CHILD MARIE Louise ORBEA

5. Date of Birth of Child (Month, day, year) JUNE 25, 1913

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JOHN HILADIO ORBEA
11. Color or Race WHITE
12. Age at time of THIS birth 26 yrs.
13. Birthplace ZAMUDIO (City or town) VIZCAYA (State or foreign country) SPAIN
14. Exact Occupation MINER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME FRUCTUOSA LAUCIRICA
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace E A VIZCAYA (City or town) SPAIN (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and (now living)

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 7:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by ANGELA (First name) ANACABE (Last name), who is related to this child as AUNT (Mother, etc.).

25. Attendant's **OWN** signature Angela Anacabe M.D. Midwife Address 1709 WASHINGTON ST BOISE IDAHO Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Maud Fields, Registrar.

JUN 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415 116 032-299

349840

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....

Local Reg. No.....

Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Lincoln (b) City Shoshone

(c) Street Address or R.F.D. No.....

(d) Name of Hospital or Maternity Home:

.....

(e) Mother's stay **BEFORE** delivery: **IN THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State..... (b) County.....

(c) City .....

(d) Street Address or R.F.D. No.....

(e) How long has **MOTHER** lived in Idaho?.....yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD James Herbert Daniels

5. Date of Birth of Child (Month, day, year) March 16-1913

6. Sex Male. 7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnacy 9 9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John William Daniels

11. Color or Race White. 12. Age at time of THIS birth 34 yrs.

13. Birthplace Wyoming (City or town) Unknown (State or foreign country)

14. Exact Occupation Cowboy.

15. Industry or Business .....

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Mary Berdenny

17. Color or Race White. 18. Age at time of THIS birth 21 yrs.

19. Birthplace New York City (City or town) New York (State or foreign country)

20. Exact Occupation Housework

21. Industry or Business .....

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10%

23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Daniels (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address Shoshone Idaho Date June 19/42

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that ..... (First name) ..... (Last name), who attended this birth..... (Is not deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUN 24 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

MAR 12 1957

APR 16 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 107 022 452

349846

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Twin Groves
(c) Street Address or R.F.D. No. RFD #2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 32 years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Twin Groves
(d) Street Address or R.F.D. No. RFD #2
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Groves Ida

4. FULL NAME OF CHILD Glen John Watson

5. Date of Birth of Child (Month, day, year) March 7, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Watson
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Kelty (City or town) Fifeshire, Scotland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Agriculture

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia H. Meservy
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Hooper, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2'o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia H. (First name) Watson (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 29 years, and that Hattie Watson (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Watson Signature
300-8th Street, Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of June, 1942

(SEAL) Olga Chettaff Clerk of Probate Court Public residing at Idaho Falls, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 25 1942

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

743-229 028-235

1. PLACE OF BIRTH

County of Kootenai

City of Blackrock, Ida

No. ..... St.

(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

349867

Registration District No. ..... State File No. .....

Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Dorothy Edna Gutman

3. Sex	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature	Full term ✓	7. Legitimate?	8. Date of birth (Month, Day, Year)
female						Yes	May 29, 1913

FATHER	MOTHER
9. Full name: August Wilhelm Gutman	18. Full maiden name: Zena Edna Steele
10. Residence (usual place of abode) (If non-resident, give place and State): Blackrock, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State): Blackrock, Idaho
11. Color or race: white | 12. Age at last birthday: 35 (years)	20. Color or race: white | 21. Age at last birthday: 28 (years)
13. Birthplace (city or place) (State or Country): Muhlhausen Germany	22. Birthplace (city or place) (State or Country): Friendly, W. Va.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother: 2 Two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.

(Signed) ....., M. D.

or Zena Edna Gutman Mother, ~~Midwife~~

Address .....

Give name added from a supplemental report .....

(Date of) .....

Registrar.

Filed June 24, 1942 Mabel Felder
Registrar.

One child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ State File No. _____

Prim. Registration District No. _____ Local Registrar's No. _____

1. FULL NAME OF CHILD _____

2. Sex _____ 3. If plural (1 Twin, triplet, or other) _____ 4. Date of birth _____, 193__
(Month, Day, Year)

5. Number in order of birth _____ Full term? _____ 6. Premature _____ 7. Legitimate? _____

8. (If born in hospital or institution give name.)

9. Birthplace (City or place) _____ (County) _____ (State or Country)

10. Usual residence (Street address) _____ (City or place) _____ (County) _____ (State or Country)

11. Color or race _____ 12. Age at last birthday _____ (years)

13. Trade, profession, or particular kind of work done, as spinner _____

14. Industry or business in which work was done _____

15. Was this work done for yourself, for employer, or in family of employer? _____

16. Date (month and year) entered this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name _____

19. Residence (usual place of abode) _____
(If non-resident, give place and State) _____

20. Birthplace (City or place) _____ (County) _____ (State or Country)

21. Trade, profession, or particular kind of work done, as housekeeper _____

22. Industry or business in which work was done _____

23. Was this work done for yourself, for employer, or in family of employer? _____

24. Date (month and year) entered this work _____ 25. Total time (years) spent in this work _____

26. Number of children of this mother (At time of this birth _____ Living _____ Dead _____)

27. If stillborn, period of gestation _____ 28. Cause of stillbirth _____ Before labor / During labor

29. When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name and address of informant _____

I hereby certify that I attended the birth of this child who was born alive / stillborn on the date above stated.

(Signed) _____ M. D.

or _____ Midwife

Address _____

Filed _____, 193__

Registrar.

PLACE OF BIRTH

_____ of _____

_____ St. _____

(If born in hospital or institution give name.)

FULL NAME OF CHILD _____

Sex _____ If plural (1 Twin, triplet, or other) _____ Date of birth _____, 193__
(Month, Day, Year)

(If born in hospital or institution give name.)

Number in order of birth _____ Full term? _____ Premature _____ Legitimate? _____

Birthplace (City or place) _____ (County) _____ (State or Country)

Usual residence (Street address) _____ (City or place) _____ (County) _____ (State or Country)

Color or race _____ Age at last birthday _____ (years)

Trade, profession, or particular kind of work done, as spinner _____

Industry or business in which work was done _____

Was this work done for yourself, for employer, or in family of employer? _____

Date (month and year) entered this work _____ Total time (years) spent in this work _____

Full maiden name _____

Residence (usual place of abode) _____
(If non-resident, give place and State) _____

Birthplace (City or place) _____ (County) _____ (State or Country)

Trade, profession, or particular kind of work done, as housekeeper _____

Industry or business in which work was done _____

Was this work done for yourself, for employer, or in family of employer? _____

Date (month and year) entered this work _____ Total time (years) spent in this work _____

Number of children of this mother (At time of this birth _____ Living _____ Dead _____)

If stillborn, period of gestation _____ Cause of stillbirth _____ Before labor / During labor

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Give name and address of informant _____

I hereby certify that I attended the birth of this child who was born alive / stillborn on the date above stated.

(Signed) _____ M. D.

or _____ Midwife

Address _____

Filed _____, 193__

Registrar.

FATHER

MOTHER

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

State of Washington
County of King } ss.

AFFIDAVIT
(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

Zena Edna Gutman being first duly sworn says that she is the Mother of Dorothy Edna Gutman
(Relationship of child)*

born May 29, 1913 at Blackrock, Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Dorothy Edna Gutman hereto attached are true and correct as stated therein, **and that this birth has not been previously recorded.**

Affiant further states that Dr. John Burby M. D. was the ~~Midwife~~ medical attendant at the birth of said Dorothy Edna Gutman and that the said medical attendant is now deceased
(Now deceased (or) ~~cannot be located~~)

Name of Affiant Zena Edna Gutman

P. O. Address 224-11th Ave. N. Seattle, Wash.

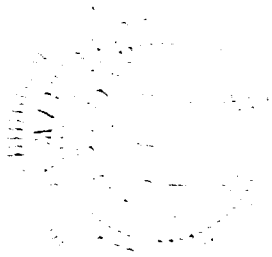
Subscribed and sworn to before me this 13 day of May, 19 40

Elsa Marshall.
Notary Public.

Residing at Seattle, Wash, ~~Idaho~~.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

JUN 25 1942



643 115 025553

349884

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Whitebird
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years Four months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Whitebird
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Whitebird, Idaho

4. FULL NAME OF CHILD Ernest Nelsen Fuller

5. Date of Birth of Child (Month, day, year) Jan. 15, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Harrison Fuller
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Cherokee Nation (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Nettie Nelsen
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace St. Paul (City or town) Minnesota (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia Neonatorum~~

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Andrew Harrison Fuller M.D. Midwife Address 1424 Davenport Bend Ore. June 22, 1942

State of Oregon } ss.
County of Deschutes }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Andrew Harrison Fuller Signature
1424 Davenport, Bend, Ore. P. O. Address

NOTARY PUBLIC FOR OREGON
My Commission Expires Jan. 26, 1943.

Subscribed and sworn to before me this 22 day of June, 19 42

(SEAL) H. M. Stallmark Notary Public, residing at Bend, Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 23 1942 by Mabel A. Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

967 118 029-312

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Genesee
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Genesee
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Reil Gilbert Rogers

5. Date of Birth of Child (Month, day, year) 4-18-1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Lee Rogers
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace Dayton (City or town) Washington (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Gladys Case
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Des Moines (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum no

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Phoebe Rogers (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Lee Rogers Signature
Route 1 Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of June, 1942

(SEAL) C. P. Finkle Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

251 226 042 643

350113

350113

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350113
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Zella Vilate Beatty

5. Date of Birth of Child (Month, day, year) April 26 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Mathew Beatty
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Toquerville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vilate Abigal Fuller
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Ceder City (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Cadon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 29 years of age, that I have known this person for 29 years, and that Dr. H. Morgan (First name) (Last name), who attended this birth, now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vilate Abigal Beatty Signature
Boise R. 6 Ida P. O. Address

Subscribed and sworn to before me this 19 day of May, 1942.
(SEAL) Winthrop W. Gray Notary Public, residing at Boise, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by Mary F Edgar, Registrar.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 104 034 259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350244
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City on farm
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minido ka
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Idaho

4. FULL NAME OF CHILD Alvin Emil Maier

5. Date of Birth of Child (Month, day, year) 7/4/1913

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob J. Maier
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Romania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Beiderman
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Farming

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 14

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Minidoka } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all life years, and that Caroline Kragert, midwife (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jacob J. Maier Signature
R.F.D. No. 1, Paul, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942.
(SEAL) S. B. Redfords Notary Public, residing at Rupert, Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1942 by Mabel E. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-129 026492

350380

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. None rural
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay BEFORE delivery: IN THIS county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson
(c) City Grant
(d) Street Address or R.F.D. No. Rural
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Raymond Moedl

5. Date of Birth of Child (Month, day, year) Aug. 29, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Xaver Moedl

11. Color or Race White

12. Age at time of THIS birth 45 yrs.

13. Birthplace Eichstadt (City or town) Germany (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Self

MOTHER OF CHILD

16. FULL MAIDEN NAME Cathrina Misohler

17. Color or Race White

18. Age at time of THIS birth 39 yrs.

19. Birthplace Manheim, Germany (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 28 years, and that Henrietta Davell (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Xaver Moedl. Xaver Moedl Signature

My Comm ex Mch 5, 1946. 4381 Tuttle St. Los Angeles Cal. P. O. Address

Subscribed and sworn to before me this 20th day of May, 19 42

(SEAL) G.E.Magoon Notary Public, residing at Los Angeles Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 1 1942 by, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1942

DEC 2 1964

OCT 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

286-120028-195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350383
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Hayden Lake
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: My Mother's Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Burmah
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Burmah Ida

4. FULL NAME OF CHILD Raymond Shockley

5. Date of Birth of Child (Month, day, year) Nov. 20, 1913

6. Sex Boy

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Nathaniel Shockley
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lorena Belle Arnold
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) New Mexico (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. ~~Name prophylactic used to~~ prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2nd (b) Born alive and now living 2nd

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, ~~stillborn~~) at 10:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by Lorena B Shockley (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Lincoln } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lorena B Shockley Signature
Richfield Idaho P. O. Address

Subscribed and sworn to before me this 29 day of June, 1942
(SEAL) George N Silverman Notary Public, residing at Richfield Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 22 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

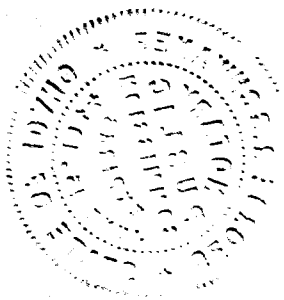
JUL 3 19[illegible]

APR 23 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such~~ report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



234-130 025 695

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350475
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay BEFORE delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City near Grangeville
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville

4. FULL NAME OF CHILD Emmett Newell Stubblefield

5. Date of Birth of Child (Month, day, year) May 30-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9 months

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Francho Stubblefield

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Little Rock (City or town) Arkansas (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Oliver Viola Wines

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Junction City (City or town) Wisconsin (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Cowlitz }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 29 years, and that Ta Midwife or Doctor (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Viola (Wines) Stubblefield Signature

Box 345, Kelso Wash. P. O. Address

Subscribed and sworn to before me this 26 day of June, 1942

(SEAL) ..... Notary Public, residing at Kelso Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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350495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County TWIN FALLES (b) City ARTISION
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County TWIN FALLES
(c) City ARTISION
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** RODNEY CHARLES GARDNER

5. Date of Birth of Child (Month, day, year) MAY 21 1913

6. Sex MAIL

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM BILL GARDNER
11. Color or Race WHITE
12. Age at time of THIS birth 37 yrs.
13. Birthplace KANASS CITY (City or town) KANASS (State or foreign country)
14. Exact Occupation SHEER SHERER
15. Industry or Business INDUSTRY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Gardner
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the midwife at birth (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for since her birth years, and that Dr. Wm Morgan (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Oscar Strong Signature
Twin Falls Ida P. O. Address

Subscribed and sworn to before me this 30th day of June 1942

(SEAL) O C Hall Notary Public, residing at Twin Falls Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 1942 by Mary F Elsfern, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 19[illegible]

MAR 7 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 9 - 1954

365-212028-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350549
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Coeur D'Alene (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 7 months ? days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Coeur D'LAE
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bernice Louise Long (~~not Waived~~)

5. Date of Birth of Child (Month, day, year) April 12-1913

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy full **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME Ephriam Milton Long
11. Color or Race white **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Auburn (City or town) Nebraska (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business Meat packing

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Arvila Brezee
17. Color or Race white **18.** Age at time of THIS birth 34 yrs.
19. Birthplace Tisco (City or town) Illionis (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business keeping house

22. Name prophylactic used to prevent Ophthalmia Neonatorum n

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of San Juan }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 28 years, and that ? ? Cusick (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie A Long Signature
Friday arbor, Washington P. O. Address

Subscribed and sworn to before me this 28 day of June, 19 42

(SEAL) Elma C Smith Notary Public, residing at Friday Harbor

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 3 1942 by Mary E Nelson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 216 035-294

350595

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Elizabeth Louise Wilson

5. Date of Birth of Child (Month, day, year) July 16, 1913

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank Charlton Wilson
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Kittatas County (City or town) Washington (State or foreign country)
14. Exact Occupation Teacher
15. Industry or Business School —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Perle Simmons
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Fountain Green (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution —

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 28 years, and that Dr. Rockwell or Rockwall (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary S. Wilson Signature
440-23rd St P. O. Address
Santa Monica, Calif.

Subscribed and sworn to before me this 1st day of July, 1942

(SEAL) Helen M. Richmond Notary Public, residing at Santa Monica, Los Angeles Co. Calif. Calif.

My Commission Expires Nov. 16, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 3 1942 by Mabel F. Elsfer, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

868 103 032 - 753

350671

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Richfield
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Richfield
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD William Peck Hoyt

5. Date of Birth of Child (Month, day, year) Sept 3, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Ritchy Hoyt.
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Broadalbyn N.Y. (City or town) (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Oregon Short Line R.R.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Pearl Peck
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Mansfield Ill. (City or town) (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Illinois } ss.
County of Champaign }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Physician (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wm P Hoyt Signature
102 Ellis Ave Champaign Ill. P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942

(SEAL) Mary E Fitzgerald Notary Public, residing at Champaign Ill.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1942 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

JAN 30 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

864 227 044 666

350682

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Farm home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months 1 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Pearl Helen Young

5. Date of Birth of Child (Month, day, year) October 27, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Theodore Young
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Old Lincoln, (City or town) Montana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Almira Woods
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Cedarville, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 p. M. on the date and at the place stated above, and that personal particulars were furnished by Pearl A. (First name) Young (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature Dr. Smitz / Mrs. Abbie Farrens — M.D. / Midwife — Address — Date

State of Montana } ss.
County of Missoula }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 65 years of age, that I have known this person for 28 years, and that Dr. C. (First name) Smitz (Last name), who attended this birth, is deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Pearl Almira Young Signature
1816 Trail St., Missoula P. O. Address

Subscribed and sworn to before me this 23rd day of June, 1942

(SEAL) Edmund [illegible] Notary Public, residing at Missoula, Montana

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Commission expires June 23, 1943.

Received for filing on JUL 6 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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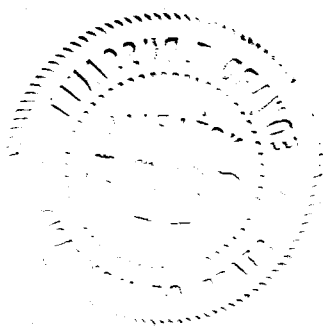

449 117 024 213

350696

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None. Born at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding.
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD Arthur Charles Durland

5. Date of Birth of Child (Month, day, year) July 17, 1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel Clarence Durland

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Seward (City or town) Nebraska (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Margaret Kathryn Katt

17. Color or Race White

18. Age at time of THIS birth 41 yrs.

19. Birthplace Hanover (City or town) Germany (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None used.

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Oregon
County of Douglas } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that Samuel Durland (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret K. Durland Signature

1264 Winchester St. Roseburg, Ore. P. O. Address

Subscribed and sworn to before me this 6th day of June, 1942

(SEAL) Mayme Blank Notary Public, residing at Roseburg, Ore.

(Note: Perjury is punishable as a felony in Idaho, ~~per~~ Sec. 17-913, Idaho Code Annotated.)

Received for filing on JUL 8 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-208-001-235

350720

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. Does not remember
(d) Name of Hospital or Maternity Home: Home or Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county One years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. Does not remember St
(e) How long has **MOTHER** lived in Idaho? All Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Margaret Marion

5. Date of Birth of Child (Month, day, year) Sept 8. 1943

6. Sex female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd no

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William O. Marion
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Pawnalin (City or town) Illinois (State or foreign country)
14. Exact Occupation Now retired Physician
15. Industry or Business none

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Steiner
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Switzerland (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Multnomah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 77 years of age, that I have known this person for 28 years, and that Dr. Graham (Evans) (First name) (Last name) who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William O Marion Signature
3516 N E Tracy St Portland Oregon P. O. Address

Subscribed and sworn to before me this 7th day of July, 1943

(SEAL)

Robert W Pearce Notary Public, residing at Portland Oregon

(No Fee is permitted to be charged by Notary Public for services rendered in connection with the execution of this affidavit. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 7 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 1 0 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Dup-01913-16146

053-10-014693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 350734
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 1620 - 2nd St. So.
   (d) Name of Hospital or Maternity Home Nampa Hospital
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. ~~or Mat. Home~~ 7 days.
   In **THIS** county 4 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Canyon
   (c) City Nampa & Murphy Branch
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Murphy Idaho

4. **FULL NAME OF CHILD** Victor Frederick Peters

5. Date of Birth (Month, day, year) Feb 8 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Otto Frederick Wm. Peters

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Berlin (City or Town) Germany (State or foreign country) American citizen

14. Exact Occupation Engineer

15. Industry or Business Supt. of sugar factories

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Cecilia Peters

17. Color or Race White

18. Age at time of THIS birth 38 yrs.

19. Birthplace Brooklyn (City or Town) New York (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% NO3 Sol.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Cecilia Peters (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUN 26 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's **OWN signature** Geo. R. A. Kellogg M.D. (D.O., Midwife, etc.) and address Nampa, Ida. Date 6/26/42.

27. Given name added on by (Registrar's Signature)

AUG 14 1942

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $800.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

.....

(4) Signature of Physician:

.....

DELAYED

269-12-12-613

350777

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD George Thomas Barzee

5. Date of Birth of Child (Month, day, year) March 24, 1913

6. Sex Male

7 Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Reuben Theodore Barzee
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Ashland (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Elizabeth Yates
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Salina (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~27~~ 57 years of age, that I have known this person for 29 years, and that Mrs. Rosella Demmings (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Barzee Signature
Reno, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of June, 1942

(SEAL) Notary Public, residing at Roberts, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on JUL 9 1942 by , Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24 1945

JUL 1 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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719-223-214 514 350807 350807

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350807
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. Kirtz Addition
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 8 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. Kirtz Addition
(e) How long has MOTHER lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa Idaho

4. FULL NAME OF CHILD Laura Belle Gardner

5. Date of Birth of Child (Month, day, year) May 23, 1913

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Eugene Gardner
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace Helena (City or town) Missouri (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mattie May Vaughn
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Paris (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol argyrol

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Eugene Gardner (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J H Murray M.D. ~~Midwife~~ Address Nampa Ida Date July 10 1942

State of California } ss.
County of Nevada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that Dr. J. H. Murray (First name) (Last name), who attended this birth, resides in Nampa, Idaho (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eugene Gardner Signature
Grass Valley Calif P. O. Address

Subscribed and sworn to before me this 12th day of June, 19 42.

(SEAL) County Clerk and Ex-Officio [illegible] County, State of Nevada. Notary Public, residing at [illegible]
By V. Deeble Deputy

(Note: Perjury is [illegible] State of California, in and for the County of Nevada Code Annotated.)

Received for filing on ..... by ..... Registrar.

JUL 13 1942

JUL 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

359-101-001419 350812

United States JUL 13 1942
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350812
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Carl Marmon Leisure

5. Date of Birth of Child (Month, day, year) Dec. 1, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lawrence Washington Leisure
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Pleasanton, Kansas (City or town) (State or foreign country)
14. Exact Occupation Plumber's Helper
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther May Marmon
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Pleasanton, Kansas. (City or town) (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by Esther May Leisure (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature R. S. Williamson M.D. ~~Midwife~~ Address Hollywood Coll. 1937 Taft Ave Date June 26, 1942

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 13 1942 by Mary F. [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1942

APR 22 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, ~~has~~ not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

189-102-007-366

350923

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BLAINE (b) City BELLEVUE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BLAINE
(c) City BELLEVUE
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EUGENE GORDON AYRES

5. Date of Birth of Child (Month, day, year) MAY 2 1913

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES ALBERN AYRES
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace ? (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH EMALINE COFFEY
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace ? (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of IDAHO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that Mrs Devenoe (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C. A. Ayres Signature
ELK CITY, IDAHO P. O. Address

Subscribed and sworn to before me this 3 day of July, 1942
(SEAL) [signature] Notary Public, residing at Elk City, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 9 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

364-116-009253

350961

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350961
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county 1 year months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner Co
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Guy Louis Coulston

5. Date of Birth of Child (Month, day, year) Jan 16-1913

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Henry Coulston
11. Color or Race White **12.** Age at time of THIS birth 40 yrs.
13. Birthplace Detroit (City or town) Michigan (State or foreign country)
14. Exact Occupation Off Bearer
15. Industry or Business Saw mill

MOTHER OF CHILD

16. FULL MAIDEN NAME Clarissa Betsy Bellamy
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Sandpoint (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6:20 P.M. on the date and at the place stated above, and that personal particulars were furnished by Clarissa (First name) Coulston (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Sandpoint, Idaho Date 7-6-42

State of Idaho } ss.
County of Bonner }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Dr. E. B. Patterson (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clarissa Coulston Signature
Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of July, 1942.

(SEAL)

Notary Public, residing at Sandpoint, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 13 1942 by Mary L. Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391-132-237-389

350963

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Homedale
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Homedale
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 18 yrs. yrs.

3. RESIDENCE OF FATHER (city, state) Homedale Ida

4. FULL NAME OF CHILD Eugene D. Tracy

5. Date of Birth of Child (Month, day, year) Sept 30 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Omar B Tracy
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Colorado (City or town) (State or foreign country)
14. Exact Occupation Foreman- Sheep Co
15. Industry or Business " " "

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernita V. Criffield
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 29 years, and that Dr. Young (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/s/ Bernetta Tracy Chrisman Signature
1623- 7th St South Nampa, Idaho Address

Subscribed and sworn to before me this 10 day of July, 19 42

(SEAL) /s/ Elsie Neal Notary Public, residing at Nampa, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1942 by /s/ Mary E. Keller, Registrar.

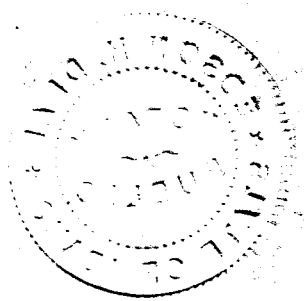
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



313-21 01042-296

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 350964
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Kimberly
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Kimberly
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Kimberly, Ida

4. FULL NAME OF CHILD Dorothy Helen Tate

5. Date of Birth of Child (Month, day, year) July 16, 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Frank Tate
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Beersheba Springs, Tenn (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ollie May Brown
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace Beersheba Springs, Tenn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 24 above, that I am now 50 years of age, that I have known this person for 29 years, and that John (First name) White (Last name) M.D. who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ollie May Brown Tate Signature
1350 Glenoaks, Apt. Compton, Calif. P. O. Address

Subscribed and sworn to before me this 7th day of July, 1942

(SEAL) Aurelia Greenwell Notary Public residing at 517 E. Compton Blvd Compton
My Commission Expires May 10, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on JUL 10 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-10320 40-155

350978

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Shoshone (b) City Mullon
(c) Street Address or R.F.D. No. Loc - near Hunter Mine
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 1 years 11 month ..... days.

2. **USUAL RESIDENCE of MOTHER:** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mullon
(d) Street Address or R.F.D. No. Loc - near Hunter Mine
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Mullon, Idaho

3. **RESIDENCE of FATHER** (city, state): Mullon, Idaho

4. **FULL NAME OF CHILD** John Ranniker

5. Date of Birth (Month, day, year) July 3, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy full term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Ranniker
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Sestan (City or town) Austria (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Hunter Mine

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Jene
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Grahovo (City or town) Jugoslavia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive or stillborn) at 8 A-M, on the date and at the place stated above, and that personal particulars were furnished by Margaret Ranniker (First name) (Last name), who is related to this child as mother (Mother, etc.)

26. (a) JUL 10 1942 (Date received) (b) [signature] (Registrar's signature)

25. Attendant's ~~signature~~ Mrs Joe Skantel
(M.D., ~~Midwife~~, etc.)
and address Mullon Idaho Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Minnesota
County of St. Louis } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Margaret Ranniker, being first duly sworn, say that I am mother (Related to (or) acquainted with) of John Ranniker (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs Joe Skantel (Name of attendant at birth), who attended said birth cannot be located or both (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Margaret Ranniker Signature
Eveleth, Minnesota Box 464 P.O. Address

Subscribed and sworn to before me on this 7th day of July, 1942

(SEAL) Rose Miller Notary Public, residing at

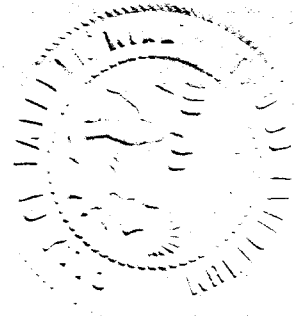
Clerk of the Municipal Court Eveleth, Minnesota

JUL 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



913-225-009-814

350991

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No. 906, ELLA AVE.
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City SANDPOINT
(d) Street Address or R.F.D. No. 906 ELLA AVE.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD HELENE ANTONIA ZACHARA

5. Date of Birth of Child (Month, day, year) MAY 25. 1913

6. Sex FEMELE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** LADISLAUS ZACHARA
11. Color or Race WHITE 12. Age at time of THIS birth 36 yrs.
13. Birthplace IMPERIAL AUSTRIA (City or town) (State or foreign country)
14. Exact Occupation JOINER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARIE HAMMERLE
17. Color or Race WHITE 18. Age at time of THIS birth 32 yrs.
19. Birthplace IMPERIAL AUSTRIA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at BIRTH SANDPOINT on the date and at the place stated above, and that personal particulars were furnished by MARIE HAMERLE (First name) (Last name), who is related to this child as MOTHER (Mother, etc.) THE ONLY LIVING PERSON, AND MOTHER ALSO LIVING

25. Attendant's **OWN** signature Ladislaus Zachara M.D. Midwife Address + JOSEF REGENSBURGER, SPOSERS MRS. Date

State of WASHINGTON
County of KING } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all HER LIFE years, and that LADISLAUS ZACHARA (First name) (Last name), who attended this birth & HELEN ANTONIA ZACHARA (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ladislaus Zachara Signature
2137 - 7th St. BREMETON, Wn. P. O. Address

Subscribed and sworn to before me this 7 day of July, 1942
(SEAL) [signature] Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage, to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1942

JUN 26 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

365-24-216-766

351011

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 351011
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Cassia (b) City Sublett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Sublett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sublett, Idaho

4. **FULL NAME OF CHILD** Grace Elizabeth Condit

5. Date of Birth of Child (Month, day, year) January 14, 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Marion Condit
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Little Sioux, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Delilah Powers
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Sublett (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6 p. M. on the date and at the place stated above, and that personal particulars were furnished by Ida (First name) Condit (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature No doctor Mrs. Henry Powers → M.D. Midwife ~~Address~~ deceased Date June 24, 1942

State of Oregon } ss.
County of Columbia }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that Mrs Henry Powers (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Condit Signature

Vernonia Oregon P. O. Address

Subscribed and sworn to before me this 8th day of July, 1942

(SEAL) Chas F. Nielsen Notary Public, residing at Vernonia Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 3/8-1944

Received for filing on JUL 13 1942 by Mark Wheeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

316-102-009-1 94

351065

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City COCOLALLA
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years 9 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City COCOLALLA
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) COCOLALLA IDAHO

4. FULL NAME OF CHILD ALFRED HARRY LAFORE

5. Date of Birth of Child (Month, day, year) 9-2-1913

6. Sex MALE

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN AMOS LAFORE
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace FOND DU LAC (City or town) WIS (State or foreign country)
14. Exact Occupation LUMBER MAN
15. Industry or Business LUMBER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELL JUDKINS
17. Color or Race WHITE
18. Age at time of THIS birth 35 yrs.
19. Birthplace MARINETTE (City or town) WIS. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum BORIC ACID

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 11:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by NELL (First name) LAFORE (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Julia Vigue M.D. Midwife Address Opportunity Date [illegible]

State of [illegible] } ss.
County of [illegible] }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 14 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

512-114-013-155

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 351121

1. PLACE OF BIRTH
County of Camas
City of Fairfield
No. ____ St. ____
(If born in hospital or institution give name.)

Registration District No. ____ State File No. ____
Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Ralph Henry Naser

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term x

7. Legitimate? Yes

8. Date of birth Oct. 14, 1913 (Month, Day, Year)

FATHER

9. Full name: Rudolph Christian Naser

10. Residence (usual place of abode) (If non-resident, give place and State): Fairfield

11. Color or race: white | 12. Age at last birthday: 29 (years)

13. Birthplace (city or place) (State or Country): Monroe, Utah

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work: Still engaged, 19____

17. Total time (years) spent in this work: 4

MOTHER

18. Full maiden name: Blanche Virginia Jenkins

19. Residence (usual place of abode) (If non-resident, give place and State): Fairfield

20. Color or race: ____ | 21. Age at last birthday: 31 (years)

22. Birthplace (city or place) (State or Country): Goshen, Utah

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housekeeper

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work: Still engaged, 19____

26. Total time (years) spent in this work: 22

27. What prophylactic was used to prevent Ophthalmia Neonatorum? None

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation: None (months or weeks)

30. Cause of Stillbirth: -- (Before labor / During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 9 a. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) ____, M. D.
or Annie C. Thurber, Midwife
Address Fairfield, Idaho

Filed JUL 13 1942, 193____

Registrar. Registrar.

MAY 4 1959

JUL 16 1942

DELAYED

257-212003-219

352399

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No. 935 N. Hayes
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Ida. (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No. 935 N. Hayes
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Margaret Eleanor Bell

5. Date of Birth of Child (Month, day, year) May 12, 1[illegible]

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Leon Erastus Bell
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Kenton (City or town) Delaware (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lelia D Barr
17. Color or Race White **18.** Age at time of THIS birth 22 yrs.
19. Birthplace New Morgantown (City or town) West Virginia (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for years, and that Oscar B. Steeley M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Lelia D Bell Signature
232 So. Jensen Pocatello Idaho P. O. Address

Subscribed and sworn to before me this 16th day of July, 19[illegible]2

(SEAL) Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated) Com expires Jan 14-1944.

Received for filing on JUL 20 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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154 120-039-813

352433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county yrs years 5 yrs months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Rockland Ida.

4. FULL NAME OF CHILD Norman Henry Anderson

5. Date of Birth of Child (Month, day, year) March 20, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Harvey Anderson
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Jackson County Oregon (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ann Ellen Teresa ~~Anderson~~ Hackman
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Portland Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol AgNO3

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:15 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen Anderson (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V G Logan M.D. ~~Midwife~~ Address American Falls Date June 8-1942

State of..... }ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 26 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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843 131 0444 343

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352434
Local Reg. No.
Reg. Dist. No.

NOW ADAM'S

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City INDIAN VALLEY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County New Adams
(c) City Indian Valley Formerly Washington
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Joseph Sheldon Hutchison

5. Date of Birth of Child (Month, day, year) Oct. 31 - 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John [illegible] Hutchison
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace Spanish Fork (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lydia Savannah Cutler
17. Color or Race White **18.** Age at time of THIS birth 41 yrs.
19. Birthplace Brigham City (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of SAN FRANCISCO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the SISTER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 37 years of age, that I have known this person for 28 years, and that GRANDMOTHER (First name) PATTRIDGE (Last name) who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Stephanie Gazzetta Signature
423 Victoria St. San Francisco, Calif. P.O. Address

My commission expires Dec. 9, 1945

Subscribed and sworn to before me this 16th day of July, 1942

(SEAL) Helene M. Dittmore Notary Public, residing at 209 Miramar San Francisco

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 7 1975

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352459

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Hansen
(c) Street Address or R.F.D. No. ---
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay BEFORE delivery: IN THIS county 3 years 10 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Hansen
(d) Street Address or R.F.D. No. ---
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Hansen Idaho

4. FULL NAME OF CHILD Lawrence Oren Hagle

5. Date of Birth of Child (Month, day, year) Sept. 7, 1933

6. Sex male

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd none

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Corria Wesley Hagle
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Halfway (City or town) Missouri (State or foreign country)
14. Exact Occupation Warehouseman
15. Industry or Business ---

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Lee Waters
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Trenton (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California } ss.
County of Butte }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 28 years, and that Doctor (First name) Morgan (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Stella Lee (Waters) Hagle Signature

Gridley, 804 Indiana St., Calif. P. O. Address

Subscribed and sworn to before me this 18th day of July, 1942

(SEAL) X ..... Notary Public, residing at Gridley

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires July 5, 1943

Received for filing on JUL 20 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352460
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ADA (b) City Boise
(c) Street Address or R.F.D. No. 1814 Manitou
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ADA
(c) City Boise
(d) Street Address or R.F.D. No. 1814 Manitou
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Boise Idaho

4. FULL NAME OF CHILD Warren Ray Wilson
5. Date of Birth of Child (Month, day, year) April 2, 1913
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** William Ray Wilson
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Van Meter (City or town) Iowa (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Peasely Transfer Co.

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Alta Eloise Coonrad
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Calhan (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Solution
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 ~~years, and that~~ Dr. Tukey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alta E. Wilson Signature
of Chehalis, Wash. P. O. Address

Subscribed and sworn to before me this 1 day of July, 1942
(SEAL) [signature] Notary Public, residing at Chehalis, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352533
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City
(c) Street Address or R.F.D. No. Rural
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 9 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City
(d) Street Address or R.F.D. No. Rural
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Charles Alva Tyler

5. Date of Birth of Child (Month, day, year) March 27th 1913

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alva Sidnor Tyler
11. Color or Race white **12.** Age at time of THIS birth 42 yrs.
13. Birthplace Holt (City or town) County Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Belle Reeves
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Grayson Co. (City or town) Texas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Edna R. Tyler Signature
317 E 82 St Tacoma P.O. Address Wash.

Subscribed and sworn to before me this 18th day of July, 1942

(SEAL) Theo. A. Cram Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 6 1942 by Mary Keller, Registrar.

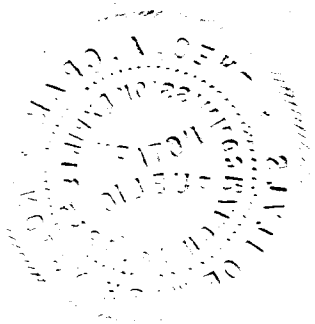
Use only BLACK Ink or BLACK Record typewriter bearing FIRST-CLASS postage to State Bureau of Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, order or coin. In completing this certificate. Mail COMPLETED certificate in envelope

JUL 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States JUL 30 1942 (Be sure the information is as of date of birth of THIS child) State File No. 352577
Department of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
Bureau of Census STATE OF IDAHO Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 12 years 1 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has **MOTHER** lived in Idaho? 14 yrs.
(f) Mother's mailing address Gen. Delivery

3. RESIDENCE of FATHER (city, state) Harrison, Idaho

4. FULL NAME OF CHILD Margaret Elizabeth McElhinnie
5. Date of Birth (Month, day, year) Sat. June 21, 1913
6. Sex girl 7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos. 9. Legitimate? yes

FATHER OF CHILD
10. **FULL NAME** James Clarence McElhinnie
11. Color or Race White 12. Age at time of THIS birth 45 yrs.
13. Birthplace Londonderry, Nova Scotia (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business James Clarence McElhinnie

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Minnie Elizabeth Hengell
17. Color or Race White 18. Age at time of THIS birth 39 yrs.
19. Birthplace Hartland, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum not used
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at Harrison, Ida. (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) McElhinnie (Last name) who is related to this child as Mother (Mother, etc.)

26. (a) JUL 30 1942 (Date received) Mabel L. Elder (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)
and address Date

State of California } ss.
County of Alameda }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Minnie McElhinnie, being first duly sworn, say that I am Related to (Related to (or) acquainted with) Margaret Elizabeth McElhinnie (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Piger (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Minnie McElhinnie Signature
1719 1/2 Parker St. Alameda P. O. Address

Subscribed and sworn to before me on this 17th day of February, 1942
(SEAL) Roberta Watt Notary Public, residing at
NOTARY PUBLIC in and for the County of Alameda, State of California
My Commission Expires April 1, 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 0 1942

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352603
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Arbon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Arbon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arbon Idaho

4. **FULL NAME OF CHILD** Iris Affleck

5. Date of Birth of Child (Month, day, year) Sept - 18 - 1913.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Adam Alonzo Affleck
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Logan (City or town) - Utah. (State or foreign country)
14. Exact Occupation Salesman & Farmer
15. Industry or Business Farming -

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Frances Evans
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Terrace (City or town) Utah (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Mrs Shandrew (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Frances Evans Affleck Signature
104 Wooley Apts. Pocatello P. O. Address

Subscribed and sworn to before me this 21 day of July 1942

(SEAL) Nancy P Cook Notary Public, residing at Notary Public, Residence, Pocatello, Idaho. My commission expires Aug. 1, 1942

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 22 1942 by Maud F Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 24

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352648
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 3 months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon

4. FULL NAME OF CHILD Raymond Alfred Henson

5. Date of Birth of Child (Month, day, year) June 25, 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alonzo William Henson
11. Color or Race White **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. FULL MAIDEN NAME Eliaun Preece
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Cove (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs. G. Goodenough (First name) (midwife) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Alonzo Henson Signature
McCammon, Idaho P. O. Address

Subscribed and sworn to before me this 18 day of July 1942

(SEAL) J. F. Whitney Notary Public, residing at McCammon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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352720

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352720
Local Reg. No. 44
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county Life years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta.
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Deceased

3. RESIDENCE of FATHER (city, state) Malta.

4. FULL NAME OF CHILD William Boyd Horne

5. Date of Birth (Month, day year) September, 14 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Horne
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Point Lookout, Utah. (The mormon) (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer (also mechanic)

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helena Ann Gamble
17. Color or Race White
18. Age at time of THIS birth 26 yrs
19. Birthplace Elba, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 24 1942 (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, William Horne, being first duly sworn, say that I am Father (Related) (Related to (or) acquainted with)
William Boyd Horne (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Sarah Gamble (Name of attendant at birth), who attended said birth is now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

William Horne Signature
1208 Sacramento St. Los Angeles P. O. Address

Subscribed and sworn to before me on this 16th day of June, 1942

(SEAL)

Samuel R. Gant Notary Public, residing at Los Angeles, Calif.

My Commission Expires February 4, 1945

JUL 27 1942

AUG 11 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

755 105039 666

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352722
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County POWER (b) City AMERICAN FALLS
(c) Street Address or R.F.D. No. 10 MILES OUT
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County POWER
(c) City AMERICAN FALLS
(d) Street Address or R.F.D. No. 10 MILES OUT
(e) How long has **MOTHER** lived in Idaho? 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) AMERICAN FALLS

4. FULL NAME OF CHILD ROBERT ALFRED PENNINGTON

5. Date of Birth of Child (Month, day, year) 11-5-1913

6. Sex MALE

7. Twin or ~~Triplet~~ If so—~~born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME ALFRED LAFAYETTE PENNINGTON

11. Color or Race WHITE

12. Age at time of THIS birth 28 yrs.

13. Birthplace KENTUCKY, USA. (City or town) (State or foreign country)

14. Exact Occupation RANCHER

15. Industry or Business STATED

MOTHER OF CHILD

16. FULL MAIDEN NAME MABEL MARGARET OFFILL

17. Color or Race WHITE

18. Age at time of THIS birth 25 yrs.

19. Birthplace LINCOLN, NEBRASKA (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Pend Oreille } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that DR. NOTH (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Margaret Pennington Signature

Ione, Washington P. O. Address

Subscribed and sworn to before me this 22 day of July, 1942

(SEAL) Notary Public, residing at Ione

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 23 1942 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 27 1942

SEP 22 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

465-230 006 867

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352740
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Family Resident
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Idaho

4. FULL NAME OF CHILD Alta Ruby Monson

5. Date of Birth of Child (Month, day, year) 10/30/13

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Julius Niels Monson
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Hyrum (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Yorgenson
17. Color or Race White **18.** Age at time of THIS birth 31 yrs.
19. Birthplace Odense (City or town) Denmark (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business House Wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child Six (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) Two A.M. on the date and at the place stated above, and that personal particulars were furnished by Julia (First name) Monson (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Date 5-4-42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1942 by Mavel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

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168

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352742
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Woodruff
(c) Street Address or R.F.D. No. Malad R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Ten years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Woodruff
(d) Street Address or R.F.D. No Malad R.F.D. No 2
(e) How long has **MOTHER** lived in Idaho? Ten yrs.

3. RESIDENCE OF FATHER (city, state) Woodruff, Idaho

4. FULL NAME OF CHILD Twila Rebecca Howell

5. Date of Birth of Child (Month, day, year) Feb. 22, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Cromwell Howell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Woodruff (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Rebecca John
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Portage (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child. Nine (b) Born alive and now living. Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29 years, and that Rosanna Howell (First name) (Last name), who attended this birth is now dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John C Howell Signature
Portage, Utah P. O. Address

Subscribed and sworn to before me this 22nd day of July, 19 42

(SEAL)

Notary Public, residing at Malad City, Ida.
My comm. expires Nov. 1, 1944.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352803
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Colburn, Ida.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: Whole life, IN THIS county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho, (b) County Bonner
(c) City Colburn,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Colburn, Ida.

4. FULL NAME OF CHILD John Bernard RIEKEN

5. Date of Birth of Child (Month, day, year) Feb. 13, 1913.

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME William Frederick Rieken
11. Color or Race White. 12. Age at time of THIS birth 29 yrs.
13. Birthplace Omaha, Douglas Co., Nebr. (City or town) (State or foreign country)
14. Exact Occupation Railroad Man.
15. Industry or Business Standard steam railroad. Missouri, Kansas Pacific R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Isabelle HOY
17. Color or Race White. 18. Age at time of THIS birth 20 yrs.
19. Birthplace Morrowville, Kansas, Wn. Co (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business In own home of family.

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature Dr. C.P. Stackhouse, M.D. Midwife Address Date

State of Washington, County of Cowlitz } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Natural Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for all his life years, and that Dr. C.P. Stackhouse, M.D., (First name) (Last name) who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Isabelle Rieken Signature

Nee, HOY, P. O. Address

Subscribed and sworn to before me this 20th day of July, 1942

(SEAL) Thurston C. Bashor Notary Public, residing at Kelso, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 0 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-203028962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352833
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county [illegible] years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Plummer (b) County Kootena
(c) City Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3m0 yrs.

3. RESIDENCE OF FATHER (city, state) Plummer Id

4. FULL NAME OF CHILD Edith Emily Parkinson

5. Date of Birth of Child (Month, day, year) Nov 3, 1913

6. Sex

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Stanley Parkinson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Pasco (City or town) Wash (State or foreign country)
14. Exact Occupation Forest Service cook
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETTA MAY Rosborough
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Sultann (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2es

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for from birth years, and that DR. Cusick (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Berdan Signature
Sultan B X 76 P. O. Address

Subscribed and sworn to before me this 28 day of July, 1942.
(SEAL) Sophia Jenft Notary Public, residing at Sultan
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 30 1942 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 31 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

8-6-126(28-391

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

JUL 28 1942

State File No. 352845
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City StMarys
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St Marys
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clir Tracy Howland

5. Date of Birth of Child (Month, day, year) Jan. 26, 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Howard Howland
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wellington (City or town) Kansas (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Winifred Tracy
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Cherry Tree (City or town) Penn. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Ada Winifred Howland (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Sisters, Oregon Date July, 24, 1942

State of Oregon
County of Deschutes } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. J. C. kinsolving (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

~~Mrs~~ Ada Winifred Howland, Signature

Sisters, Oregon P. O. Address

Subscribed and sworn to before me this 24th day of July, 1942

(SEAL) George E. Aitken Notary Public, residing at Sisters, Oreg

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission expires Dec. 11, 1943

Received for filing on JUL 28 1942 by Maud H. Elder, Registrar.

JUL 31 1942

FEB 21 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

460 - 206 - 030 - 217

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 352947
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lemhi (b) City Patterson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Patterson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Patterson Ida.

4. FULL NAME OF CHILD Emmie Margarette Mower

5. Date of Birth of Child (Month, day, year) 3, 6, 1913

6. Sex Female **7.** Twin or Triplet (If so—born 1st, 2nd, 3rd) **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Louis Mower
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Lomax (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Barraclough
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Salmon (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing Was used

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Bingham }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 5-7 years of age, that I have known this person for 29 years, and that Mrs Jeff Miller (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Dora Brasseur Signature
Firth, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of July, 1942.

(SEAL) Leon L. Linthicum Notary Public, residing at Firth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 31 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

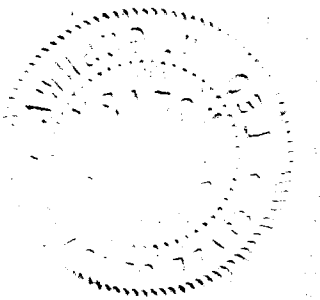
AUG 13 1971

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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352980

352980

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 352980

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Dover
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: IN THIS county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Dover
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Dover, Idaho

4. **FULL NAME OF CHILD** Helen Alonzo Benson

5. Date of Birth of Child (Month, day, year) Apr 12, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Millard Alonzo Benson,
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bamboo, Watauga Co. N. Car. (City or town) (State or foreign country)
14. Exact Occupation Lumber planer
15. Industry or Business Lumber Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Loretta Hampton
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bamboo, Watauga Co, N.C. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of North Carolina, County of Watauga } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for life years, and that Dr. Chas. Stackhouse (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Benson Knifsett Signature

Route # 1., Blowing Rock, N. C. P. O. Address

Subscribed and sworn to before me this 28th day of July, 19 42.,

(SEAL) E B Mast My Comm Exp 10-17-43 Notary Public, residing at Boone, N. C.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 3 1942 by Mary F Felder, Registrar.

AUG 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-220-039-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353221
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 month yrs.

3. **RESIDENCE OF FATHER** (city, state) 1 "

4. **FULL NAME OF CHILD** Ola Marie Cochran

5. Date of Birth of Child (Month, day, year) Mar. 20,1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Gilbert Lester Cochran
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie Francise Smith
17. Color or Race white
18. Age at time of THIS birth 37 yrs.
19. Birthplace Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Butte } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Mrs Geo. Billingsley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maggie F. Cochran Signature

Gridley, Calif. Rt. 1. P. O. Address

Subscribed and sworn to before me this 31st day of July, 1942

(SEAL) Leona B. Chase Notary Public, residing at Gridley Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by Mabel F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

685-22-4014 557

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353269

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Canyon (b) City Emmett

(c) Street Address or R.F.D. No. Gen. Del

(d) Name of Hospital or Maternity Home: At Home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 28 years 4 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Canyon

(c) City Emmett

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 28 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Ida

4. FULL NAME OF CHILD Angela Marie Whelchel

5. Date of Birth of Child (Month, day, year) Sept. 24, 1913

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Arthur M. Whelchel

11. Color or Race White **12.** Age at time of THIS birth 35 yrs.

13. Birthplace Allen County, Kansas (City or town) (State or foreign country)

14. Exact Occupation Photographer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Belle Neal

17. Color or Race White **18.** Age at time of THIS birth 28 yrs.

19. Birthplace Falks Store (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 8 a M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Whelchel (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 26 years, and that D. O. (First name) Clark (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Emma Belle Whelchel Signature

Bx 425 - Caldwell - Ida P. O. Address

Subscribed and sworn to before me this 4 day of July 1942

(SEAL) J. T. Hannah Notary Public, residing at Caldwell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 5 1942 by Mark Keeler, Registrar.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1913-15529

466-211 018-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353274
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) Orofino, Idaho

4. FULL NAME OF CHILD Leona Isabella Mooers
5. Date of Birth of Child (Month, day, year) 9/11/1913
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd No
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Fred James Mooers
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lakecity (City or town) California (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Pearl Louise Weseman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Verndale (City or town) Minnesota (State or foreign country)
20. Exact Occupation Home Maker
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Dr. Fairley (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Weseman Mooers Signature
Lewiston, Ida. R.R. P. O. Address

Subscribed and sworn to before me this 4 day of August, 1947

(SEAL) John L. Phillips Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1947 by Mabel F. Elder, Registrar.

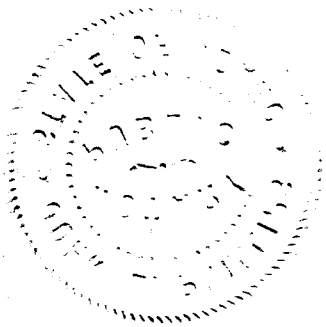
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



286-109-028-145

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353282
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City COEUR D'ALENE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 10 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State KOOTENAI (b) County KOOTENAI
   (c) City IDAHO COEUR D'ALENE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** WOODROW SHOCKLEY

5. Date of Birth of Child (Month, day, year) MARCH 8th 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** WILL SHOCKLEY
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace WICKLIEF (City or town) KY (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NINA ADEY
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace PRESCOTT (City or town) MO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of KOOTENAI }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that HENRIETTA ADEY (First name) (Last name), who attended this birth DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina Adey Shockley Signature

Coeur d'Alene Ida P. O. Address

Subscribed and sworn to before me this 3 day of AUGUST, 1942

(SEAL)

Notary Public, residing at Coeur d'Alene Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 6 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-130 010-29

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353445
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Lincoln
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home: At residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Lincoln
(d) Street Address or R.F.D. No. Route #1
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lincoln, Ida.

4. **FULL NAME OF CHILD** Roland Victor Stoddart

5. Date of Birth of Child (Month, day, year) Aug. 30, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert William Stoddart
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lehi, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Utah Idaho Sugar Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Lois Barnes
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10% Argareyle
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Nurse (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Thomas H. Willson (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Gough Signature

Idaho Falls Idaho Route #1 P. O. Address

Subscribed and sworn to before me this 8 day of August 19 42

(SEAL) John McKenzie Notary Public, residing at Ida Falls

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on AUG 10 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-124-007666

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353448
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Bellevue
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Baby born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Bellevue
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. RESIDENCE OF FATHER (city, state) Bellevue, Ida

4. FULL NAME OF CHILD Clifton Samuel Myers

5. Date of Birth of Child (Month, day, year) Oct., 24, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samuel John Myers
11. Color or Race American
12. Age at time of THIS birth 56 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lettie Mae Fowler
17. Color or Race American
18. Age at time of THIS birth 41 yrs.
19. Birthplace Boise Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Lettie Myers (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Bellevue, Idaho Date

State of Idaho } ss.
County of Blaine }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 28 years, and that ..... (First name) ....., who attended this birth (Last name) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Lettie Mae Myers, Signature

Bellevue, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of February, 1942

(SEAL) Joseph W. Reid Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 10 1942 by Mabel Hedden, Registrar.

JAN 29 1971

AUG 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291 713 014 334

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353489
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Idaho

4. FULL NAME OF CHILD Eugene H. Brandt

5. Date of Birth of Child (Month, day, year) 4/13/13

6. Sex m

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Herman L. Brandt
11. Color or Race white
12. Age at time of THIS birth 56 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Margarette Grace Clum
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Galesburg, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Canyon }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that Dr. Colonge (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. Grace Brandt Signature
RFD #2 Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 13 day of June, 19 42
(SEAL) John H. Brandt Notary Public, residing at Nampa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

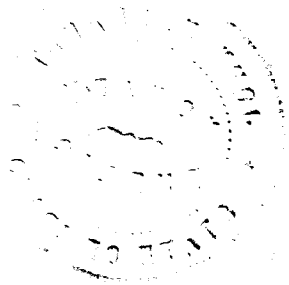
Received for filing on AUG 12 1942 by Mabel Nielsen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



242-113-014-134

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353502
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Nampa, Ida.

4. FULL NAME OF CHILD Louis Susaeta

5. Date of Birth of Child (Month, day, year) Feb. 13-1913

6. Sex boy 7. Twin or Triplet 8. If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 — 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Manuel Susaeta
11. Color or Race White 12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) Spain (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elvira Aldazabal
17. Color or Race White 18. Age at time of THIS birth 24 yrs.
19. Birthplace (City or town) Spain (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

State of ~~Idaho~~ Utah
County of ~~Nampa~~ Salt Lake

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above; that I am now 31 years of age, that I have known this person for 29 years, and that not known (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Domingo Garamendi Signature
Box 89 B. Bingham Canyon, Utah P. O. Address

Subscribed and sworn ~~to~~ before me this 8th day of August, 1942

(SEAL) Elliott W. Eson Notary Public, residing at Bingham Canyon, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-11634

129-214-032-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353522
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LINCOLN (b) City SHOSHONE
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: OWN HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LINCOLN
(c) City SHOSHONE
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) SHOSHONE-IDA

4. FULL NAME OF CHILD MARVEL AKINS

5. Date of Birth of Child (Month, day, year) JULY 14-1913

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** CHARLES EDGAR AKINS
11. Color or Race WHITE 12. Age at time of THIS birth 28 yrs.
13. Birthplace SHOSHONE (City or town) IDAHO (State or foreign country)
14. Exact Occupation DEPUTY ASSESSOR
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FANNIE LUCINDA WILHELM
17. Color or Race WHITE 18. Age at time of THIS birth 23 yrs.
19. Birthplace IONE (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum NOT KNOWN
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of OREGON
County of CLATSOP } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that DR. ZELLER (First name) (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles E Akins Signature
R-1 Bx 579 Astoria Oreg. P. O. Address

Subscribed and sworn to before me this 6th day of August, 1942
(SEAL) Chris Stratton Notary Public, residing at Astoria Ore.
County Clerk
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1942 by Mabel F Eldridge, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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115-025-035-635

353529

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Southwick
(c) Street Address or R.F.D. No. R.F.D. No. 1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay BEFORE delivery: IN THIS county ____ years ____ months ____ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Southwick
(d) Street Address or R.F.D. No. R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? ____ yrs.

3. RESIDENCE OF FATHER (city, state) Southwick, Ida.

4. FULL NAME OF CHILD Thelma Pearl Mill

5. Date of Birth of Child (Month, day, year) June 25, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: One

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Samon B. Mill

11. Color or Race White

12. Age at time of THIS birth 40 yrs.

13. Birthplace Palmyra, (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Farming

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adella Bloom

17. Color or Race White

18. Age at time of THIS birth 30 yrs.

19. Birthplace Palmyra, (City or town) Wisconsin (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Don't know

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Nez Perce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

[redacted] sworn, say that I am the Father (Mother, etc.) of the person whose name appears [redacted] years of age, that I have known this person for 29 years, and that [redacted], who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that [redacted] to the best of my knowledge, and that I desire to have this birth recorded under

Samon B Mill Signature

Southwick, Idaho P. O. Address

Subscribed and sworn to before me this 4 day of August 1942

(SEAL) O. R. Anderson Notary Public, residing at Southwick Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 12 1942 by Mabel Keeler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

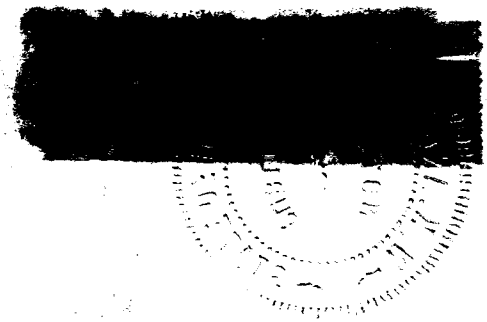
AUG 17 1942

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



966-209-019-499 353659 353659

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Custer (b) City Stanley
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Stanley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Adelia Hazel Root

5. Date of Birth of Child (Month, day, year) April 9, 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Wallace Washburn Root
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Decatur (City or town) Neb (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Stella Vergo Driskell
17. Color or Race white **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Springfield, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrat

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Ada }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 29 years, and that Lavilla (First name) Driskell (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wallace W. Root Signature
Meridian Idaho R 1 P. O. Address

Subscribed and sworn to before me this 22 day of August, 1942

(SEAL) O. M. Laney Notary Public, residing at Meridian

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mark H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

366-114-001-63 3 AUG 26 1942 353665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353665
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Star
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jeurald Alden Lowe

5. Date of Birth of Child (Month, day, year) Oct.14, 1913

6. Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lowell Tellson Lowe
11. Color or Race white 12. Age at time of THIS birth 32 yrs.
13. Birthplace Emmett, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Etta Ott
17. Color or Race white 18. Age at time of THIS birth 21 yrs.
19. Birthplace LaGrande, Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Dr. Hall (First name) (Last name), who attended this birth not able to sign cert. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Ott Creech, Signature
Meridian, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of August, 1942

(SEAL) Marion E. Ovr Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

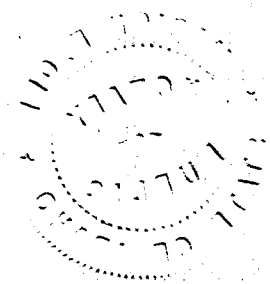
AUG 26 1942

JUL 20 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

DUP OF 13-13483

249-117-042 Aug 27 1942

353676

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353676
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ralph Harold Smith
5. Date of Birth of Child (Month, day, year) Jan 17-1913
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mos
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arthur Clinton Smith
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ukiah (City or town) Calif. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rhoda Ellen Cryder
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Gold Hill (City or town) Oregon (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Henry A Cloucheck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rhoda E Smith Signature
811 14th Ave S., Nampa, Ida P. O. Address

Subscribed and sworn to before me this 26 day of Aug, 1942
(SEAL) W. B. Joy Notary Public, residing at Boise, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 27 1942 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1948

AUG 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-106-022-554

353788

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No. Living quarters of Railroad station
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No. Living quarters of Railroad station
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Norman Dale Baker

5. Date of Birth of Child (Month, day, year) Mar. 6, 1913

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd --

8. No. months of Pregnacy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Claude Edgar Baker
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Stanford, (City or town) Ind. (State or foreign country)
14. Exact Occupation Railroad Station Agent
15. Industry or Business Union Pacific Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosalie Mary Neuens
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Maryville, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ~~not known~~ Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child Six. (b) Born alive and now living six.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Rosalie (First name) Baker (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Hargis M.D. Midwife Address Ashton Idaho Date 8-8-42

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Dr. Hargis (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel M. Dunn, Notary Public
My Commission Expires Oct. 22, 1944.
4417 SO. WESTERN AVE. - AX 2-1723
LOS ANGELES, CALIF.

Rosalie N. Baker Signature
1601 W. 49th St., Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 22nd day of July, 1942

(SEAL) Hazel M. Dunn Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 24 1942 by Mabel F. Elsfere, Registrar.

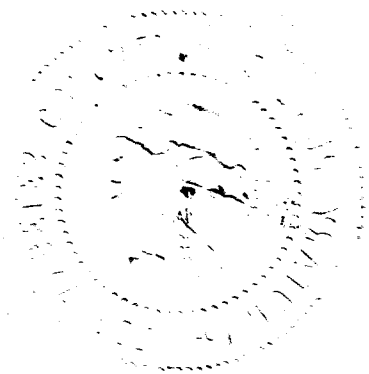
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



818-107-230-253

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 353836

Local Reg. No.

Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon City
   (c) Street Address or R.F.D. No. No number
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon City
   (d) Street Address or R.F.D. No. No number
   (e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon City Idaho

4. **FULL NAME OF CHILD** Myrl Perry Hayes

5. Date of Birth of Child (Month, day, year) June 7, 1913

6. Sex Male

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Tecumcus Hayes
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boise, (City or town) Idaho (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Dolly Bell
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Red Rock, (City or town) Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 1st. (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that Charles (First name) Hamner (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William T Hayes Signature

..... P. O. Address

Subscribed and sworn to before me this 12th day of August, 1942

(SEAL)

..... Notary Public, residing at Seattle Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 18 1942 by ....., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 21 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-101-044-495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353837
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 7th West
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Cecil Henry Seeliger
5. Date of Birth of Child (Month, day, year) February 1, '13
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** H. R. Seeliger
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Unknown (City or town) (State or foreign country)
14. Exact Occupation Drayman
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Della May Minickey
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Cousin (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. C. C. Conant (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Seeliger Signature

R.F.D. #1 - Weiser, Idaho P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) Dora Nelson Notary Public, residing at Weiser, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on AUG 18 1942 by Mary J. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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AUG 21 1942

AUG 26 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the ~~local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

231-114-029-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353857
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Latah (b) City Park
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Park
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Park Idaho

4. **FULL NAME OF CHILD** Earl Monroe Stamper

5. Date of Birth of Child (Month, day, year) June 14, 1913

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert Monroe Stamper
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace (City or town) Oregon (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Swenson
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Benson (City or town) Minnesita (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ida Stamper (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mrs. Oscar Bohn (First name) midwife (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ida Stamper Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of August, 1942

(SEAL) Frank L. Hinkle Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 20 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367-219-039-457

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 353862
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. American Falls, Idaho
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 7 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. American Falls
(e) How long has **MOTHER** lived in Idaho? 3½ yrs.

3. RESIDENCE OF FATHER (city, state) American Falls Ida

4. FULL NAME OF CHILD MILDRED EDNA LOGAN

5. Date of Birth of Child (Month, day, year) May 19 1913

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alex Logan
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Eldred (City or town) Ill. (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Dexter
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Beaverdam (City or town) Wisc. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Jennie (First name) Logan (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Power } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Dr. Richard Noth (First name) (Last name), who attended this birth is Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ella Logan Signature
22813 Garden Ave Hayward P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) R. J. Shields Notary Public, residing at Hayward, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1942 by Mark E. [illegible], Registrar.

JUN 21 1966

AUG 22 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-222-039-813

United States
Department of Commerce
Bureau of the Census Power

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354970
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County ~~Cassia~~ (b) City American Falls
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County ~~Cassia~~ Power
(c) City American Falls
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? Seven yrs.

3. RESIDENCE OF FATHER (city, state) American Falls Ida

4. FULL NAME OF CHILD Grace Smith (Newman)

5. Date of Birth of Child (Month, day, year) June 22nd 1913

6. Sex Female 7. Twin or Triplet Single If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy Nine 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Newman
11. Color or Race White 12. Age at time of THIS birth 35 yrs.
13. Birthplace Floyd County (City or town) Kentucky (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mercia Hall
17. Color or Race White 18. Age at time of THIS birth 33 yrs.
19. Birthplace Floyd County (City or town) Kentucky (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif. }
County of Siskiyou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that Coy (First name) Gorman (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mercia Newman Signature
My Commission Expires March 4, 1945 Hilt, California P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942
(SEAL) Murwin Bradfield Notary Public, residing at Hilt, Calif.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 21 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-124028-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 354992
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootnai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Indiana Ave
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Indiana Ave
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Dead

4. FULL NAME OF CHILD Joseph Jerome Hatton

5. Date of Birth of Child (Month, day, year) Aug. 24, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Jerome Hatton
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Boston Mass. (City or town) (State or foreign country)
14. Exact Occupation Race Horse Trainer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Meister
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace New Orleans La. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that John (First name) Sheppard (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anna Hatton Signature
1825 Catuenga Blvd. O. Address

Subscribed and sworn to before me this 20th day of August 1942

(SEAL) Gabriel Wyss Notary Public, residing at Los Angeles Calif.

My Commission Expires April 19, 1943 Notary Public In and for the County of Los Angeles, State of California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1942 by Mabel Fielders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

862-105 044 467

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 354994
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None (Own home)
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 0 days. IN **THIS** county 7 years -- month -- days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 7 yrs.
(f) Mother's mailing address Midvale, Idaho

3. RESIDENCE of FATHER (city, state) Midvale, Ida.

4. FULL NAME OF CHILD Guy Averon Yost

5. Date of Birth (Month, day year) June 5, 1913

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd ---

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Guy Yost
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Phillips (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Adrah Jane Doggett
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Gennessee (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) AUG 24 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address ..... Date

State of California } ss.
County of Humboldt }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, ..., being first duly sworn, say that I am related to (Related to (or) acquainted with) Guy Averon Yost (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Anna Schreiber (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Adrah Jane Yost. Signature
1641 California St., Eureka, Calif. P. O. Address

Subscribed and sworn to before me on this 11th day of August, 1942
(SEAL) [signature] Notary Public, residing at Eureka, Cal.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-122-22-349

355443

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Salem
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: Home of J. R. Turman private
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Hamer
(d) Street Address or R.F.D. No. Idaho
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Hamer Idaho

4. FULL NAME OF CHILD David Leonard Turman

5. Date of Birth of Child (Month, day, year) Aug 22 1913

6. Sex Boy

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Manford Cleveland Turman

11. Color or Race white

12. Age at time of THIS birth 30 yrs.

13. Birthplace Bedford (City or town) Kentucky (State or foreign country)

14. Exact Occupation Merchant - Post master

15. Industry or Business general Merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Elizabeth Turman

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Jefferson }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 27 years, and that Dr. Charles Crismon (First name) (Last name) who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah E. Turman Signature

Hamer Idaho P. O. Address

Subscribed and sworn to before me this 24 day of August, 1942

(SEAL) Notary Public, residing at Hamer Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 26 1942 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

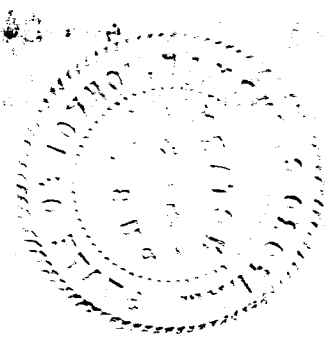
APR 1 6 1975

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



154-104-039-392

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 2 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355470
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 31 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Neal Anderson

5. Date of Birth of Child (Month, day, year) Feb. 4k 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Anderson
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Copenhagen (City or town), Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella May Lish
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Dearlodge (City or town), Montana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Ag NO3

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Estella Anderson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address American Falls Date Aug 31-1942

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 2 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 109-029-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355477
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lathaw (b) City Moscow Rural
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 2 months 20 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lathaw
(c) City Moscow Rural
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Boyd Keith Hickman

5. Date of Birth of Child (Month, day, year) Oct. 9, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Lawrence Hickman
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Unionville, Putman Co., Mo. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Adeline Sweet
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Skyler County, Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate 1/101
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive ~~or Born~~) at 10 P M. on the date and at the place stated above, and that personal particulars were furnished by Boyd (First name) Hickman (Last name) who is related to this child as Son (Mother, etc.)

25. Attendant's **OWN** signature J. D. Lenty M.D. ~~Midwife~~ Address Fran Glen Wy. Date Aug 31 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on SEP 3 1942 by Mabel H. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-216-010-345

355726

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. 4
(d) Name of Hospital or Maternity Home: HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 6 months 16 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BANNOCK
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. 4
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO FALLS, IDAHO

4. FULL NAME OF CHILD EMMA VELVA PETERSON

5. Date of Birth of Child (Month, day, year) Jan 16, 1913

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 9

8. No. months of Pregnacy 7

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME CARL WILLIAM PETERSON

11. Color or Race WHITE

12. Age at time of THIS birth 41 yrs.

13. Birthplace WEST POINT (City or town) NEBRASKA (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME HULDAH CHARLOTTE LUNDBLADE

17. Color or Race WHITE

18. Age at time of THIS birth 36 yrs.

19. Birthplace VERMLAND (City or town) SWEDEN (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business TEACHER

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M. Midwife Address Date

State of Arizona } ss.
County of Graham }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 43 years of age, that I have known this person for 29 years, and that Carolina (First name) Lundblade (Last name) who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

MY COMMISSION EXPIRES APRIL 18, 1943

Hazel C Patton Signature

Thatcher Arizona P. O. Address

Subscribed and sworn to before me this 15 day of July, 1942

(SEAL) E. J. Anderson Notary Public, residing at Pima Co. Arizona

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 3 1942 by Mabel Fielder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

816-127-014-864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355740
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City
(c) Street Address or R.F.D. No. R.F.D. Nampa
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City R.F.D.
(d) Street Address or R.F.D. No. Nampa
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Clarence Wilbur Hawley

5. Date of Birth of Child (Month, day, year) November 27, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Washington Irving Hawley
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Hornell (City or town) New York (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Young
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace R.F.D. Archer (City or town) Nebraska (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash.
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Washington Irving Hawley Signature
1702 Dearborn St. Seattle Wash. P. O. Address

Subscribed and sworn to before me this 19th day of Aug, 1942

(SEAL) J A Raabe Notary Public, residing at Seattle, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1942 by Mabel L. Elsfer, Registrar.

charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.
postage to State Bureau of Vital Statistics, Boise,

SEP 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-202025-319

355871

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 11 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kamiah
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kamiah
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Kamiah, Ida

4. FULL NAME OF CHILD Nora Evelyn Dickinson

5. Date of Birth of Child (Month, day, year) Dec 2 1913

6. Sex Female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Albert D. Dickinson
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma J. Carr
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace West Virginia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 10⁰⁰ A. M. on the date and at the place stated above, and that personal particulars were furnished by Emma Dickinson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. F. McMahan M.D. ~~Midwife~~ Address Lewiston, Idaho Date 3-28-42

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Dr W. F. McMahan (First name) (Last name), who attended this birth resides in Lewiston (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma J Dickinson Signature
RFD #3 Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942

(SEAL) Chas W. McEachern Notary Public, residing at Orofino, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

SEP 11 1942

Received for filing on by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

245-225013-753

United States Department of Commerce Bureau of the Census

SEP 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355902
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Elk River
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN THIS county 4 years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Elk River
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ethel Cecelia Smedsrud

5. Date of Birth of Child (Month, day, year) March 25 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 6 1/2 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Arne Smedsrud
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Rustabakke (City or town) Norway (State or foreign country)
14. Exact Occupation clerk
15. Industry or Business merchandise

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Peterson
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Christiana (City or town) Norway (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and including this child~~ 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for Life years, and that Dr. H. Haserwell (First name) (Last name), who attended this birth, cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Arne Smedsrud Signature
Snoqualmie Falls, Wash. P. O. Address

Subscribed and sworn to before me this 4 day of Sept., 1942

(SEAL) K. C. Mastrol Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 12 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

863-226005-799

United States
Department of Commerce
Bureau of the Census SEP 14 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 355910
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Janet Maifair Holcomb
5. Date of Birth of Child (Month, day, year) December 26 1913
6. Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Ancil Holcomb
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Ulster (City or town), Penn. (State or foreign country)
14. Exact Occupation Deputy Supervisor in
15. Industry or Business Forest Service

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Lee Price
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pierre (City or town), So. Dak. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at 2 a M. on the date and at the place stated above, and that personal particulars were furnished by Edna (First name) L. Holcomb (Last name), who is related to this child as Mother (Mother, etc.) ~~Dr. Platt is dead several yrs past~~

25. Attendant's **OWN** signature Owen D. Platt M.D. ~~Midwife~~ Address St. Maries, Ida. Date 12-26-1913

State of MONTANA
County of MISSOULA } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 28 years, and that Dr. Platt, M.D. (First name) (Last name), who attended this birth Mrs. Kay is now deceased (Is now deceased) or (Cannot be located) + cannot be located. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Lee Holcomb Signature
415 E. Beckwith Ave., Missoula, Mont P. O. Address

Subscribed and sworn to before me this 26 day of August, 1942

(SEAL) Leon L. Bulen Notary Public, residing at Missoula
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Xpires 12/18/42

Received for filing on AUG 28 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1968

SEP 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

629-214010-619 SEP 24 1942 356083

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 356083
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 25 St.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 5 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 25 St.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Nona May O'Brey

5. Date of Birth of Child (Month, day, year) Aug. 14, 1913

6. Sex Female

7. Twin or Triplet? No If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 8½

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Luke O'Brey
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Idaho (City or town) (State or foreign country)
14. Exact Occupation Express Co.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice May Ward
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Gone, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Alice May O'Brey (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. (First name) McConn (Last name) who attended this birth Can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice May O'Brey Signature
1212 Hoffman Ave Long Beach Calif. P. O. Address

Subscribed and sworn to before me this 23rd day of Sept. 1942

(SEAL) Olga Shetler Clerk of Probate Court
Notary Public, residing at Idaho Falls Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mary F Elder, Registrar.

SEP 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 219-713025-651

356112

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42 yrs.

3. RESIDENCE OF FATHER (city, state) Deceased

4. FULL NAME OF CHILD Homer Clarence Barnett

5. Date of Birth of Child (Month, day, year) 5-13-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Nathen Barnett
11. Color or Race White **12.** Age at time of THIS birth 53 yrs.
13. Birthplace Galleton (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business XX

MOTHER OF CHILD

16. FULL MAIDEN NAME Marion Frances Weatherford
17. Color or Race White **18.** Age at time of THIS birth 45 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum X

23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at X M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature X M.D. Midwife Address X Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 29 years, and that Dr. G. S. Stockton (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mrs. Frances Barnett Signature
Grangeville, Idaho P. O. Address

Subscribed and sworn to before me this 15 day of Sept., 19 42

(SEAL) M. Rothwell Notary Public, residing at Grangeville, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893 101 009 352

356142

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City SANDPOINT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
IN THIS county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City SANDPOINT
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) SANDPOINT IDAHO

4. FULL NAME OF CHILD JAMES FRANCIS HILL

5. Date of Birth of Child (Month, day, year) 4-1-13

6. Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME WILLIAM CLARNCE HILL
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace MENIMONEE (City or town) MICHIGAN (State or foreign country)
14. Exact Occupation SAWYER
15. Industry or Business SHINGLE MILL

MOTHER OF CHILD

16. FULL MAIDEN NAME LUCEY LESPERENCE
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace OCONTO (City or town) WISCONSON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 39 years, and that the parents (First name) (Last name), who attended this birth cannot be located (If now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Yvonne Moore Signature
2324 1th Ave. Seattle P. O. Address

Subscribed and sworn to before me this 15th day of September, 1942

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Mabel F. Eddler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942

DELAYED REGISTRATION LAW

1937 Session Laws, Chapter 152, Section 41

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report [illegible] such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 56, Idaho Code, Annotated. Such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or [illegible] of the nearest of kin or guardian, or some person having direct knowledge in the premises.

242-119014-265

356143

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Falk P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 2 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Falk Post Office
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Loren Keith Van Buskirk

5. Date of Birth of Child (Month, day, year) Nov. 19th 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Early Buskirk
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Blue Springs (City or town) Nebraska (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Sweeney
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace McCuneville (City or town) Ohio (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argeral

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Minerva Estella Peery (First name) (Last name), who is related to this child as Deceased (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Wasco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 65 years, and that Minerva Estella Peery (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Viola Van Buskirk Signature
1228 East 8th. St. The Dalles Oregon P. O. Address

Subscribed and sworn to before me this 16th day of September 1942

(SEAL) Eugene Courtney Notary Public, residing at The Dalles Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 19 1942 by Mabel F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

469 128 009 136

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357231
Local Reg. No.
Reg. Dist. No.

SEP 21 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner, (b) City Priest River,
(c) Street Address or R.F.D. No. I. Box 3,
(d) Name of Hospital or Maternity Home: at Home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 30 years Dec months 1942 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Boiner,
(c) City
(d) Street Address or R.F.D. No. Since
(e) How long has **MOTHER** lived in Idaho? 1912. yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edgar Earl Morrow,

5. Date of Birth of Child (Month, day, year) Aug. 28. 1913

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy yes **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earnest Pete Morrow,
11. Color or Race white **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Flagpond Tenn. (City or town) (State or foreign country)
14. Exact Occupation Woodsman, or Laborer,
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Crisla Angline Alford,
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace BluffCity Tenn. (City or town) (State or foreign country)
20. Exact Occupation House-Wife,
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum I have 4 Edgar is 2nd, Child,

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Sarah Hensley, (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by Mrs. Hensley, (First name) (Last name), who is related to this child as No Relative, (Mother, etc.)

25. Attendant's **OWN** signature Sarah Hensley M.D. Midwife Address Idaho. Priest River, Date

State of Idaho. } ss.
County of Bonner,

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Angeline Mother (Mother, etc.) Edgar Earl Morrow the person whose name appears in Item 4, above, that I am now 29 ---- years of age, that I have known this person for 34 -- years, and that I Sarah Hensley, (First name) (Last name), who attended this birth Aug. 28-1913 (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Hensley. Signature

Priest River, Idaho. P. O. Address

Subscribed and sworn to before me this 19th. day of Sept.ember 1942.

(SEAL) My Com. Exp. Notary Public, residing at Priest River, Idaho.

(Note: Perjury is punishable as a felony in Idaho. See Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by , Registrar.

SEP 24 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

343 109 003 964

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357246
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Banock (b) City McCammon
(c) Street Address or R.F.D. No. General Delivery
(d) Name of Hospital or Maternity Home: Home Address
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Banock
(c) City McCammon
(d) Street Address or R.F.D. No. General Delivery
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. RESIDENCE OF FATHER (city, state) McCammon, Idaho

4. FULL NAME OF CHILD ERAL ROMRIELL CUTLER

5. Date of Birth of Child (Month, day, year) June 9, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Alfonzo Cutler
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Lewiston (City or town), Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Land

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Gwendolyn Romriell
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace ~~McCammon~~ Robin (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for Since birth, years, and that Dr. Cooper (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Elizabeth Gwenlion Stuart Signature

P. O. Address

Subscribed and sworn to before me this 21st day of September 1942

(SEAL) Fred C Honnold Notary Public, residing at Notary Public in and for the County of Los Angeles, State of California.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires October 2nd 1943

Received for filing on SEP 23 1942 by [signature], Registrar.

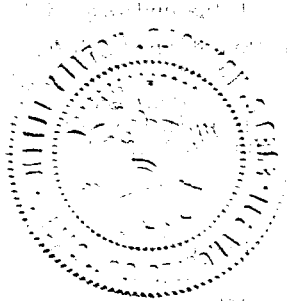
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



239-212042857

United States
Department of Commerce
Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357269
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 346 - 4th Ave East
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Twin Falls (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 346 - 4th Ave East
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Luna Amalia Streifus
5. Date of Birth of Child (Month, day, year) Sept 12 - 1913
6. Sex female
7. Twin or Triplet twins If so born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leo Streifus
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Massilon Ohio (City or town) (State or foreign country)
14. Exact Occupation cement laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Regina Heger
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Puebendorf Austria (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leo (First name) Streifus (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that John R. (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leo Streifus Signature
460 Ash St Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of September, 1942

(SEAL) [signature] Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 22nd 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in ~~Chapter 2, Title 38, Idaho Code Annotated,~~ when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-212042857

357270

United States Department of Commerce Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 346-4th Ave East
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 2 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 346-4 East
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lauretta Frances Streifus

5. Date of Birth of Child (Month, day, year) Sept 12-1913

6. Sex female

7. Twin or Triplet Twins If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Streifus
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Massilon, Ohio (City or town) (State or foreign country)
14. Exact Occupation cement laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katie Regina Heger
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Taubendorf (City or town) Germany (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Leo (First name) Streifus (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that John R. (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

I Leo Streifus Signature

460 Ash St Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of September, 19 42

(SEAL)

Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept. 22nd 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 101028 669

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 23 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357275
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address ~~or R.F.D. No.~~ LINCOLN & DAVIDSON STS.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county [redacted] months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D'ALENE
(d) Street Address ~~or R.F.D. No.~~ LINCOLN & DAVIDSON
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d'Alene, Idaho

4. FULL NAME OF CHILD CHARLES ROBERT BULL

5. Date of Birth of Child (Month, day, year) Nov. 1, 1913

6. Sex Male **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy Normal **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME CHARLES BULL
11. Color or Race White **12.** Age at time of THIS birth 49 yrs.
13. Birthplace GREENVILLE (City or town) CALIFORNIA (State or foreign country)
14. Exact Occupation PLUMBER AND TINSMITH
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME GERTRUDE VIOLET FORD
17. Color or Race WHITE **18.** Age at time of THIS birth 37 yrs.
19. Birthplace GREENVILLE (City or town), CALIFORNIA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of IDAHO } ss.
County of KOOTENAI }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 6 6 years of age, that I have known this person for Nearly 29 SINCE BIRTH years, and that DR. J. C. DWYER (First name) (Last name), who attended this birth, IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR THE STATE OF IDAHO
RESIDING AT COEUR D'ALENE, IDAHO
MY COMMISSION EXPIRES OCT. 10, 1943

G. Violet Bull ..... Signature
814 FRONT AVE. Coeur d'Alene P. O. Address

Subscribed and sworn to before me this 21st day of September, 1942

(SEAL) ..... Notary Public, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 23 1942 by Mabel F. Nelson, Registrar.

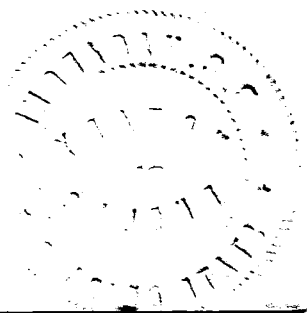
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 25 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Cambridge
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: 0
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Cambridge
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cambridge, Ida.

4. **FULL NAME OF CHILD** RICHARD EDGAR ARMACOST

5. Date of Birth of Child (Month, day, year) Feb. 23, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emory Claude Armacost
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Cincinnati, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Theresa Valiska Baily
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Michigantown, Indiana (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho } ss.
County of Washington }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 29 years, and that Ethel Kitchen (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Theresa Edmunson Signature

Cambridge, Idaho P. O. Address

Subscribed and sworn to before me this 30th day of June, 19 42

(SEAL) Margaret Vogel Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1942 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 17 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Harrisburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 7 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Harrisburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7yr 4Mo yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Clarence James Ferguson

5. Date of Birth of Child (Month, day, year) 2-16-1913

6. Sex Male **7.** Twin or Triplet Single If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME James Huston Ferguson
11. Color or Race white **12.** Age at time of THIS birth 38 yrs.
13. Birthplace Bates County, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Adorthy Jane Calvert
17. Color or Race white **18.** Age at time of THIS birth 36 yrs.
19. Birthplace Near Walla Walla, Wash. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Adorthy Faler Ferguson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that Mrs. George, Midwife (First name) (Last name), who attended this birth is now dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Adorthy Jane Ferguson Signature

Albion, Washington P. O. Address

Subscribed and sworn to before me this 16th day of September, 19 42

(SEAL) Luther Giles Notary Public, residing at Pullman, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1942 by Mark Keller, Registrar.

SEP 2 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357445
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: St. Lukes Hospital.
(e) Mother's stay **BEFORE** delivery: IN THIS county 8 years 5 months 17 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada.
(c) City Meridian
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 8 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD ELLEN VIVIAN OLSON SALLY

5. Date of Birth of Child (Month, day, year) Oct. 10-1913

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Gus OLSON

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace SWEDEN (City or town) (State or foreign country)

14. Exact Occupation FARMER.

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Esther Vivian Snider

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace LIBERAL (City or town) KANSAS (State or foreign country)

20. Exact Occupation HOUSE WIFE.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 28 1/2 years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Snider Olson Signature

Rt. #1, Meridian, Ida. P. O. Address

Subscribed and sworn to before me this 5 day of Oct, 1942

(SEAL)

W. B. Foy Notary Public, residing at Boise, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 6 1942 by Maud F. Edgar, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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OCT 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-209006-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 1 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357565
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Abbie Lou Price

5. Date of Birth of Child (Month, day, year) Mar. 9th, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edwin Martin Price
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Sugar Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Abbie Davison
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Banville (City or town) La. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Mc Intosh } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 1 years, and that D. Simmons (First name) (Last name), who attended this birth Cannot Locate Him (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Sarah Abbie Price Signature

Eufaula, Oklahoma P. O. Address

Subscribed and sworn to before me this 28 day of Sept 1942

My Comm Exp 9-13-45 (SEAL) Chas L Fallamlee Notary Public, residing at Eufaula Okla

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 1 1942 by [illegible], Registrar.

OCT 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

SEP 18 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. Route #1
(d) Name of Hospital or Maternity Home:
None -- Residence
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootnai
(c) City Post Falls
(d) Street Address or R.F.D. No. Route #1
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) 13 years

4. FULL NAME OF CHILD Delphene Erma Wright

5. Date of Birth of Child (Month, day, year) Sept. 13, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Hilary Wright
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Fairbank Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Lilly ~~Wright~~ McGuin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Portage City Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Washington } ss.
County of Whatcom }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 28 years, and that Dr. (First name) Drennen (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Lilly Wright Signature

Bellingham, Washington P. O. Address

Subscribed and sworn to before me this 17th day of August, 1942

(SEAL) Evelyn Anderson Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 18 1942 by Mabel Fiesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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OCT 6 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 5 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357777
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County KOOTENAI (b) City COEUR D'ALENE
(c) Street Address or R.F.D. No. 1050 YOUNG AVE.
(d) Name of Hospital or Maternity Home: BORN AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 0 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City COEUR D'ALENE
(d) Street Address or R.F.D. No. 1050 YOUNG AVE.
(e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) COEUR D'ALENE, IDAHO

4. **FULL NAME OF CHILD** THOMAS OLNEY THOMPSON

5. Date of Birth of Child (Month, day, year) MAY 27, 1913

6. Sex MALE

7. Twin or Triplet NO

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** NELS THEODORE THOMPSON
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace MODUM (City or town), NORWAY (State or foreign country)
14. Exact Occupation SAW-FILER
15. Industry or Business ATLAS TIE CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EDNA MAY STONESTREET
17. Color or Race WHITE
18. Age at time of THIS birth 28 yrs.
19. Birthplace CEDARVILLE (City or town), WEST VIRGINIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business IN HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, ~~stillborn~~) at 3:15 P.M. on the date and at the place stated above, and that personal particulars were furnished by EDNA (First name) STONESTREET (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature John O Wood M.D. Midwife Address Coeur d'Alene Ida Date Sep. 29. 42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 5 1942 by Mabel F. Elsfere, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-213-011-659

United States
Department of Commerce
Bureau of the Census

SEP 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 357830
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boundary (b) City Leonia, Idaho
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence of parents
(e) Mother's stay **BEFORE** delivery: IN **THIS** county five years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boundary
(c) City Leonia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? five yrs.

3. **RESIDENCE OF FATHER** (city, state) Leonia, Idaho

4. **FULL NAME OF CHILD** Ilona Harriett MaLosh

5. Date of Birth of Child (Month, day, year) Jan. 13, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Leslie MaLosh
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Weiss
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 12:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Leslie MaLosh (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature Leslie J. Stauffer M.D. Midwife Address Priest River, Idaho Date Oct. 5-1942

State of Oregon
County of Lane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Dr. Stauffer (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leslie MaLosh Signature

822 "F" St. Springfield, Oregon P. O. Address

Subscribed and sworn to before me this 21st day of September, 1942

(SEAL) Elsie M. Pollard Notary Public, residing at Springfield My Commission expires Jan. 17, 1944

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 24 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

293-115-1005-493 OCT 8 - 1942

357922

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF LIVE BIRTH

State File No. _____
Registrar's No. _____

State of _____

1. PLACE OF BIRTH:
(a) County Benewah
(b) City or town Plummer (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: —
(If not in hospital or institution, give street number or location)
(d) Mother's stay before delivery:
In hospital or institution — In this community —
(Specify whether years, months, or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Idaho
(b) County Benewah
(c) City or town Plummer (If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural, give location)

3. Full name of child Ray Bittle
4. Date of birth Apr 15 1942 (Month) (Day) (Year)
5. Sex: M
6. Twin or triplet — If so—born 1st, 2d, or 3d —
7. Number months of pregnancy —
8. Is mother married? yes

FATHER OF CHILD

9. Full name Joseph Noah Lewis Bittle
10. Color or race W 11. Age at time of this birth 43 yrs.
12. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
13. Usual occupation Laborer
14. Industry or business Common Labor

MOTHER OF CHILD

15. Full maiden name Vernal D. Mitchael
16. Color or race W 17. Age at time of this birth 26 yrs.
18. Birthplace Arkansas (City, town, or county) (State or foreign country)
19. Usual occupation Home
20. Industry or business Home work

21. Children born to this mother:
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? none
(c) How many children were born dead? none

22. Mother's mailing address for registration notice:
Route 1 - Zellah, Wash.

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 6 a m. on the date above stated and that the information given was furnished by Vernal D Monroe, related to this child as mother

24. Date received by local registrar _____
25. Registrar's own signature _____
26. Date on which given name added _____ by _____ (Registrar)

Attendant's own signature J. A. Nelson
M. D., ~~midwife, or other~~ _____ Date signed 10/2 - 42
Address Nelson, Wash.

8-6916 U. S. GOVERNMENT PRINTING OFFICE 16—13492

Bittle

OCT 1 2 1942

DELAYED

168-319-023-689

357924

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 7 - 1942

State File No. Local Reg. No. Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gem (b) City Ola

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: 2 6

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Gem

(c) City Ola

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Merle Vernon Johnson

5. Date of Birth of Child (Month, day, year) April 19, '13

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Harley Johnson

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Slubyia (City or town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Josephine Whisman

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Drewsey (City or town) Oregon (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Marion } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Dr. Byrd (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Harley Johnson Signature

Mehama Ore P. O. Address

Subscribed and sworn to before me this 3rd day of October, 19 42

(SEAL) Estelle Philippi Notary Public, residing at Mehama, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
My commission expires April 29, 1945

Received for filing on by Mabel Miller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

813-129-074-442

United States
Department of Commerce
Bureau of the Census

OCT 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358026
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Driggs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Driggs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Hyrum Earl Hall

5. Date of Birth of Child (Month, day, year) August 29, 1913

6. Sex boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Earl Shakespeare Hall
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nevada City, Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hanna Rebecca Dustin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Safford, Graham Co., Arizona (City or town) (State or foreign country)
20. Exact Occupation Wife of farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Teton } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that Miriah (First name) Dustin (Last name), who attended this birth and cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Earl S Hall Signature

Driggs, Idaho P. O. Address

Subscribed and sworn to before me this 9th day of October, 1942

(SEAL) P. W. Hastings By Dewilliers Deputy County Recorder Notary Public, residing at Driggs

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

622-104-011-236

358083

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 9 - 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BOUNDARY (b) City BONNERS FERRY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: AT HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BOUNDRY
(c) City BONNERS FERRY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME AS 2.

4. **FULL NAME OF CHILD** WESLEY WARD OSBORN

5. Date of Birth of Child (Month, day, year) 7/4/13

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** ELMER ELGIE OSBORN
11. Color or Race WHITE
12. Age at time of THIS birth 44 yrs.
13. Birthplace GERMAN CITY (City or town) MICH. (State or foreign country)
14. Exact Occupation Farmer and Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JANE EMMA Bloodgood
17. Color or Race WHITE
18. Age at time of THIS birth 43 yrs.
19. Birthplace CEDAR RAPIDS (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Boundary } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 28 26 years, and that Mrs Ellen Gudbaur, (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elmer Elgie Osborn Signature

Bonners Ferry, Idaho, P. O. Address

Subscribed and sworn to before me this 29th day of June, 1942

(SEAL) [illegible] Probate Judge [illegible], residing at Bonners Ferry Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 9 - 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-113029-853

358184

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 13 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. Rt. 2
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county yes years 11 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. Rt 2
   (e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Ralph Newton McGraw

5. Date of Birth of Child (Month, day, year) Oct. 13, 1913.

6. Sex male

7. Twin or Triplet no.

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnacy 9

9. Legitimate? —

FATHER OF CHILD

10. **FULL NAME** William Lester McGraw
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kendrick (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Hecht
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Bamesville (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Latah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr (First name) Rothwell (Last name), who attended this birth Is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William E. Hecht Signature

Kendrick, Idaho P. O. Address

Subscribed and sworn to before me this ____ day of ____ 19__

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 13 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

363-139-039-218

United States Department of Commerce
Bureau of the Census

OCT 16 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358223
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at at home
   (e) Mother's stay **BEFORE** delivery: IN THIS county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Id

4. **FULL NAME OF CHILD** Frederick Porter Cotant

5. Date of Birth of Child (Month, day, year) May 29, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjamin B. Cotant
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace Homestead, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pauline Schiewe
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Scotland, (City or town) South Dakota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% solution Ag No3
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2:30 M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Ben Cotant (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature V G Logan M.D. Address American Falls, Id Date 9-28-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1942 by Mabel Fiedler, Registrar.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by ~~Affidavits of the father or mother of the child, or if neither father or~~ mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-20-5075533

358236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 15 1942 CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Leland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Leleand
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Leland, Ida.

4. **FULL NAME OF CHILD** Ireme Adell Davis (Female)

5. Date of Birth of Child (Month, day, year) Aug. 5, 1913

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leonard Lincoln Davis
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lincoln Nebraska (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alda Bertha Elliott (Davis)
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Marysville, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child TWO (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon } ss.
County of Harney }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for Always years, and that Dr. Stoneburner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alda Bertha Davis Signature

Burns, Oregon P. O. Address

Subscribed and sworn to before me this 12th day of October, 1942

(SEAL)

Lucian Byrd Notary Public, residing at Burns, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mary Hilton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

507-205 1006-263

359279

United States
Department of Commerce OCT 19 1942
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Bingham (b) City Shelley
(c) Street address or R. F. D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery:
In Hospital or Maternity Home ✓ Days
In THIS county years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street address or R. F. D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.
(f) Mother's mailing address (For registration notice): Shelley Idaho
(Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Juanita Child

5. DATE OF BIRTH (Month, day, year) Oct. 5 '42

6. Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate yes

FATHER OF CHILD

10. FULL NAME Heber T. Child

11. Color or Race White

12. Age at time of THIS birth 48 yrs.

13. Birthplace Ogden Utah
(City or Town) (State or foreign country)

14. Exact Occupation Laborer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Bolander

17. Color or Race W

18. Age at time of THIS birth 32 yrs.

19. Birthplace Denmark
(City or Town) (State or foreign country)

20. Exact Occupation House Keeper

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag No 3

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3
(c) Born alive and now dead ✓ (d) Stillborn ✓

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 3 A M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Child (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) (Date received) (b) Mabel F. Eckfeld (Registrar's signature)

27. Given name added on by (Registrar's signature)

27. Attendant's OWN signature F. W. Roberts M. D. (D. O., Midwife, etc.)
and address Shelley Ida Date Oct 25-42

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

JAN 3 1 1975

OCT 2 2 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

819-206-042-662

359280

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 19 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 11 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls,
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Ida.

4. FULL NAME OF CHILD Rachel Elizabeth Harper

5. Date of Birth of Child (Month, day, year) May 6th 1913

6. Sex female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Howard Harper

11. Color or Race White

12. Age at time of THIS birth 37 yrs.

13. Birthplace Burlingame (City or town) Kansas (State or foreign country)

14. Exact Occupation Methodist Minister at time of

15. Industry or Business birth later Apiarist

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois Evelyn Foster

17. Color or Race White

18. Age at time of THIS birth 37 yrs.

19. Birthplace Mount Vernon, Iowa (City or town) (State or foreign country)

20. Exact Occupation house wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that midwife (First name) (name unknown) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lois Evelyn Foster Harper Signature

6026 Echo St. Highland Park Calif. P. O. Address

Subscribed and sworn to before me this 14th day of October, 1942

(SEAL) Josephine A. Miller Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission Expires January 25, 1943

Received for filing on OCT 19 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 1958
APR 2 1 2008

OCT 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-118-024-962

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 22 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359385
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Wendell
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 3 years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Wendell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Wendell, Idaho

4. FULL NAME OF CHILD Robert Spencer Barrett
5. Date of Birth of Child (Month, day, year) Jan. 18, 1913
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Fred Spencer Barrett
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Wamego (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** May Roberts
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Blaine (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 1%
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 9 P.M. on the date and at the place stated above, and that personal particulars were furnished by May R. Barrett (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature H. E. Lamb M.D. Midwife Address Eugene Ore Date June 8 42

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature
..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 22 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 2 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-223-003-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

OCT 26 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359413-
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Downey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 17 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Downey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Florence Smith

5. Date of Birth of Child (Month, day, year) Aug. 29 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earnest Carlos Smith
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Bingham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Mg. C.W.&M.Co.
15. Industry or Business Hardware, Machinery & Imp.

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie Laurenson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Billings Mont. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the ~~birth~~ of this child, who was born alive (Born alive, stillborn) at 9:30 A M. on the date and at the place stated above, and that personal particulars were furnished by Mother Lillie Smith (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Orford M.D. ~~Midwife~~ Address Pocatello Ida. Date Oct 20 42

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of ..... } ss.
County of ..... }

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 26 1942 by Mabel Keefer, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 29 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4) . . . . .

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 13-15774

DELAYED

396-111-010-391

359470

359470

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Iona
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 28 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Iona
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1-1/3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Iona, Idaho

4. **FULL NAME OF CHILD** CHARLES RAYMOND CROWLEY

5. Date of Birth of Child (Month, day, year) July 11, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** CHARLES RAY CROWLEY
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Iona (City or town) Idaho (State or foreign country)
14. Exact Occupation School Teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Wanda Katherine Czapiewsky
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Rixdorf (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child one. (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-one years of age, that I have known this person for 29 years, and that Sarah Rowberry (First name) (Mid-wife) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Wanda Katherine Czapiewsky Crowley Signature
206 East 15th St., Idaho Falls, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of October, 19 42.

(SEAL) ..... Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1942 by Mabel H. Fisher, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1976

OCT 21 1942

OCT 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-12-25-261

359501

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 23 1942

State File No. 359501
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDAHO (b) City RIGGINS
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 11 months ✓ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City RIGGINS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) RIGGINS IDA

4. **FULL NAME OF CHILD** WILLIS ANTON SEVFRIED

5. Date of Birth of Child (Month, day, year) FEB 24-1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ANTON JACOB SEVFRIED

11. Color or Race WHITE

12. Age at time of THIS birth 40 yrs.

13. Birthplace EDWARDSVILLE (City or town) ILLINOIS (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BESSIE MARIE SOARDS

17. Color or Race WHITE

18. Age at time of THIS birth 19 yrs.

19. Birthplace PHILOCOTHA (City or town) MISSOURI (State or foreign country)

20. Exact Occupation HOUSE WIFE

21. Industry or Business HOUSE KEEPING

22. Name prophylactic used to prevent Ophthalmia Neonatorum NONE

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of IDAHO } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 1, above, that I am now 70 years of age, that I have known this person for 29 years, and that MARIE (First name) GAGE (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anton J. Sevfried Signature

RIGGINS IDAHO P. O. Address

Subscribed and sworn to before me this 22 day of OCTOBER, 1942

(SEAL) John K Clay. Notary Public, residing at RIGGINS IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 23 1942 by Mairl K. Hefner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-201-003 291

United States
Department of Commerce
Bureau of the Census

OCT 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 359551
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bannock (b) City McCammon
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county 15 years 2 months 10 days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 44 yrs.
(f) Mother's mailing address McCammon, Ida
3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Della Patricia Roberts
5. Date of Birth (Month, day, year) March 1, 1913.
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Roberts
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Deceased
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Matilda Kramer
17. Color or Race White
18. Age at time of THIS birth 28 years
19. Birthplace Denver (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) OCT 9 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. or (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I Anna Matilda Roberts, being first duly sworn, say that I am related to (Related to (or) acquainted with) Della Patricia Roberts (Sister) (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. G. H. Cooper (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Anna Matilda Roberts Name
McCammon Idaho P. O. Address

Subscribed and sworn to before me on this 1st day of Oct. - 1942

(SEAL) J. F. Whitney Notary Public, residing at McCammon

OCT 19 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

555-129-033-493

359660

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Rexburg
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho

4. **FULL NAME OF CHILD** Fred Walter Needens

5. Date of Birth of Child (Month, day, year) Dec. 29, 1913

6. Sex male

7. Twin or Triplet single

If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jake Needens
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace (City or town) Russia (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mollie Miller
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace (City or town) Russia (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wyoming
County of Sheridan } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Mollie Triese (First name) (Last name), who attended this birth not known cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jake Needens Signature

Box 381, Sheridan, Wyoming P. O. Address

BY TERM OF OFFICE EXPIRES JANUARY 6th, 1943

Subscribed and sworn to before me this 19 day of October, 19 42

(SEAL) [illegible] County Clerk XXXXXX Notary Public, residing at Sheridan, Wyoming

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by [illegible], Registrar.

NOV 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may~~ be ~~received and filed~~ by ~~the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

515-216-032-619

359683

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Grandview
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 23 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Grandview
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? three yrs.

3. RESIDENCE OF FATHER (city, state) Grandview Idaho

4. FULL NAME OF CHILD Violet Vera Vanderford

5. Date of Birth of Child (Month, day, year) June 16 1913.

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Arthur James Vanderford
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Buffalo (City or town) Mo (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Emeline Warnock
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Garnett (City or town) Kansas (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lydia E. Warnock (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Geo. R. Proctor M.D. Midwife Address Grand View Ida Nampa Idaho Date Sept 20, '42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1942 by Mary F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5

copy made 5-6-76

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECLASSIFIED

814-223-022-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359694
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Helen Bessie Hausen

5. Date of Birth of Child (Month, day, year) April 23, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Homer Chase Hausen
11. Color or Race Wh
12. Age at time of THIS birth 43 yrs.
13. Birthplace Franklin Grove, Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Kathryn Burritt
17. Color or Race Wh
18. Age at time of THIS birth 30 yrs.
19. Birthplace Anamosa, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's [redacted] James R. Shupe, M.D. M.D. Midwife Address Date

This certificate issued in accordance with 1937 Idaho Session Laws permitting birth records to be filed in foster name of adopted children. Certified copy of order of adoption, dated October 13, 1913, and issued October 29, 1942, from Madison County Probate Court, State of Idaho. Filed this 4th day of November, 1942, Bureau of Vital Statistics. Mabel H Elsner Director.

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 11 - 4 - 42 by Mabel H Elsner, Registrar.

Use only BLACK typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. IS requires an advance payment of fifty cents, money order or coin.

NOV 10 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

881-219-009-994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 2 1942

State File No. 359792
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sagle
(c) Street Address or R.F.D. No. None, in country
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sagle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sagle, Idaho

4. **FULL NAME OF CHILD** Helen Grace Hyatt

5. Date of Birth of Child (Month, day, year) Nov. 19, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Lee Hyatt
11. Color or Race White
12. Age at time of THIS birth 19 yrs.
13. Birthplace Hamilton (City or town) Montana (State or foreign country)
14. Exact Occupation Lumberman
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL NINA RIDLEY
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace ST. CLOUD (City or town) MINN. (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Alice J. Hyatt (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Alice J Hyatt. ~~M.D.~~ Midwife Address 606 N 6 Ctyakuni Wash Date Sept 9, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the H (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1942 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-226-044-513

359793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 2 years 6 months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Hilda Augusta Davis

5. Date of Birth of Child (Month, day, year) 5/26/13

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fayette Davis
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Flint (City or town) Michigan (State or foreign country)
14. Exact Occupation Schoolteacher
15. Industry or Business Teaching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Ellison Valley
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace Tuscola (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 29 years, and that Adella (First name) Dunham (Last name), who attended this birth Cannot be located ~~(Is now deceased)~~ or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Maude Ellison Davis Signature

Box 204 Parma, Idaho P. O. Address

Subscribed and sworn to before me this ..... day of October, 1942

(SEAL) Donald L. Lackland Notary Public, residing at Parma, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1942 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-103-035-235

359796

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Cameron
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Cameron
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. FULL NAME OF CHILD Edwin Stanley Bleck

5. Date of Birth of Child (Month, day, year) Oct 3, 1913

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Leopold Bleck
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace North Dakota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Edith Steveur
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kewanee, Illinois (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this ~~person for~~ years, and that Dr. Rothwell (First name) (Last name), who attended this birth is dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Pearl Edith Smith nee Steveur Signature
Route 4, White House Tavern, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 16th day of October, 1942

(SEAL) Wm V Cameron Notary Public, residing at Renton, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 31 1942 by Mabel F Eckles, Registrar.

AUG 19 1976

NOV 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

284-112-024-713

United States
Department of Commerce
Bureau of the Census

OCT 24 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359802
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Gooding (b) City Gooding
(c) Street Address or R.F.D. No. Lincoln Inn
(d) Name of Hospital or Maternity Home: Just Lincoln Inn
(e) Mother's stay **BEFORE** delivery: IN **THIS** county No years one months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Gooding
(c) City Gooding
(d) Street Address or R.F.D. No. Lincoln Inn
(e) How long has **MOTHER** lived in Idaho? 4 1/2 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD John Patterson Shurtleff
5. Date of Birth of Child (Month, day, year) Nov. 12 1913
6. Sex Male
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy Nine
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Le Roy Shurtleff
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Salt Lake County Utah (City or town) (State or foreign country)
14. Exact Occupation Hotel Manager
15. Industry or Business Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Jennie Clarissa Patterson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Marion, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
~~23. Number of children of this mother:~~ (a) At time of birth and including this child One (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, still born) at ? M. on the date and at the place stated above, and that personal particulars were furnished by Le Roy Shurtleff (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature J H Cromwell M.D. ~~Midwife~~ Address Goodney Id Date 11-3-42

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 29 years, and that Dr. Cromwell (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Le Roy Shurtleff, Signature
5406 SE Knight St, Portland, Ore. P. O. Address

Subscribed and sworn to before me this 23 day of October 1942

(SEAL) Betty Cook Notary Public, residing at
NOTARY PUBLIC FOR STATE OF OREGON
MY COMMISSION EXPIRES SEPT. 30, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 24 1942 by Mabel F. Elsner, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 11 1961

NOV 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

367 109 003-367

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 9 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359929
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Pocatello
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Pocatello
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Vernon Marlyn Logan
5. Date of Birth of Child (Month, day, year) Feb 9, 1913
6. Sex M
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ellis A. Logan, adopted Father
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer and railroad
15. Industry or Business man

MOTHER OF CHILD

16. **FULL NAME** Jennie Logan, adopted mother
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Jamestown (City or town) No. Dakota (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

This certificate issued in accordance with 1937 Idaho Session Laws permitting certificates of birth to be issued in the foster name. Certified copy of order of adoption issued by Probate Court of Power County, State of Idaho, October 19, 1942, filed in the Bureau of Vital Statistics, Boise, Idaho, October 27, 1942. Date of adoption given as December 21, 1915 and date of birth of Vernon Marlyn Logan given in Order of Adoption as February 9, 1913.

State of Idaho
County of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (adopted) (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 26 years, and that attending physician (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Logan Adopted Mother Signature
Idaho Falls, Idaho R/5 P. O. Address

Subscribed and sworn to before me this 7th day of November, 1942

(SEAL) Marie Bundy Notary Public, residing at Idaho Falls, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record on in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS ...e Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy r... ...ce payment of fifty cents, money order or coin.

NOV 12 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

369-111028-414

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 6 1942

State File No. 359992

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Kootenia (b) City Harrison

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: Farm Home

(e) Mother's stay **BEFORE** delivery: IN THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenia

(c) City Harrison

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 39 yrs.

3. RESIDENCE OF FATHER (city, state) Farming Idaho

4. FULL NAME OF CHILD Tonie Mike Torchie

5. Date of Birth of Child (Month, day, year) 4-11-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Pap Torchie

11. Color or Race White

12. Age at time of THIS birth 33 yrs.

13. Birthplace Sersale (City or town) Italy (State or foreign country)

14. Exact Occupation Lumber Jack

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Angeline Rose Damiano

17. Color or Race white

18. Age at time of THIS birth 36 yrs.

19. Birthplace Sersale (City or town) Italy (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 38 years of age, that I have known this person for 29 years, and that Annie Damiano (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Rose Hill Signature

St. Maries Idaho P. O. Address

Subscribed and sworn to before me this 4 day of November 1942

(SEAL) Ray A Berrie Notary Public, residing at

Notary Public for the State of Idaho
Residing at St. Maries, Idaho
Commission Expires February 24, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 3 1942

AUG 1 3 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

751-224029-139

United States
Department of Commerce
Bureau of the Census

NOV 6 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 359993
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 7½ years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Troy
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7½ yrs yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Helen Julia Pearson

5. Date of Birth of Child (Month, day, year) Dec. 24, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John L. Pearson
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace (City or town) Sweden (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hilda Alin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Mrs. Shoemaker (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hilda Pearson Signature

Hillsboro, Oregon, R.F.D. 2 P. O. Address

Subscribed and sworn to before me this 4th day of November, 1942.

(SEAL) [signature] Notary Public, ~~residing at~~ for Oregon.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on My commission expires Dec. 15, 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 1 3 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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253-111 007-719

360026

United States
Department of Commerce
Bureau of the Census

NOV 9 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Blaine (b) City Carey
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 28 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Carey
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 57 yrs.

3. **RESIDENCE OF FATHER** (city, state) Carey Idaho

4. **FULL NAME OF CHILD** Henry Thompson Kelley
5. Date of Birth of Child (Month, day, year) Dec. 11, 1913
6. Sex Male
7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓
8. No. months of Pregnancy 9 mo.
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Edward Kelley
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Warrensburg (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Estella Parke
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Carey, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housekeeping
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2% Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Estella Kelley (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Harley Idaho Date 10/29/42

State of Idaho
County of Blaine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that ✓ (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Estella Kelley Signature
Carey, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of November, 1942

(SEAL) Alice A. York Notary Public, residing at Carey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 9 1942 by [signature], Registrar.

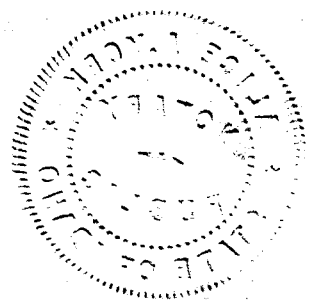
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



689-219011-154

360062

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Sandpoint
   (c) Street Address or R.F.D. No. 110 Pine st
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Sandpoint
   (d) Street Address or R.F.D. No. Pine St 110
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sandpoint, Ida

4. **FULL NAME OF CHILD** Genevieve Beatrice White

5. Date of Birth of Child (Month, day, year) Dec. 19, 1915

6. Sex Female

7. Twin or Triplet no

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Louis Albert White
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Hanover, (City or town) Ills (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elma Julia Anderson
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Rowena (City or town) So. Dak (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that do not name of Doctor (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elma Julia Oliver Signature

Palouse, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of November, 19 42

(SEAL) Notary Public, residing at Palouse.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 20 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DIED FRANCE
1/22/2009

236-230028-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **360119**
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 1911 Lincoln
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. 1911 Lincoln
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) CDA, Idaho

4. FULL NAME OF CHILD GRACE GLADYS STONE

5. Date of Birth of Child (Month, day, year) 9/30/1913

6. Sex Female 7. Twin or Triplet -- If so—born 1st, 2nd, 3rd -- 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel James Stone
11. Color or Race White 12. Age at time of THIS birth 30 yrs.
13. Birthplace Antigo, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Millwright
15. Industry or Business Lumber

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amelia Earnestine Briese
17. Color or Race White 18. Age at time of THIS birth 30 yrs.
19. Birthplace At sea between Germany & U.S. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at P. M. on the date and at the place stated above, and that personal particulars were furnished by Amelia Stone (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature John Wood M.D. Midwife Address Coeur d'Alene, Ida Date Nov. 12 '42

State of ..... } ss.
County of .....

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel F. Elfin, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

JAN 26 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593 208014-713

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360140
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 10 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Falk, Ida.

4. FULL NAME OF CHILD Agnes Edith Nichols

5. Date of Birth of Child (Month, day, year) Nov. 8, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Wade Nichols
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Falk (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Florence Patison
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bunker Hill, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 5 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Nichols (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Br. Burton O. Clark (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary F. Nichols Signature
Rte 1, Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 12 day of November, 19 42.

(SEAL) Thaddeus Jennings Notary Public, residing at Nyssa, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 17 1942 by Mark Keeler, Registrar.

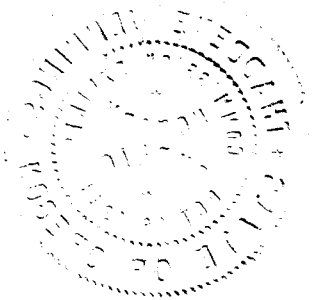
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



359 206-036 666

360148

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Black Pine
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Black Pine
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Black Pine Ia

4. FULL NAME OF CHILD Verna Catherine Terry Apr 6

5. Date of Birth of Child (Month, day, year) 1913

6. Sex Female 7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd ✓ 8. No. months of Pregnacy — 9. Legitimate? ✓

FATHER OF CHILD

10. **FULL NAME** Paul Andrew Terry
11. Color or Race White 12. Age at time of THIS birth 31 yrs.
13. Birthplace Oderm (City or town) Ill (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business ✓

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Maud Wood
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Bountiful (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ✓

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known the person for 29 years, and that Maude Wilson (First name) (Last name), who attended this birth ✓ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Maud Wood Johnson Signature
1937 9-Wed Seattle Wash P. O. Address

Subscribed and sworn to before me this 19th day of October, 1942
(SEAL) [signature] Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1942 by Mabel [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dept of 1913 - F1043

BOTH DELAYED

218-113022-264

United States
Department of Commerce
Bureau of the Census

NOV 12 1942

(Be sure the information is as of date of birth of THIS child)

State File No. 360150
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born in Home of father
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County ~~Sugar City~~ Fremont
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City Idaho

4. **FULL NAME OF CHILD** Fred Kahl

5. Date of Birth of Child (Month, day, year) Oct. 13th-1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Kahl
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Weimar (City or town), Russia (State or foreign country)
14. Exact Occupation Retired
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Sourwein
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Weimar (City or town), Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of Prowers } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George K. Kahl Signature

Lamar, Colorado P. O. Address

Subscribed and sworn to before me this 9th day of November, 1942

(SEAL) Grover L. Carrico, Notary Public, residing at Lamar, Colo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Com Expires Dec. 31-1942.

Received for filing on by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 18 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

219-213008-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360237
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Divided - County Seat was IDAHO City (b) City McCALL
(c) Street Address or R.F.D. No. 1½ mi. in country
(d) Name of Hospital or Maternity Home: HOME DELIVERY by DOCTOR
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County VALLEY
(c) City McCALL
(d) Street Address or R.F.D. No. 1½ mi. in country
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) McCALL IDAHO

4. FULL NAME OF CHILD LADYCE ARLENE BARNES

5. Date of Birth of Child (Month, day, year) July 13, 1913

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ORION CAWTHORNE BARNES
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace MEXICO (City or town) MISSOURI (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business GRAIN - ETC.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA BELL WILLIAMS
17. Color or Race WHITE
18. Age at time of THIS birth 39 yrs.
19. Birthplace BENTON City (City or town) MISSOURI (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum SILVER NITRATE

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 6:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Emma Bell Williams Barnes (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Emma Belle Williams Barnes ~~M.D.~~ ~~Midwife~~ Mother Address 620 Riverine - Santa Ana, Calif. Date 11/10/42

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29 years, ~~and that~~ ..... (First name) ..... (Last name) ~~who attended this birth~~ ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Belle Williams Barnes Signature
620 Riverine, Santa Ana, Calif. P. O. Address

Subscribed and sworn to before me this 10th day of November, 1942

(SEAL) W B Martin Notary Public, residing at Santa Ana, Orange Co. Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 25 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 315-209 029 619

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)
NOV 10 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360287
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LATAH (b) City KENDRICK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LATAH
(c) City KENDRICK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. RESIDENCE OF FATHER (city, state) IDAHO

4. FULL NAME OF CHILD BONNIE MATILDA CANDLER

5. Date of Birth of Child (Month, day, year) Nov. 9th 1913

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME WILLIAM L. CANDLER
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace MARSHALL (City or town) N.C. (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME FLORA M. WAITE
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace DAYTON, WASH. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LATAH } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that DR. ROTHWELL (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Flora M. Candler Signature

JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 9th day of NOV., 1942

(SEAL) Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, ~~when such report is accom~~panied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239 113029652

United States Department of Commerce
Bureau of Census

NOV 16 1942 (Because the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 360376
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Latah (b) City Cora P.O.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Farm Home of F.P. Krasselt
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home 14 days.
IN **THIS** county 25 years 2 month 8 days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Washington (b) County Whitman
(c) City Garfield
(d) ~~Street~~ Address or R.F.D. No. 3
(e) How long has **MOTHER** lived in Idaho? 25 yrs.
(f) Mother's mailing address Garfield

3. **RESIDENCE of FATHER** (city, state) Wash.

4. **FULL NAME OF CHILD** Cecil Evan Streeter

5. Date of Birth (Month, day, year) Jan. 13, 1913.

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Robert Harry Streeter
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Freeborn (City or town) Minnesota (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dolly Hannah Fessenden
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Cora (City or town) Idaho (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead None (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (born alive, stillborn) at 10-30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Ella Rosetta Krasselt (First name) (Last name), who is related to this child as Aunt (Mother, etc.)

26. (a) NOV 20 1942 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN signature** Ella Rosetta Krasselt M.D. (D.O., ~~Midwife~~ etc.)
and address Garfield Wash. R.D. Date

State of ____
County of ____ } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for ~~record in the Bureau of Vital Statistics for the purposes and uses~~ prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413-231-037-755

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

NOV 21 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361476
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Owyhee (b) City Hot Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home — days. IN **THIS** county 34 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Hot Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 34 yrs.
(f) Mother's mailing address Paso Robles, Calif

3. **RESIDENCE of FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Nellie Diane Waterhouse

5. Date of Birth (Month, day, year) Jan 31 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd: X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jefferson M. Waterhouse
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Portland (City or town) Maine (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Esther Pence
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Boise (City or town) Idaho (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living yes (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of IDAHO
County of OWYHEE } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Maude Esther Haller, being first duly sworn, say that I am related to (Related to (or) acquainted with) Nellie Diane Waterhouse (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Bartlett (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Maude Esther Haller Signature

Paso Robles, California P. O. Address

Subscribed and sworn to before me this 10th day of June, 19 41

(SEAL) NOV 21 1941 R. T. Leonard Notary Public, residing at Murphy, Idaho.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1966

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-22-075-753

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 20 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361502
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Kooskia
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Kooskia
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Helen Bertha Wolfe

5. Date of Birth of Child (Month, day, year) July 21, 1913

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Fredrick Wolfe
11. Color or Race white **12.** Age at time of THIS birth 31 yrs.
13. Birthplace Rochester, Minnesota (City or town) (State or foreign country)
14. Exact Occupation common laborer
15. Industry or Business woodsman

MOTHER OF CHILD

16. FULL MAIDEN NAME Bertha Augusta Petrick
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Menomonie, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Washington
County of Columbia } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Augusta Wolfe (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Wolfe Signature

Dayton, Washington P. O. Address

Subscribed and sworn to before me this 6th day of November, 19 42

(SEAL) Blanche Whipple Notary Public, residing at Dayton, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 24 1942 by Mavel F Elder, Registrar.

NOV 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

78-208-018-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361640
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Myrtle Elizabeth Phar

5. Date of Birth of Child (Month, day, year) Aug. 8, 1913

6. Sex female **7.** Twin or Triplet -- If so—born 1st, 2nd, 3rd -- **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Henry Phar
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Dayton, Washington (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business self

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Rebecca Sanders
17. Color or Race white **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Dixie Washington (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Rebecca Phar (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 29 years, and that Mrs. Harriet Sanders (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Rebecca Phar Signature

Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of November, 1942

(SEAL) Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel H. Fisher, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-106-033-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361645
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Burton
(c) Street Address or R.F.D. No. Rexburg, R#3
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 25 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Burton
(d) Street Address or R.F.D. No. Rexburg, #3
(e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Burton, Idaho

4. FULL NAME OF CHILD Vernal Thomas Seipert

5. Date of Birth of Child (Month, day, year) March 6, 1913

6. Sex Male

7. Twin or Triplet --

If so—born 1st, 2nd, 3rd --

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roman Richard Seipert
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Fairfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Layman White
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Harrisville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid Solution
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Lassen } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Doctor (First name) Hynnie (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary White Seipert Signature
Westwood California P. O. Address

Comm. expires March 12 1946

Subscribed and sworn to before me this 25th day of November, 19 42

(SEAL) Martha Julia Kause Notary Public, residing at Westwood, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mark Keller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-221-009-645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361650
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Pend Oreille City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. RESIDENCE OF FATHER (city, state) 4

4. FULL NAME OF CHILD Venice Edith Baum
5. Date of Birth of Child (Month, day, year) April 1913
6. Sex Fem.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** William Lafayette Baum
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Litchfield (City or town) Minn. (State or foreign country)
14. Exact Occupation Saw Filer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Frances Mathilda Odell
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Glenwood (City or town) Wis (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

~~State~~ Province of British Columbia
County of Yale } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. Knapp (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Lafayette Baum Signature
Kelowna B.C. P. O. Address Canada

Subscribed and sworn to before me this 21st day of November, 1942

(SEAL) W H Jackson Notary Public, residing at Kelowna B.C.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) A Notary Public in and for the Province of British Columbia

Received for filing on NOV 30 1942 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

APR 16 1948

NOV 02 1989

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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556-202-030-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361800
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Lemhi (b) City Baker
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years 8 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Lemhi
(c) City Baker
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) 4 yrs

4. **FULL NAME OF CHILD** Winifred Hazel Newell

5. Date of Birth of Child (Month, day, year) Feb 2, 1943 Sun

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Oran Newell
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Sharon (City or town) Iowa (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leota Alma Smith
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Beth Page (City or town) Mo. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

~~State~~ County of Multnomah
~~State~~ County of Oregon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that Dr. Hanmer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Leota Newell Signature

5018 NE Grand ave. Portland P. O. Address

Subscribed and sworn to before me this 23rd day of Nov 1942

(SEAL) Robert Bailey Notary Public, for Oregon My commission expires Mar. 4 Notary Public, residing at Portland Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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T 533-131-031-295

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 361808
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Lewis (b) City Nez Perce
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 5 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Lewis
(c) City Nez Perce
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 5 yrs.
(f) Mother's mailing address Nezperce, Idaho

3. RESIDENCE of FATHER (city, state) Nezperce, Ida

4. FULL NAME OF CHILD Sidney Herbert Ellis

5. Date of Birth (Month, day year) Jan. 31 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Geo. H. Ellis
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace ? (City or town) Minn (State or foreign country)
14. Exact Occupation Minister
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabel Vivian Brether Ton.
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead none (d) Stillborn none
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)
26. (a) DEC 3 1942 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Oregon } ss.
County of Lane }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Edith M. Groshong, being first duly sworn, say that I am Related To (Related to (or) acquainted with) Sidney Herbert Ellis (Name of person on certificate above) as Sister (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Kelly (Name of attendant at birth), who attended said birth is now Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edith M. Groshong Signature
Rt. Box 257, Eugene, Ore. P. O. Address

Subscribed and sworn to before me on this 27 day of November, 1942
(SEAL) Cecilia A. Gossman Notary Public, residing at Eugene, Oregon

MY COMMISSION EXPIRES JULY 14, 194

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-122-236-231

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361809
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Strawel
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Strawel
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Strawel Ida.

4. **FULL NAME OF CHILD** William Warren Kent

5. Date of Birth of Child (Month, day, year) Aug. 22 - 1918

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel Kent
11. Color or Race White
12. Age at time of THIS birth 56 yrs.
13. Birthplace Bountiful (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Blair
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 7 (a) At time of birth and including this child 7th (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Cache } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that Mrs Williams (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Residence, Lewiston, Utah
My Commission Expires 3/22/44

Fannie Kent Signature

Lewiston Utah P. O. Address

Subscribed and sworn to before me this 23 day of , 19 4

(SEAL)

Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated)

Received for filing on DEC 3 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 4 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-213 043-262 361817 361817

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 11 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) McCall, Idaho

4. FULL NAME OF CHILD Lillian Susanna Phillips

5. Date of Birth of Child (Month, day, year) June-13-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME John Phillips
11. Color or Race white **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Wassa, (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Hulda Koski
17. Color or Race white **18.** Age at time of THIS birth 37 yrs.
19. Birthplace Wassa, (City or town) Finland (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 2 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Phillips (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho } ss.
County of Ada }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 29 years, and that Mrs. (First name) Mary (Last name) Maki, who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Phillips Signature
2110 E. No. 14th Boise Idaho P. O. Address

Subscribed and sworn to before me this 7 day of December 1942

(SEAL) Edith N. Church Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by ____, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-226 ok 443 361821 361821

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361821
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Caldwell Hospital
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City RFD Caldwell
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Florence Ruth Callsen
5. Date of Birth of Child (Month, day, year) May 26, 1913
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** August G. Callsen
11. Color or Race A/W
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Germany (State or foreign country)
14. Exact Occupation Homesteader
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence (Mutch)
17. Color or Race A/W
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Elroy (State or foreign country) Wisc.
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Dr. J. W. Gue (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Florence Mutch Callsen Signature

Route #4 Caldwell, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of October, 19 42.

(SEAL) Chas. L. Shaffer Notary Public, residing at Caldwell

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1942 by Maud F. Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

994-119-037-445

361849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361849
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Riddle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years 9 months 29 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Riddle
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Riddle, Idaho

4. FULL NAME OF CHILD Albert Leroy Riddle

5. Date of Birth of Child (Month, day, year) Oct. 19, 1913

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Harry S. Riddle
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Marysville (City or town), California (State or foreign country)
14. Exact Occupation Stockraiser
15. Industry or Business Stockraising, Ranching

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Dunkin
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Virginia City (City or town), Nevada (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 6:30 A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Riddle (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Nevada
County of Elko } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that Dr. Townsend (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Riddle Signature

MY COMMISSION EXPIRES AUG. 12, 1945

425 O'Farrell St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of December, 1942

(SEAL) [signature] Notary Public, residing at Owyhee, Nevada.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

275-203-240-756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361869
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City St Joe
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City St Joe
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state) St Joe Idaho

4. FULL NAME OF CHILD Sadie Spencer

5. Date of Birth of Child (Month, day, year) Oct 3-1913

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ray Spencer
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Wheeling (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helen George
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Kansas City (City or town) Mo. (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Jackson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 28 years, and that Mrs. Welch (First name) (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES FEBRUARY 6, 1943

Ray Spencer Signature
Gold Hill, Oregon P. O. Address

Subscribed and sworn to before me this 1st day of August, 1942

(SEAL) Notary Public, residing at Central Point, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1942 by Mabel Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-22-2003-892

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 361964
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No. Route 1
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months 2 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Bancroft Ida

4. FULL NAME OF CHILD Grace Emma Grimm

5. Date of Birth of Child (Month, day, year) 1-25-13

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Emanuel Grimm
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Adell (City or town) Iowa (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Estella Hibner
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Concordia (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Canyon } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 29 years, and that Steven Grimm (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie E. Grimm Signature

Middleton Idaho P. O. Address

Subscribed and sworn to before me this 3 day of December 1942

(SEAL) Lura H. Stark Notary Public, residing at Middleton, Ada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

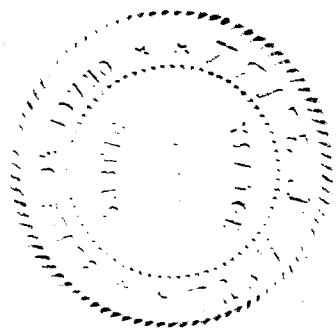
Received for filing on DEC 4 1942 by Mabel Kistler, Registrar.

DEC 9 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



759-219-009-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362066
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Dover
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 3 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Dover
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Dover, Idaho

4. FULL NAME OF CHILD Ruth Adele Perry

5. Date of Birth of Child (Month, day, year) Aug. 19, 1913.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sidney James Perry.
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Franklin (City or town) Center, Pa. (State or foreign country)
14. Exact Occupation Stationary Engineer.
15. Industry or Business Lumbering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella Maria Wood.
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Grass Lake, (City or town) Michigan. (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for over 29 years, and that Marjorie Towne (First name) (Last name), who attended this birth Is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Maria Wood Perry Signature
2014 W. 9th Spokane Wash. Address

Subscribed and sworn to before me this 5th day of December, 1942

(SEAL) C. R. McCabe Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 [illegible] by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1942
FEB 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

241-021-022-469

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362083
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City ASHTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ASHTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) ASHTON, IDAHO

4. **FULL NAME OF CHILD** ELLEN, AMELIA, KRANTZ

5. Date of Birth of Child (Month, day, year) SEPT. 21, 1913

6. Sex FEMALE

7. Twin or Triplet If so—born ~~1st, 2nd,~~ 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM, CHARLES, KRANTZ
11. Color or Race AMERICAN
12. Age at time of THIS birth 27 yrs.
13. Birthplace LINCOLN (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation Mechanical Foreman
15. Industry or Business U. P. Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Louise Dorcheus
17. Color or Race American
18. Age at time of THIS birth 23 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Ellen (First name) Krantz (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature E L Stangs M.D. Midwife Address Ashton Idaho Date 12-5-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 10 1942 by Mabel Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 14 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and ~~uses prescribed in~~ Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

C-Woody 866-120-028-614

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362086
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** CHESTER HOLMES ** ~~Woody~~

5. Date of Birth of Child (Month, day, year) Sept. 20, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD Foster

10. **FULL NAME** Millard Woody
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace No. Carolina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD Foster

16. **FULL MAIDEN NAME** Cora E. Waugh
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Nemeha City, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

This certificate issued in compliance with the 1937 Idaho Session Laws permitting a birth certificate to be issued for an adopted child. Certified copies of adoption papers are on file on the Bureau of Vital Statistics, Boise, Idaho, Chester Holmes adopted by Millard and Cora E. Woody, January 8, 1916, Nez Percy County Probate Court, Lewiston, Idaho.

December 16, 1942 Mabel F. Elsfer Director, Bureau of Vital Statistics

State of Washington
County of Pierce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Foster mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29 years, and that unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora E. Woody. Signature

1307 East Cleveland Way, Tacoma, Washington P. O. Box 1414 P. O. Address

Subscribed and sworn to before me this 14th day of December, 1942.

(SEAL) Margaret J. Richardson Notary Public, residing at Tacoma, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 16 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record
cate in envelope bearing FIRST-CLASS
charge for filing. Each certified copy re

in completing this certificate. Mail COMPLETED certifi-
Bureau of Vital Statistics, Boise, Idaho, for filing. No
payment of fifty cents, money order or coin.

DEC 16 1942

FEB 18 1943

FEB 7 1955

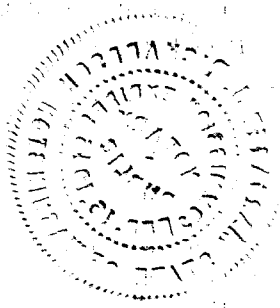
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 26 1949

JUL 26 1949



DELAYED

285-206-023-951

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362087
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Gem (b) City Sweet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City Sweet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweet, Ida.

4. **FULL NAME OF CHILD** Nina Lila Shepherd

5. Date of Birth of Child (Month, day, year) June, 6th 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Benjaman Elmo Shepherd
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Greenville (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jane Pease
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Arcadia (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Salt water

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (Born alive, stillborn) at 3:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Mary Jane Shepherd (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mary B Rainey M.D. Midwife Address Homedale Date Dec. 10. 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 11 1942 by Mabel F. Elsfer, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 31 1942

FEB 8 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-210-040-653

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 362114
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Gem
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Gem
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gem Idaho

4. **FULL NAME OF CHILD** Thelma Jasimine Pettijohn
5. Date of Birth of Child (Month, day, year) 2/10/13
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 7
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clifford Pettijohn
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Dana (City or town) Indiana (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Wellman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Galena (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born (Born alive, stillborn) at 5 A M. on the date and at the place stated above, and that personal particulars were furnished by Mabel Zamatti (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Dismowery M.D. Midwife Address Wallace Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 14 1942 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

459-11-0023-295

362135

United States Department of Commerce
Bureau of Census

DELAYED (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 9 1942

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D.No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county 11 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Gem
(c) City
(d) Street Address or R.F.D.No.
(e) How long has **MOTHER** lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state)

4. **FULL NAME OF CHILD** Wayman Martin Mervin

5. Date of Birth (Month, day year) Mar 11 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Charles Ray Mervin
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Maud Kiser
17. Color or Race White
18. Age at time of THIS birth 31 yrs
19. Birthplace Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 10
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) Maud Mervin (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie Maud Mervin, being first duly sworn, say that I am related to (Related to (or) acquainted with)
Wayman Martin Mervin as mother, whose birth certificate
(Name of person on certificate above) (State relationship or acquaintance)
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that none, who attended
(Name of attendant at birth)
said birth and that this birth **has not been previously recorded.**
(Is now deceased (or) cannot be located)

Jessie Maud Emerson Signature
Nampa Ida 115 - 16 ave N P. O. Address

Subscribed and sworn to before me on this 5th day of December 1942

(SEAL) Maud Henry Notary Public, residing at Nampa Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

"O" - DELAYED stamp added to the face of the certificate 11/28/2014 SJP.

DEC 16 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

391-101-014-249

362145

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

NOV 30 1942

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Canyon (b) City Notus
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital of Maternity Home: Home.
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home ..... Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Canyon
(c) City ~~Notus~~ Caldwell
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address (For registration notice):
Mrs Lee Transue (Street or R.F.D.) Caldwell (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Caldwell Idaho

4. **FULL NAME OF CHILD** Howard Leroy Transue

5. **DATE OF BIRTH** (Month, day, year) July 1, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Lee Transue

11. Color or Race white

12. Age at time of THIS birth 37 yrs.

13. Birthplace Hanover (City or Town) Kans (State or foreign country)

14. Exact Occupation farmer

15. Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ella Smith

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Omba (City or Town) Mo (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Sarah Ella Smith Transue (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) DEC 14 1942 (Date received) (b) Mabel F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** S. J. Miller M.D. (~~D.O., Midwife, etc.~~)
and address Long Beach Date 12-1-41

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

AUG 14 1963

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

957-212-042-819

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 362217
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin falls (b) City Murtaugh
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 8 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Murtaugh
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Murtaugh, Ida

4. **FULL NAME OF CHILD** Vivian Beatrice Ingram

5. Date of Birth of Child (Month, day, year) Sept. 12, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Charles Edward Ingram
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Danville (City or town) Illinois (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Charlotte Harryman
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Arlington (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jerome } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that Dr. D.L. Alexander (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Charlotte Ingram Signature

Hazelton, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of December, 1942

(SEAL) Samuel E. Vance Jr. Notary Public, residing at Hazelton

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 14 1942 by Mabel Keeler, Registrar.

DEC 19 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

353-125-037-717

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363303
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County OWYHEE (b) City FLINT
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 4 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County OWYHEE
(c) City FLINT
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) FLINT, IDAHO

4. FULL NAME OF CHILD JESS C LECERTUA

5. Date of Birth of Child (Month, day, year) DEC. 25, 1913

6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** MIGUEL LECERTUA
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace ERENO (City or town) SPAIN (State or foreign country)
14. Exact Occupation MINER.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JULIA PAGOAGA
17. Color or Race WHITE
18. Age at time of THIS birth 15 yrs.
19. Birthplace NACHITUA (City or town) SPAIN (State or foreign country)
20. Exact Occupation HOUSE-WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living ONE

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at 11. A. M. on the date and at the place stated above, and that personal particulars were furnished by JULIA (First name) LECERTUA (Last name) who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Maria Pagoaga M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel F. Elderson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 2 2 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP of 1913-20415

493-116-009-559

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363357
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Kootenai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Kootenai
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kootenai, Ida

4. **FULL NAME OF CHILD** Dwight Edward Miller

5. Date of Birth of Child (Month, day, year) July 16, 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Don David Miller
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Clair County (City or town) Michigan (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Amy Verback
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Stafford Co. (City or town) Kansas (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Mrs. June B. Miller. ~~M.D.~~ Midwife Address Hope, Idaho Date Dec. 5, 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 21 1942 by Mabel Pedersen, Registrar.

DEC 23 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-106-042-665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363463
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Twin Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Twin Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Twin Falls

4. **FULL NAME OF CHILD** CARLISLE CHENEY

5. Date of Birth of Child (Month, day, year) 4/6/1913

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** THEODORE CHENEY
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Fairview, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MAUD OWENS
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Virgin City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) ~~Born~~ alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California
County of Alameda } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Motner (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that Dr. Henry Clouchek (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud C Cheney Signature

1575 D Street, Hayward, California P. O. Address

Subscribed and sworn to before me this 11 day of December, 19 42

(SEAL) Esther Greves Notary Public, residing at Hayward, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1942 by Mary E. Colson, Registrar.

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

691-206028 859

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363514
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. 9th + Harrison
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene, Idaho
(d) Street Address or R.F.D. No. 9th + Harrison
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) 20

4. **FULL NAME OF CHILD** Elizabeth Eleanor Frazier
5. Date of Birth of Child (Month, day, year) May 6, 1913
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Henry Frazier
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace (City or town) Colorado (State or foreign country)
14. Exact Occupation Lawyer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Herren
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Chehalis (City or town) Wash. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that ~~Edna Herren Frazier~~ Dorothy Hu (First name) (Last name), who attended this birth deceased (Is now deceased) or (~~Cannot be located~~) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Herren Frazier Signature
1407 Thurston Olympia, Wash. P. O. Address

Subscribed and sworn to before me this 24th day of December, 1942

(SEAL) [signature] Notary Public, residing at Olympia

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by [signature], Registrar.

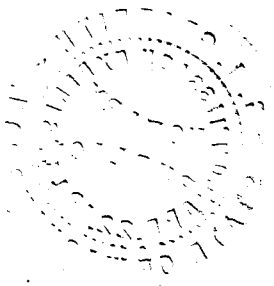
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 30 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-231030-595

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 383526
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County LEMHI (b) City NORTHFORK
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County LEMHI
(c) City NORTHFORK
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 years.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD LILLIAN ROSETTA ROSKE

5. Date of Birth of Child (Month, day, year) JULY 31, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** JOSEPH OTTO ROSKE
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace MINNESOTA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EFFIE MAY NIEMANN
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace CARMEN (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that MRS. ELDRIDGE (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Roske McCracken Signature

CARMEN, IDAHO P. O. Address

Subscribed and sworn to before me this 23rd day of DECEMBER, 1942

(SEAL) Maurine C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 29 1942 by Mary Keeler, Registrar.

DEC 3 1 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-224028-433

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363582
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City St Maries Ida
(c) Street Address or R.F.D. No. Gan
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City St. Maries
(d) Street Address or R.F.D. No. Gan
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries Id

4. **FULL NAME OF CHILD** Thelma May Campbell
5. Date of Birth of Child (Month, day, year) Jan. 24-1913
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Thomas Robinson Campbell
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Manhattan Kansas (City or town) (State or foreign country)
14. Exact Occupation Jeweler
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle May McClain
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Linden & Southwick Ida (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum aqm-3, 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 7 a M. on the date and at the place stated above, and that personal particulars were furnished by Myrtle (First name) Campbell (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Owen D. Platt M.D. Midwife Address St. Maries Id Date 12-9-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 5 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

259-228033-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363694
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Rexburg, Idaho
(c) Street Address or R.F.D. No. #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. R.D. #1
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Natalie Della Kerbs
5. Date of Birth of Child (Month, day, year) 9/28/13
6. Sex Female
7. Twin or Triplet Single If so—born 1st, 2nd, 3rd -
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD
10. **FULL NAME** Henry Kerbs
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Galgow, Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Anna Elizabeth Bernhardt
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Galgow Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 29 years, and that no doctor (First name) (Last name), who attended this birth no physician (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Elizabeth Kerbs Signature
Rexburg, Idaho R. F. D. # 1 P. O. Address

Subscribed and sworn to before me this 30th day of December, 1942

(SEAL) T. W. Smith Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 6 1943 by Mabel [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213 124 007 - 689

363698

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. 170
Reg. Dist. No. 410

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Blaine (b) City Picabo
(c) Street Address or R.F.D. No. .....
(d) Name of Hospital or Maternity Home: .....
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Blaine
(c) City Picabo
(d) Street Address or R.F.D. No. .....
(e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) Picabo, Idaho

4. FULL NAME OF CHILD Clyde Ward Baldwin

5. Date of Birth of Child (Month, day, year) 2-24-1913

6. Sex Male

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Alex Wilson Baldwin
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Akron (City or town) Ohio (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business .....

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Addie White
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Tintic (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum H20

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Baldwin (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature X Sarah E Broady M.D. Midwife Address X Bellevue Date X

State of .....
County of ..... } ss. Helper

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 1-2-1943 JAN 6 1943 by Robert H. Wright, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN - 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

715 210 024 419

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363885
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D.No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home days. IN **THIS** county 1 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D.No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.
   (f) Mother's mailing address

3. **RESIDENCE of FATHER** (city, state) Gooding, Ida

4. **FULL NAME OF CHILD** Grace Edith Pavkov

5. Date of Birth (Month, day year) July 10, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milan Pavkov
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Saravola, Austria-Hungary (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Marich
17. Color or Race white
18. Age at time of THIS birth 26 yrs
19. Birthplace Sempeter, Austria-Hungary (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 1 (c) Born alive and now dead 4 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was at (born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JAN 1 2 1943 (Date received) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Milan Pavkov, being first duly sworn, say that I am father (Related to (or) acquainted with) of Grace Edith Pavkov (Name of person on certificate above) at (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that doctor whose name I (Name of attendant at birth), who attended said birth do not know (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Milan Pavkov Signature

Gooding Ida P. O. Address

Subscribed and sworn to before me on this 9th day of January 1943.

(SEAL)

Notary Public, residing at Gooding Ida

JAN 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

462-129042-365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363917

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Filer
   (c) Street Address or R.F.D. No. One
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 3 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Filer
   (d) Street Address or R.F.D. No. One
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Filer, Ida.

4. **FULL NAME OF CHILD** Ross Gordon Moseley

5. Date of Birth of Child (Month, day, year) 1/29/13

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ross Frederick Moseley
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Alexandria (City or town) Nebraska (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jessie Long
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Jamestown, (City or town) Kansas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for all his life years, and that Mrs. Mary Griffith (midwife) (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nina P. Hill Signature

Filer P. O. Address

Subscribed and sworn to before me this 11th day of January, 1943

(SEAL) T. M. Mayhew Notary Public, residing at Filer, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 12 1943 by Mabel F. Hughes, Registrar.

JAN 14 1943

MAR 16 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 119021-236

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 363946
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No. Center
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county one years six months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No. Center
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Clyde Stoddard Williamson

5. Date of Birth of Child (Month, day, year) 11/ 19/ 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William A. Williamson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Wellsville, (City or town) Utah (State or foreign country)
14. Exact Occupation Livery Man
15. Industry or Business Livery Stable

MOTHER OF CHILD

16. FULL MAIDEN NAME Ellen D. Stoddard
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Wellsville (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, Stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Ellen D. Williamson (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature W C Budge M.D. Midwife Address Logan Utah Date Jan 9/43

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Dr. (First name) Budge (Last name) D.C. ✓, who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen D. Williamson Signature

P. O. Address

Subscribed and sworn to before me this ____ day of Dec 30 1942, 19____

(SEAL) ____ Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 14 1943 by Mabel Fraser, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

OCT 22 1974

FEB 2 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in ~~the Bureau of Vital Statistics for the purposes and uses prescribed~~ in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269 204034-293

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 14 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 363953
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Heyburn
(c) Street Address or R.F.D. No. R.D. #1
(d) Name of Hospital or Maternity Home: Farm Residence
(e) Mother's stay **BEFORE** delivery: IN THIS county 7 years 10 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Heyburn
(d) Street Address or R.F.D. No. RD Route 1
(e) How long has **MOTHER** lived in Idaho? 7 6 yrs.

3. RESIDENCE OF FATHER (city, state) Heyburn, Ida

4. FULL NAME OF CHILD Venice Sorensen

5. Date of Birth of Child (Month, day, year) Feb 4, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Soren Christian Sorensen

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Manti (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME La Priel Billings

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Manti (City or town) Utah (State or foreign country)

20. Exact Occupation Farmwife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum uncertian

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by La Priel B. Sorensen (First name) (Last name) who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Malheur } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Dr (First name) Killen (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

La Priel B Sorensen Signature

Ontario Oregon Box 196 P. O. Address

Subscribed and sworn to before me this 13 day of January, 1943

(SEAL)

Earl Blackney Notary Public, residing at Ontario Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated, 1932.)

Received for filing on JAN 14 1943 by Mabel McClain, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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465-218001-655

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Boise
(c) Street Address or R.F.D. No. River Park
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county / years 9 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise
(d) Street Address or R.F.D. No. River park
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Boise, Idaho

4. FULL NAME OF CHILD Ollie Jean Montrose

5. Date of Birth of Child (Month, day, year) March 18, 1913

6. Sex female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles Albert Montrose
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma May Weech
17. Color or Race white **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Hagerman, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 12:05 A. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Dr. R. L. Glaze (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Charles Albert Montrose Signature

Mountain Home, Idaho. P. O. Address

Subscribed and sworn to before me this 18th day of January, 19 43.

(SEAL) C. Morell Notary Public, residing at Mtn. Home, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 20 1943 by Mark F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 0 1943 JUL 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

155-206003-695

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364131
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannoc (b) City Homestead
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home on Homestead
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannoc
(c) City Homestead
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Ivy Jensen

5. Date of Birth of Child (Month, day, year) aug 6-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Jensen Jr.
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation cook
15. Industry or Business Restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle Winn
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Utah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty years of age, that I have known this person for 29 years, and that LAURA ASTON (First name) BANCROFT, IDAHO (Last name), who attended this birth August 6th 1913 (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Jensen Signature

P. O. Address

Subscribed and sworn to before me this 12th day of January, 1943.

(SEAL)

Notary Public, residing at Provo Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1943 by Mark Kesler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-215003-745

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 364133
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City Robin,
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Robin
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 54 yrs.

3. **RESIDENCE OF FATHER** (city, state) Robin Idaho

4. **FULL NAME OF CHILD** Alta Cordelia Capell

5. Date of Birth of Child (Month, day, year) 15 aug 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Edward Seth Capell
11. Color or Race white 12. Age at time of THIS birth 29 yrs.
13. Birthplace Robin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Cordelia Gunter
17. Color or Race white 18. Age at time of THIS birth 26 yrs.
19. Birthplace Graham Co (City or town) North Carolina (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Anna B. Jensen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Cordelia Gunter Capell Signature

Arimo, Idaho P. O. Address

Subscribed and sworn to before me this 14th day of January 1943, 19

(SEAL) Notary Public, residing at Arimo, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 10 1943 by Mark Keeler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

463-223024-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 365323

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Gooding (b) City Hagerman

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County

(c) City Hagerman

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Hagerman, Ida

4. FULL NAME OF CHILD Nellie Irene Dolby

5. Date of Birth of Child (Month, day, year) Jan. 23, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Wright Dolby

11. Color or Race White

12. Age at time of THIS birth 28 yrs.

13. Birthplace Medical Springs, Oregon (City or town) (State or foreign country)

14. Exact Occupation Carpenter

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Irene Pelton

17. Color or Race White

18. Age at time of THIS birth 27 yrs.

19. Birthplace La Grande, Oregon (City or town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Thurston } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. Frankboner (First name) (Last name), who attended this birth Unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Gertrude Irean Pelton Dolby Signature

1218 East Tenth St. Olympia, Wn. P. O. Address

Subscribed and sworn to before me this 15 day of January, 1943

(SEAL)

G. C. Rock Notary Public, residing at Olympia, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1943 by Mabel F. Hedges, Registrar.

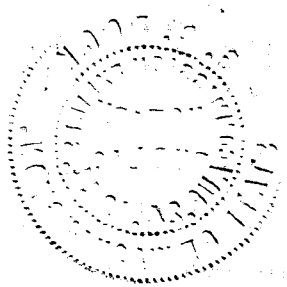
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



331 215001 296 365366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365366
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Ada (b) City Star.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Star.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Star Idaho

4. **FULL NAME OF CHILD** Lonella Fay Clark
5. Date of Birth of Child (Month, day, year) Aug 15, 1913
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd 4th
8. No. months of Pregnancy Gmo
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Greenville Clark
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Star. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrey Laura Brown
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Bellevue Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as my Father is decease but he recovers show (Mother, etc.)
25. Attendant's **OWN** signature Midwife Address Ada H. Miller Date Feb. 1-43

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 29 years, and that Dr. Hall (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Letha Brown Graham Signature
1820 No. 13 st Boise Idaho P. O. Address

Subscribed and sworn to before me this 2 day of February, 1943

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 2 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 1943

MAY 2 2 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-129015-669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365410
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Caribou (b) City Soda Springs
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Now Cribou
(c) City Soda Springs
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wallace Delbert Kreps
5. Date of Birth of Child (Month, day, year) Jany, 29, 1913
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Hervey Kreps
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Thurman, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Bell Forney
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Thurman Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Payette } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since birth years, and that Dr.----- Hubbard (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Bell Kreps Signature
New Plymouth, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of January, 1943

(SEAL) E. P. Day Notary Public, residing at Notary Public residing at New Plymouth, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 27 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 2 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433 109 035-763

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

365550

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Culdesac
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county X2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Nezperce
(c) City Culdesac
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? Had 12 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Blair Ralph McCracken
5. Date of Birth of Child (Month, day, year) May 9-1913
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy X
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ralph L. McCracken
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Near Salem (City or town) Oregon (State or foreign country)
14. Exact Occupation Farmer at that time
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie E. Polly
17. Color or Race White
18. Age at time of THIS birth 39 yrs.
19. Birthplace Silverton (City or town) Oregon (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nezperce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 29 years, and that J. H. Ragsdale (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

R. L. McCracken Signature
0215-22st Lewiston P. O. Address

Subscribed and sworn to before me this 18 day of January 1943

(SEAL) Blanche Bock Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 30 1943 by Mabel F. Elders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

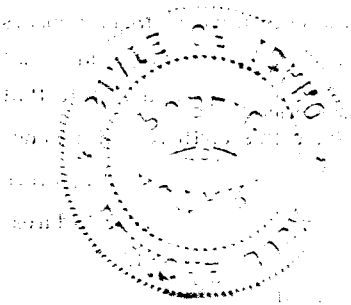
FEB 3 1943

JAN 25 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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365579

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. North 4th St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 8 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. North 4th St
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Portland, Oregon

4. **FULL NAME OF CHILD** Berneice Evelyn Mills
5. Date of Birth of Child (Month, day, year) Sept 22, 1913
6. Sex fem.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Terry Edwin Mills
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Enfield (City or town) Ill (State or foreign country)
14. Exact Occupation poultry man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emilie Crandall
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Tacoma, Wash. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 52 years, and that — — (First name) Dr Morgan (Last name) who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emilie Dirden Signature

My commission expires March 31, 1946. P. O. Address

Subscribed and sworn to before me this 28th day of January, 1943

(SEAL) J J King Notary Public, residing at Burbank, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 1 1943 by Mabel F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 4 1943

JAN 30 1975

MAR 17 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-102025-649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365641
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Lucile
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county Yes years 21 months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Lucile
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5-2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Clayton Arlie Butcher

5. Date of Birth of Child (Month, day, year) Aug 2 - 1913

6. Sex Male **7.** Twin or — Triplet — If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin W Butcher
11. Color or Race White **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Missouri (City or town) Ill (State or foreign country)
14. Exact Occupation Miner & Stock Raiser
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Lena Turnbull
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Lucile (City or town) Idaho (State or foreign country)
20. Exact Occupation House & Home Work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive or stillborn) at 4 30 A M. on the date and at the place stated above, and that personal particulars were furnished by Edwin W Butcher (First name) (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature Ruth Twilegar M.D. Midwife Address Riggins Idaho Date 2, 3, 43

State of Idaho
County of Idaho } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that Dr Walter A Foskett (First name) (Last name), who attended this birth is Now deceased (Is now deceased) ~~or (Cannot be located)~~. I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin W Butcher Signature
Lucile Idaho P. O. Address

Subscribed and sworn to before me this 3 day of Feb 1943

(SEAL) Lloyd Bash Notary Public, residing at Sugar Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mark Keeler, Registrar.

FEB 8 1943

FEB 1 2 1969

OCT 2 9 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of [redacted] mother of the child, or if neither father or mother of the [redacted] accessible, of the nearest of kin or guardian, or so[redacted]ect knowledge in the premises.

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Blackwell Addition
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 10 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Gen. Del.
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) 36

4. **FULL NAME OF CHILD** Anna Marie Kolibar

5. Date of Birth of Child (Month, day, year) 3-6-1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Kolibar
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Hungary (City or town) (State or foreign country)
14. Exact Occupation Mill Hand
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Kolisar
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Hungary (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was March 6th 1913 (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by George (First name) Kolibar. (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address Dead Date

State of Idaho.
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Mrs (First name) Wood (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

George Kolibar Signature

714 Smilie Ave Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of February, 19 43

(SEAL) John A Boothe Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1943 by Mabel Wilson, Registrar.

FEB 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 24
Reg. Dist. No. 41

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery: IN THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 29 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland, Idaho

4. FULL NAME OF CHILD Sarah Ethel Gray

5. Date of Birth of Child (Month, day, year) April 13, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clark Parker Gray
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Trenton (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Lila May Campbell
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Montpelier, (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Clark (First name) Gray (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that Mary (First name) Lundgren (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Clark Parker Gray Signature

Cleveland Idaho P. O. Address

Subscribed and sworn to before me this 6 day of February, 1943

(SEAL) Zae Marshall Notary Public, residing at Preston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 2-6-1943 by Effie W. Brower, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

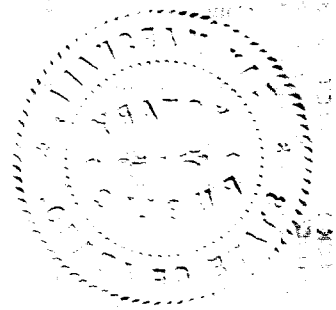
FEB 1 2 1943

SEP 4 1957

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Power (b) City Rockland
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: John Halling Residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years 2 months 26 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Power
(c) City Rockland
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Russell Miles Halling

5. Date of Birth of Child (Month, day, year) Oct 29, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Halling
11. Color or Race White
12. Age at time of THIS birth 47 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Effie Josephine Hansen
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Murray Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol AgNO3

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 3:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by John Halling (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature V G Logan M.D. ~~Midwife~~ Address Downey Falls Date Sept 7 1942

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 15 1943 by Mary [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 15 1943

MAY 26 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No. Hall Street
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years 6 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville.
(d) Street Address or R.F.D. No. Hall ST.
(e) How long has **MOTHER** lived in Idaho? 20 yrs

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Jerald Sylvester Gregg

5. Date of Birth of Child (Month, day, year) March 26, '13

6. Sex Male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnacy 8½ **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Monroe Gregg
11. Color or Race White **12.** Age at time of THIS birth 27 yrs.
13. Birthplace Kingman (City or town) Kansas (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business General Hauling

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosetta Louise Chamberlin
17. Color or Race White **18.** Age at time of THIS birth 20 yrs.
19. Birthplace Grangeville, Idaho. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date ____ and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Skagit }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item ~~4, above~~, that I am now 49 years of age, that I have known this person for 29 years, and that Dr Warner (First name) (Last name), who attended this birth is now diseased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Rosetta L. Gregg Signature
Burlington, Wash. Box 288 P. O. Address

Subscribed and sworn to before me this 9th day of February, 1943
(SEAL) Alma Doran Notary Public, residing at Burlington
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 12 1943 by Mary F Eldre, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 12 1943

FEB 14 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 365844
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Edna Lucile Perry

5. Date of Birth of Child (Month, day, year) 1/26/1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leon Samuel Perry
11. Color or Race White **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Springview Nebr. (City or town) (State or foreign country)
14. Exact Occupation timberman
15. Industry or Business Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Marjorie Jane Holland
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Kingston Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 29 years, and that Mrs J. W. Hunt (First name) (Last name), who attended this birth who is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Marjorie J. Perry Signature

Kingston, Idaho P. O. Address

Subscribed and sworn to before me this 29th day of August, 1942

(SEAL) Notary Public, residing at Kingston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public for the State of Idaho
Residing at Kingston, Idaho
My commission expires 1-29-45

Received for filing on FEB 12 1943 by Mary E. Eagen, Registrar.

FEB 12 1943

MAY 24 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

749-104-032-695

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United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Jerome
(c) Street Address or R.F.D. No. R.F.D. 2
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Lincoln
(c) City Jerome
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Jerome, Idaho

4. FULL NAME OF CHILD Roy Pursley

5. Date of Birth of Child (Month, day, year) May 4 1913

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Andrew Jess Pursley
11. Color or Race White **12.** Age at time of THIS birth 53 yrs.
13. Birthplace South Bend (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennie Winkler
17. Color or Race White **18.** Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 9 30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jennie (First name) Pursley (Last name), who is related to this child as mother (Mother, etc.).

25. Attendant's **OWN** signature Mary E Calby, M.D. Midwife Address Jerome Idaho Date Feb 16 1943

State of .....
County of ..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

313-104-020-431

365938

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Glenns Ferry
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 51 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Elmore
(c) City Glenns Ferry,
(d) Street Address or R.F.D. No. none 51
(e) How long has **MOTHER** lived in Idaho? 55 yrs yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Earl Quentin Tate

5. Date of Birth of Child (Month, day, year) Nov 4 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Horton Harry Tate
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Thompsonvile (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ethel Elezada McAnulty
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Glenns Ferry, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Dr J. W. (First name) Davis (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Horton H. Tate, Signature

Glenns Ferry Idaho P. O. Address

Subscribed and sworn to before me this 12th. day of February, 1943

(SEAL) E. F. Clements Notary Public, residing at Glenns Ferry,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

685-120-026-231

366005 366005

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson (b) City Grant
(c) Street Address or R.F.D. No. 5
(d) Name of Hospital or Maternity Home: Home of my mother
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months 2/ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Irwin
(d) Street Address or R.F.D. No. Star Route
(e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Irwin Idaho

4. FULL NAME OF CHILD HOWARD ALBERT WEEKS

5. Date of Birth of Child (Month, day, year) Feb. 20 1943

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Abram Weeks

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Rexburg (City or town) R.D.1 Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Edna Priscilla Staten

17. Color or Race White

18. Age at time of THIS birth 19 yrs.

19. Birthplace Murray (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jefferson } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 30 years, and that Dr. H. Meeks (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Priscilla Staten Weeks Signature

Irwin, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943

(SEAL) Anna R. Miller Notary Public, residing at Ririe, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Mabel H. Eaton, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

713-220-072-731

366027

366027

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lincoln (b) City Bliss
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Ada Irene Palmer

5. Date of Birth of Child (Month, day, year) Apr. 20- 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME William E. Palmer
11. Color or Race white **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Clark Co. (City or town) Missouri (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jennett Ethel Clark
17. Color or Race White **18.** Age at time of THIS birth 30 yrs.
19. Birthplace Freemont, (City or town) Kansas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that Mr. Palmer (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William E. Palmer Signature

P. O. Address

Subscribed and sworn to before me this 24 day of Feb. 1943, 19

(SEAL) Pauline Ambrose Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 24 1943 by Mabel F Elder, Registrar.

Use only **BLACK** Ink or **BLACK** Record typewriter ribbon in completing this certificate. Mail **COMPLETED** certificate in envelope bearing **FIRST-CLASS** postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FFR 24 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

318-20-1044-279

366084

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Private home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county [illegible] years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Midvale
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Laura Jean Taylor

5. Date of Birth of Child (Month, day, year) Aug. 7, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd 2 **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Winfield Taylor
11. Color or Race White **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Hawkins Co. (City or town) Tennessee (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Jane Sprinkle
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace Fairview (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Mrs. (First name) Schreiber (Last name), who attended this birth Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie J Hope (Minnie Taylor) Signature
Emmett Idaho P. O. Address

Subscribed and sworn to before me this 9 day of February, 1943

(SEAL) M M Watson Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by Mary F Elder, Registrar.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

915-219042-391

366112

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Filer
(c) Street Address or R.F.D. No. R.F.D.
(d) Name of Hospital or Maternity Home: on farm
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Filer
(d) Street Address or R.F.D. No. R.F.D.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. RESIDENCE OF FATHER (city, state) Filer

4. FULL NAME OF CHILD Lettie Lois Randolph

5. Date of Birth of Child (Month, day, year) Nov. 19, 1913

6. Sex female 7. Twin or Triplet single If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Albert Randolph
11. Color or Race white 12. Age at time of THIS birth 43 yrs.
13. Birthplace Ottumwa, Iowa (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Cramer
17. Color or Race white 18. Age at time of THIS birth 40 yrs.
19. Birthplace Galesburg, Illinois (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature doctor is deceased M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 73 years of age, that I have known this person for 29 years, and that Doctor (First name) Morgan (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Albert Randolph Signature

Gooding, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of February, 1943

(SEAL) [signature] Notary Public, residing at Gooding, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 22 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code ~~Annotated~~, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin, or guardian, or some person having direct knowledge in the premises.

845-210 040-343

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 366131
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Shoshone (b) City Kingston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Kingston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) 10 yrs Idaho

4. **FULL NAME OF CHILD** Evelyn Hester Hunt
5. Date of Birth of Child (Month, day, year) 4/10/13
6. Sex F
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Robert William Hunt
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Colfax Co. (City or town) Nebraska (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Eliza Tucker
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Prairie City (City or town) Oregon (State or foreign country)
20. Exact Occupation Home wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Wash
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Robert W. Hunt (First name) (Last name), who attended this birth Mrs. J. W. Hunt (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Robert W. Hunt Signature
R. 1. Box 374 Kirkland Wash. P. O. Address

Subscribed and sworn to before me this 30 day of January 1943

(SEAL) Bertha M. Haelzle Notary Public, residing at Kirkland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 23 1943 by Maud F. Eld, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 23 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session Laws, has not been recorded, or in case of failure~~ to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249 120 016 623

367155

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 22 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D.No. —
(d) Name of Hospital or Maternity Home: —
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home — days.
IN THIS county 16 years — month — days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D.No. —
(e) How long has MOTHER lived in Idaho? 16 yrs.
(f) Mother's mailing address Malta, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Obray Smith
5. Date of Birth (Month, day year) Oct. 20, 1913
6. Sex M.
7. Twin or Triplet 1st If so—born 1st, 2nd, 3rd 1st
8. No. months of Pregnancy Reg.
9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Ralph O. Smith
11. Color or Race Wh.
12. Age at time of THIS birth 22 yrs.
13. Birthplace Paradise, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Lillie L. Osterhout
17. Color or Race Wh.
18. Age at time of THIS birth 16 yrs
19. Birthplace Elba, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child — (b) Born alive and now living (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.) Mrs. Emma O. Smith

26. (a) FEB 25 1943 (Date received) (b) Mary F. Elder (Registrar's signature)
27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature dead M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lillie L. Osterhout Rebhan, being first duly sworn, say that I am mother (Related to (or) acquainted with) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. Emma O. Smith (Name of attendant at birth) who attended said birth is now dead (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Lillie L. Osterhout Rebhan Signature
Burley, Idaho P. O. Address

Subscribed and sworn to before me on this 20th day of February 1943

(SEAL) Henry W. Tucker Notary Public, residing at Burley, Ida.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1943

NAME CHANGE

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

815 119003 319

367182

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Cleveland
(c) Street Address or R.F.D. No. Gen. Delivery
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: IN THIS county 21 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Cleveland
(d) Street Address or R.F.D. No. Gen. Delivery
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Cleveland Ida.

4. FULL NAME OF CHILD FLOYD HENRY HANSEN

5. Date of Birth of Child (Month, day, year) OCT 19 1913

6. Sex Male

7. Twin or Triplet TWIN If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnacy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME Ole Hansen

11. Color or Race White **12.** Age at time of THIS birth 32 yrs.

13. Birthplace Orritsler Odensey Fyn Denmark (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Larsen

17. Color or Race White **18.** Age at time of THIS birth 44 yrs.

19. Birthplace Logan (City or town) Utah (State or foreign country)

20. Exact Occupation Housekeeping

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 12 (b) Born alive and now living 11

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date ..... and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 29 years, and that Mary Lundgreen (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Larsen
Signature

Pocatello, Idaho
P. O. Address

Subscribed and sworn to before me this 17th day of February, 19 43

(SEAL) A. V. Nelson
Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1943 by Mark Peterson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

462-114017-915

367189

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clark (b) City Small
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clark
(c) City Small
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Small, Ida.

4. FULL NAME OF CHILD Edward Doschades

5. Date of Birth of Child (Month, day, year) Sept. 14, 191

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 months

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl August Doschades

11. Color or Race hite

12. Age at time of THIS birth 47 yrs.

13. Birthplace Waterloo (City or town) Wisconsin (State or foreign country)

14. Exact Occupation Ranching& Stockrasing

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Pearl Ransom

17. Color or Race White

18. Age at time of THIS birth 35 yrs.

19. Birthplace Cambridge (City or town) Neb. (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child five (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clark } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Dr. C. F. Jones M. D. (First name) (Last name), who attended this birth Can not Located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Pearl Doschades
Signature

Dubois. Idaho
P. O. Address

Subscribed and sworn to before me this 18th day of February, 1943

(SEAL)

J. J. Thomas
CLERK OF DISTRICT COURT
CLARK COUNTY, IDAHO
BY DEPUTY

~~Notary Public, residing at~~

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 24 1943 by Mary F Eldridge, Registrar.

FEB 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-217025-851

367195

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

State File No. 367195
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Delpha Steinbach

5. Date of Birth of Child (Month, day, year) 10/17/13

6. Sex Female

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lee Steinbach
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Salisbury (City or town) Mo (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Heath
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Neel (City or town) Missouri (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. / Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that Dr. Stockton (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Daisy Steinbach Signature

Meridian P. O. Address

Subscribed and sworn to before me this 25 day of Feb., 1943

(SEAL)

Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Mary H Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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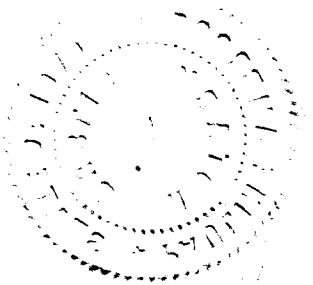


655-206042-253

367220 367220

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367220
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mother's stay **BEFORE** delivery IN **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Isobell Margretta Weech

5. Date of Birth of Child (Month, day, year) Dec. 6-1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** David Henry Weech
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Belle Kellogg
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Mackenzie City Mo (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the ~~undersigned~~, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 28 years, and that Dr McClusky (First name) (Last name), who attended this birth I do not know (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ruby Bidgood Signature

Honcut Calif P. O. Address

Subscribed and sworn to before me this 25th day of February, 1943

(SEAL) H A Brown Notary Public, residing at Honcut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 3 - 1943 by Mary Fiedler, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 19 1974

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-225020993 367257

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367257
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Elmore (b) City Mountain Home
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Castle Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Castle Creek Idaho

4. FULL NAME OF CHILD Helena Virginia Kelly

5. Date of Birth of Child (Month, day, year) Jan 25, 1913

6. Sex Female 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Patrick William Kelly
11. Color or Race White 12. Age at time of THIS birth 44 yrs.
13. Birthplace Quebec (City or town) Canada (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susan Ann Riley
17. Color or Race White 18. Age at time of THIS birth 34 yrs.
19. Birthplace Beaver (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr. Mother (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sue T. Kelly Signature
1407 River St. Boise P. O. Address

Subscribed and sworn to before me this 16 day of March, 1943

(SEAL) Pauline Ambrose Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 16 1943 by Maud E. Elder, Registrar.

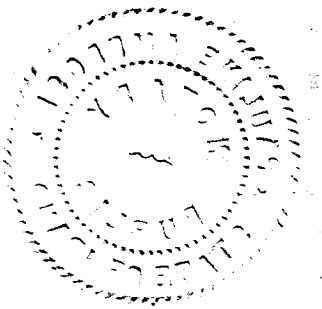
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 367257

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Jan. 25 1911	Jan. 25, 1913

Subscribed and sworn to before me this ..... day of November, 19 43

Notary Public, residing at Boise

My commission expires 4/14/47
(Seal)

Signed Sue T. Kelly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 25 1974

OCT 6 1976

962-105022-363

26765

367265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367265
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Arthur Chester Roseborough

5. Date of Birth of Child (Month, day, year) June 5 1918

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joel Arthur Roseborough

11. Color or Race White

12. Age at time of THIS birth 25 yrs.

13. Birthplace Cold Water county, Kansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Orville Cottrell

17. Color or Race White

18. Age at time of THIS birth 25 yrs.

19. Birthplace Richmond (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Joel Roseborough (First name) (Last name), who is related to this child as father (Mother, etc.)

25. Attendant's **OWN** signature G. H. Sharp M.D. Midwife Address Ashton Idaho Date 5-6-43

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Mabel F. Edgar, Registrar.

MAR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-220-035-437

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 367291

State File No. 367292
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County NezPerce (b) City Reubens
(c) Street Address or R.F.D. No. R. F. D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years 2 months 1 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County NezPerce
(c) City Reubens
(d) Street Address or R.F.D. No. R. F. D.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state Reubens, Idaho

4. **FULL NAME OF CHILD** Sabra Jeannette Teats
5. Date of Birth of Child (Month, day, year) July 20, 1913
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Phillip Teats
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Madison County, Montana (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Susie Elizabeth McPeak
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Dade City, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Lewis } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that Mrs Allice (First name) Bonnalie (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

L. P. Teats Signature
Reubens, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of February, 1943

(SEAL) N. F. Teats Notary Public, residing at Winchester Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-201028-253

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367306
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No. Loff Bay
(d) Name of Hospital or Maternity Home: Farm Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 14 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Coeur d'Alene
(d) Street Address or R.F.D. No. Loff Bay
(e) How long has **MOTHER** lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Hilda Thelma Froisnes

5. Date of Birth of Child (Month, day, year) Mar. 1- 1913

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ole Knute Froisnes
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Stevens Point, Wis. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Helga Selmanson
17. Color or Race White
18. Age at time of THIS birth 42 yrs.
19. Birthplace Kristiansand, Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 29 years, and that Mrs. Theo. Bishop (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helmar Froisnes Signature

Marinus Knute Froisnes Coeur d'Alene Idaho P. O. Address

Subscribed and sworn to before me this 22 day of Feb, 1943

(SEAL) Jas. A. Foster Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

CLERK OF DISTRICT COURT
EX-OFFICIO RECORDER
KOOTENAI COUNTY, IDAHO

Received for filing on FEB 26 1943 by Mary F. Elder, Registrar.

FEB 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

635-216009-336

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367312
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money or

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarks Fork.
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho. (b) County Bonner.
(c) City Clarks Fork.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Clarks Fork.

4. FULL NAME OF CHILD Frances Leona Flemming.

5. Date of Birth of Child (Month, day, year) Apr. 16. 1913.

6. Sex Female. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy **9.** Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Walter Lewell Flemming.
11. Color or Race White **12.** Age at time of THIS birth 43 yrs.
13. Birthplace South Robinston Maine. (City or town) (State or foreign country)
14. Exact Occupation Blacksmith.
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosalee Lloyd.
17. Color or Race White. **18.** Age at time of THIS birth 33 yrs.
19. Birthplace Penn Township, Cumberland (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

~~16. Name prophylactic used to prevent Opthalmia Neonatorum~~ None.

~~17. Number of children of this mother born alive including this child~~ 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended ~~the birth~~ born alive of this child, who was born alive (Born alive, stillborn) at 3:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rosalee Flemming (First name) (Last name) who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs Anna Nagel M.D. Midwife Address Clarks Fork, Idaho Date Feb. 23

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 26 1943 by Maud Felder, Registrar.

FEB 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report [illegible] record in the Bu[illegible] prescribed in Chapter [illegible] Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

381-223031-432

367376

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Lewis (b) City Reubens
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
Birth occurred at the home.
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 1 months 24 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Chesley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Reubens, Ida.

4. FULL NAME OF CHILD Mary Matilda Chapman

5. Date of Birth of Child (Month, day, year) Jan. 23, 1913

6. Sex Female **7.** Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Roy Thomas Chapman
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Tama, Iowa (City or town) (State or foreign country)
14. Exact Occupation Logging Contractor
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bessie Jane McKinney
17. Color or Race White **18.** Age at time of THIS birth 28 yrs.
19. Birthplace Lineville, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Matilda J. Chapman (First name) (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bessie J. Chapman Signature
Orofino, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of February, 1943

(SEAL) Carroll E. Black Notary Public, residing at Orofino, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary H Elder, Registrar.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

265-226-004 4 19

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367381
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Geneva
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Geneva
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Geneva, Idaho

4. **FULL NAME OF CHILD** Gertrude Bertha Boehme

5. Date of Birth of Child (Month, day, year) Feb. 26, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Hugo Boehme
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Dresden, Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business postmaster

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gertrude Helen Marx
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Dresden, Germany (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Gertrude Boehme (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Caroline Boehme M.D. Midwife Address R.F.D. Box 393 Woods Cross Utah. Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 2 - 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

892-212028-229

367425

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City COEUR d'ALENE
(c) Street Address or R.F.D. No. 1114 C'D'ALENE ST.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County KOOTENAI
(c) City COEUR d'ALENE
(d) Street Address or R.F.D. No. 1114 C'd'ALENE ST.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD HAZEL MAXINE HISER

5. Date of Birth of Child (Month, day, year) FEB. 12-1913

6. Sex FEMALE 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnacy 9 9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** OTIS EDWARD HISER
11. Color or Race WHITE 12. Age at time of THIS birth 22 yrs.
13. Birthplace LOUP CITY (City or town) NEB. (State or foreign country)
14. Exact Occupation SALESMAN
15. Industry or Business PRODUCE CO.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** NELLA HAZEL SKINNER
17. Color or Race WHITE 18. Age at time of THIS birth 20 yrs.
19. Birthplace CAMP BELL (City or town) S. DAKOTA (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living TWO

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by HAZEL (First name) HISER (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. John (First name) Sheppard (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Q. E. Hiser Signature
3224 N. E. Clackamas P. O. Address

Subscribed and sworn to before me this 8th day of December, 1942
(SEAL) Robert Scarce Notary Public, residing at Portland Oregon
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Commission expires 8/17/43

Received for filing on MAR 3 - 1943 by Maud F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

031-202-022-493

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367507
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No. 550 W. 2nd No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony

4. FULL NAME OF CHILD Lorraine Stanford

5. Date of Birth of Child (Month, day, year) Jan. 2nd, 1943

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Leland Wm Stanford
11. Color or Race White **12.** Age at time of THIS birth 26 yrs.
13. Birthplace Egin, Fremont Co. Ida (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary E. Miller
17. Color or Race White **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Parker Fremont Co. Ida (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argonol

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Fremont }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that Dr. W. B. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary E. Stanford Signature
St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 2 day of March 1943

(SEAL) Notary Public, residing at ST. ANTHONY, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1943 by Mary F. Felder, Registrar.

MAR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

789-105-1028-919

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367639
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County KOOTENAI (b) City ROCKFORD-BAY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County KOOTENAI
(c) City ROCKFORD-BAY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ERNEST GLENN PHILLIPS

5. Date of Birth of Child (Month, day, year) APR. 5 - 1913

6. Sex - MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? - YES

FATHER OF CHILD

10. FULL NAME MELVIN ERNEST PHILLIPS
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation STEAM-ENGINEER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY MARSHALL
17. Color or Race WHITE
18. Age at time of THIS birth 19 yrs.
19. Birthplace WAYNE-COUNTY-MISSOURI (City or town) (State or foreign country)
20. Exact Occupation FARMING
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓

23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by MAMIE (First name) RAND (Last name), who is related to this child as AUNT (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of IDAHO } ss.
County of KOOTENAI }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 40 years, and that MAMIE (First name) RAND (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary G. Easley Signature
Lon Lake, Washington P. O. Address

Subscribed and sworn to before me this 10th day of MARCH, 1943.

(SEAL) Charles Bahn Notary Public, residing at Lon Lake Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 9 - 1943 by Mary H Felger Registrar.

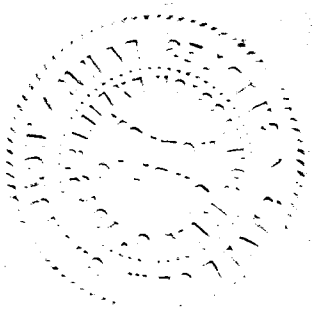
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy required in advance payment of fifty cents, money order or coin.

MAR 1 0 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



435-125-009-714

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 401 Church St.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county — years 3 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** William Walter McVay
5. Date of Birth of Child (Month, day, year) Apr 25 - 1943
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James McVay
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Delaware County (City or town) Iowa (State or foreign country)
14. Exact Occupation Insurance salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Paden
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Ashland (City or town) Nebraska (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Province of Alberta
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 30 years, and that Dr Stackhouse (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nettie McVay Signature
9626 - 107 Ave Edmonton Alta P. O. Address

Subscribed and sworn to before me this 5th day of March, 1943.

(SEAL) Notary Public, residing at Edmonton Alberta

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 11 1943 by Mary E Eders, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 1 1943

JUL 8 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-22710 35-331

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 367756

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Nez Perce (b) City Lewiston

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Nez Perce

(c) City Lewiston

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Lewiston, Idaho

4. FULL NAME OF CHILD Xenia May Coffey

5. Date of Birth of Child (Month, day, year) August 27, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andrew Pearl Coffey

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Illinois (City or town) (State or foreign country)

14. Exact Occupation Day Laborer

15. Industry or Business Harvest Hand

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Clarke

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Norman, Oklahoma (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Oklahoma
County of Cleveland } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs May Coffey Signature

Norman, Oklahoma P. O. Address

Subscribed and sworn to before me this 9 day of March, 1943

(SEAL) L E Rotsenbocker Notary Public, residing at Norman, Okla.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my Comm. exp 2/6/46

Received for filing on MAR 16 1943 by Mary Feldt, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819-125-006-159

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367767
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bingham (b) City Blackfoot
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Blackfoot
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Wyley Jerome Harp

5. Date of Birth of Child (Month, day, year) Oct. 25. 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ambers Calton Harp
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cedar Vale Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lulu Belle Jerome
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Dade Co. Missouri (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kansas
County of Chautauqua } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for ~~30~~ 29 years, and that Wyley (First name) Harp (Last name), who attended this birth Dr. Davis (~~Is now deceased~~) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ambers C Harp Signature

Cedar Vale, Kansas P. O. Address

Subscribed and sworn to before me this 10 day of March, 1943

(SEAL) A. H. Shrader Notary Public, residing at Cedar Vale Kan.

My commission expires Oct. 9, 1945

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAR 16 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

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437-114. 029-862

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 367880
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. - - - -
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 18 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. - - -
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD Leo Hobart McGarvey

5. Date of Birth of Child (Month, day, year) July 14, 1913

6. Sex male **7.** Twin or Triplet no If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Clarence Crockett McGarvey
11. Color or Race white **12.** Age at time of THIS birth 21 yrs.
13. Birthplace Clio, Michigan (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farmer

MOTHER OF CHILD

16. FULL MAIDEN NAME Mina Gladys Hobart
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Moscow, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum argyrol

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mina McGarvey Signature
1112 South Harrison Street P. O. Address

Subscribed and sworn to before me this 13th day of February, Moscow, Idaho, 1943

(SEAL) Lawrence E. Hagg Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 22 1943 by Maud H. Eldon Registrar

Notary Public in and for the State of Idaho
Residing at Moscow, Idaho
My Commission Expires Dec. 19, 1943.

APR 18 1975

MAR 22 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

994-217-022-689

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369089
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr 2 mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Ida

4. **FULL NAME OF CHILD** Ethel Henrietta Zimmerman

5. Date of Birth of Child (Month, day, year) Nov. 17, 1913

6. Sex female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd 1

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bert Ralph Zimmerman
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Ulen (City or town) Minn. (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Mable Wittemore
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Detroit-Lakes, Minn. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at . M. on the date and at the place stated above, and that personal particulars were furnished by Florence Zimmerman (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature E. F. Wright M.D. Midwife Address Ashton Idaho Date 8-25-43

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mavel F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

555-21-0337-689

369098

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City Hibbard
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home Dwelling
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Hibbard
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Hibbard, Ida

4. FULL NAME OF CHILD Alta Prudence Neville

5. Date of Birth of Child (Month, day, year) Nov. 11, 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Joseph Hyrum Neville	**16.** FULL MAIDEN NAME Mary Jane Whitaker
11. Color or Race White **12.** Age at time of THIS birth 47 yrs.	**17.** Color or Race White **18.** Age at time of THIS birth 41 yrs.
13. Birthplace Richville (City or town) Utah (State or foreign country)	**19.** Birthplace Centerville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer	**20.** Exact Occupation Housewife
15. Industry or Business	**21.** Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Joseph (First name) Neville (Last name), who is related to this child as Father. (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 73 years of age, that I have known this person for 29 years, and that Dr. James R Shute (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph H Neville Signature

P. O. Address

Subscribed and sworn to before me this 25 day of Feb, 1943

(SEAL)

Notary Public, residing at Rexburg Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1943 by Mark F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 26 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such ~~report may be received and filed by the local registrar for record in~~ the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED DUP OF 1913 - 1763

465-226-00-299

United States
Department of Commerce
Bureau of the Census

(Be sure the information ~~is as of~~ date of birth of THIS child) 369175

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369175
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County (b) City BOISE, IDAHO
(c) Street Address or R.F.D. No. 913 HAYES STREET
(d) Name of Hospital or Maternity Home: ST. ALPHONSUS HOSPITAL
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County
(c) City BOISE,
(d) Street Address or R.F.D. No. 913 HAYES STREET
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state) BOISE, IDAHO

4. FULL NAME OF CHILD MARY ADELE DONOVAN.

5. Date of Birth of Child (Month, day, year) JUNE 26, 1913.

6. Sex FEMALE

7. ~~Twin or Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARMAR VINCENT R. DONOVAN.
11. Color or Race WHITE
12. Age at time of THIS birth 28 YRS.
13. Birthplace PITTSBURGH, PENNSYLVANIA (City or town) (State or foreign country)
14. Exact Occupation DRYING CLEANING BUSINESS
15. Industry or Business OWNER OF CLEANING BUSINESS

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GRACE MARGARITE KIRBY
17. Color or Race WHITE
18. Age at time of THIS birth 24 YRS.
19. Birthplace LAKE CITY, COLORADO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 10:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by GRACE K. (First name) DONOVAN. (Last name), who is related to this child as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature DECEASED M.D. Midwife Address Date

State of CALIFORNIA,
County of LOS ANGELES, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that DR. GEORGE COLLISTER (First name) (Last name), who attended this birth IS DECEASED (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Margarite Kirby Donovan Signature

Com Ex 2/21/44

1501 SOUTH HAUSER BOULEVARD P. O. Address

Subscribed and sworn to before me this 30 day of March, 1943.

(SEAL) Charles F. Mead Notary Public, residing at 5076 W. Pico Bl Los Angeles Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 10 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-217-06-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369291
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County BINGHAM (b) City BLACKFOOT
(c) Street Address or R.F.D. No. [redacted]
(d) Name of Hospital or Maternity Home R.F.D. No. 3 HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County BINGHAM
(c) City BLACKFOOT, IDAHO
(d) Street Address or R.F.D. No. 123 N. Monmouth
(e) How long has **MOTHER** lived in Idaho? 38 yrs.

3. **RESIDENCE OF FATHER** (city, state) BLACKFOOT, IDA

4. **FULL NAME OF CHILD** VEDA MARIA PARKINSON MARSHALL

5. Date of Birth of Child (Month, day, year) FEB. 17, 1913

6. Sex FEMALE

7. ~~Twin or~~ Triplet ~~If so—born~~ 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** GEORGE THOMAS MARSHALL
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace FRANKLIN, IDAHO (City or town) (State or foreign country)
14. Exact Occupation DEPT. STORE CLERK
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH ANN MARSHALL
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace FRANKLIN, IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: ~~(a) At time of birth and~~ including this child 10 (b) Born alive and now living 4 yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Aina (First name) Bennett (Last name), who is related to this child as SISTER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of CALIFORNIA
County of LOS ANGELES } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 29 years, and that Ellen Morgan (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Aina Bennett Signature

4546 St. Elmo Dr. Los Angeles, Calif. P. O. Address

Subscribed and sworn to before me this 14th day of October, 1942

(SEAL) Mae Daly Notary Public, residing at Los Angeles Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by [illegible], Registrar.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-115-029-463

369292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City JULIAETTA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City JULIAETTA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 56 yrs.

3. **RESIDENCE OF FATHER** (city, state) IDAHO

4. **FULL NAME OF CHILD** CHARLES LINCOLN CARLTON

5. Date of Birth of Child (Month, day, year) AUG. 15- 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** MARSHALL CARLTON
11. Color or Race WHITE
12. Age at time of THIS birth 43 yrs.
13. Birthplace LENORE (City or town) N.C. (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CAROLINE DOLL
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace JULIAETTA, (City or town) IDAHO (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of LATAH } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for always years, and that MRS. HEINZ (First name) (Last name), who attended this birth during (Is now deceased) or (Cannot be located): I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Caroline Carlton Signature

JULIAETTA, IDAHO P. O. Address

Subscribed and sworn to before me this 24th day of MARCH, 1943

(SEAL)

Notary Public, residing at KENDRICK

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 1 1943 by Maud F Felder, Registrar.

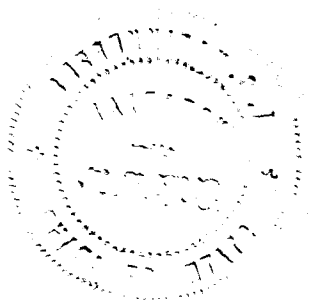
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



168-113-028-413

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369355
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. In Country
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years 11 months 11 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. In Country
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida.

4. **FULL NAME OF CHILD** Robert Albert Johnson

5. Date of Birth of Child (Month, day, year) March, 13, 1913

6. Sex Male

7. ~~Twin or~~ ~~Triplet~~ If so ~~born~~ 1st 2nd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Gustaf Earic Johnson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Sweden (City or town) Sweden (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Lumber Industry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Agnes Emily Malkenthin
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Alpena (City or town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child seven (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~Born dead~~ Born alive (Born alive, stillborn) at 8 A. M. on the date and at the place stated above, and that personal particulars were furnished by Agnes ~~Johnson~~ (First name) Johnson (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature deceased M.D. Midwife Address Date

AFFIDAVIT

State of ..... } ss.
County of ..... }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that deceased (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Agnes Johnson Signature

P. O. Address

Subscribed and sworn to before me this 30 day of March, 19 43

(SEAL) June Trick, Notary Public, residing at Emmerton

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 2 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 5 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

914-201-239-215

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

APR 5 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369404
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Power (b) City American Falls
(c) Street Address or R.F.D. No. R.F.D. 1
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Power
(c) City American Falls
(d) Street Address or R.F.D. No. R.F.D. 1
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD ELFRIEDA RADKE

5. Date of Birth of Child (Month, day, year) Sept. 1, 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Robert Radke
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Cogealac, Rumania (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosina Sandau
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Cogealac, Rumania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rosina (First name) Radke (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Placer } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Martin (First name) Radke (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosina Radke Signature

3418 Serra Way-Sacramento, California P. O. Address

Subscribed and sworn to before me this 27th day of March, 1943.

(SEAL) J. W. Mendel Notary Public, residing at Roseville, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

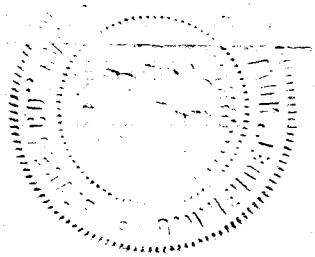
Received for filing on APR 5 1943 by Mary F. Felder, Registrar.

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



132-21-216-493

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 369405
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home:
None--Birth at Home of Parents
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 0 days.
IN THIS county 21 years ? month ? days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No. none
(e) How long has MOTHER lived in Idaho? yrs.
(f) Mother's mailing address ++++++++++++

3. RESIDENCE of FATHER (city, state) Albion, Ida.

4. FULL NAME OF CHILD Birdie Beatrice Albertson

5. Date of Birth (Month, day, year) Oct. II, 1913

6. Sex Female

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd *

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Cyrus Albertson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Albion, Idaho (City or town) (State or foreign country)
14. Exact Occupation Butchering
15. Industry or Business Retail & Wholesale Butcher

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Louise Miller
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Snowville, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business none

22. Name prophylactic used to ~~prevent~~ Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) (Last name), who is related to this child as _____ (Mother, etc.)

26. (a) APR 6 1943 (Date received) (b) _____ (Registrar's signature)

25. Attendant's OWN signature _____ M.D. (D.O., Midwife, etc.)
and address _____ Date

27. Given name added on _____ by _____ (Registrar's signature)

State of Idaho
County of Cassia } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cyrus Albertson, being first duly sworn, say that I am related to (Related to (or) acquainted with) Birdie Beatrice Albertson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. R. T. Storey (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cyrus Albertson Signature

Albion, Idaho P. O. Address

Subscribed and sworn to before me on this 31st day of March, 19 43

(SEAL) _____ Notary Public, residing at Hazelton, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

959-118-028-238

369435

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 5 1943

State File No.

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH

(a) County Kootenai (b) City Cataldo

(c) Street Address or R.F.D. No. Route 1.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home .....days.
IN **THIS** county 11 years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)

(a) State Idaho (b) County Kootenai

(c) City Cataldo

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 11 yrs.

(f) Mother's mailing address Cataldo, Idaho

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Francis Joseph Reinhofer

5. Date of Birth (Month, day year) Feb. 18, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Andrew Reinhofer

11. Color or Race White

12. Age at time of THIS birth 38 yrs.

13. Birthplace Pilgerstorf, Hungary (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Clara Schlagel

17. Color or Race White

18. Age at time of THIS birth 31 yrs.

19. Birthplace Winsted, Minnesota. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead Yes (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) APR 6 1943 (Date received) (b) Mabel Fielder (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.)

and address ..... Date

27. Given name added on ..... by ..... (Registrar's signature)

State of Idaho } ss.
County of Kootenai }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Mary Nourse, being first duly sworn, say that I am Acquainted with (Related to (or) acquainted with) Francis Joseph Reinhofer as Neighbor (Name of person on certificate above) (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Mrs. George Harrington attended said birth can not be located (Name of attendant at birth) (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Mary Nourse Signature

Cataldo, Idaho. P. O. Address

Subscribed and sworn to before me on this 2nd. day of April 1943

(SEAL) L.W. Butler Notary Public, residing at Cataldo, Idaho.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter [illegible], Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

791-225-033-292

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369522
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (Items at time of this birth)
   (a) County Madison (b) City Sugar City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Hamilton Bros Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Sugar City
   (d) Street Address or R.F.D. No. R#1
   (e) How long has **MOTHER** lived in Idaho? 32 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City Idaho

4. **FULL NAME OF CHILD** Katherine Graf

5. Date of Birth of Child (Month, day, year) Nov 25, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Henry Graf
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace New Wiemar, Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Bishoff
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace New Wiemar Russia (City or town) (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 4:PM M. on the date and at the place stated above, and that personal particulars were furnished by no attendant, Father was only (First name) (Last name) person present who is related as (Mother, etc.)

25. Attendant's **OWN** signature Henry Graf M.D. Midwife Address Heyburn, Idaho Date Mar 6 1943

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Minidoka } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Graf Signature

Heyburn, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of April, 19 43

(SEAL) [illegible], Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

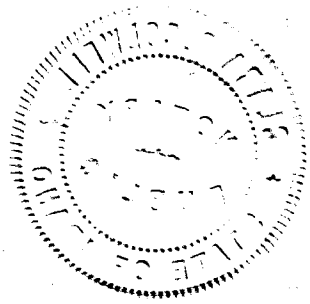
APR 14 1943

JUN 21971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



556-22-042-592

369535

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. R.F.D #1
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 1 months 14 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. R.F.D #1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Vera La Von Newland

5. Date of Birth of Child (Month, day, year) August 29, 1913

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Levi Richard Newland
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Wichita (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Suie Lucille Eikenberry
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Greene (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of California } ss.
County of Los Angeles }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Dr. Duncan Alexander (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Suie Lucille Eikenberry Newland Signature

Pomona, California P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1943

(SEAL) Leona G. Miller Notary Public, residing at Pomona, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 14 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

853-107-037-349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369537
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Owyhee (b) City Three Creek
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Ranch house
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Three Creek
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** William Philip Helsley

5. Date of Birth of Child (Month, day, year) Nov 7, 1918

6. Sex boy

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jerome Nelson Helsley
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Nodrome (City or town) Missouri (State or foreign country)
14. Exact Occupation stockman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Belilah Curtis
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Emmetsburg (City or town) Iowa (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

State of Idaho, }
County of Twin Falls, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 29 years, and that Fannie M. Curtis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ora B. Helsley Signature

Rogerson Idaho P. O. Address

Subscribed and sworn to before me this 11th day of February, 1943

(SEAL) Ray Lyer Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 4 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-217-035-869

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369555
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Culdesac
   (c) ~~Street Address or~~ R.F.D. No. 1.
   (d) Name of Hospital or Maternity Home: None - at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years 3 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Culdesac
   (d) ~~Street Address or~~ R.F.D. No. 1.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Culdesac, Idaho

4. **FULL NAME OF CHILD** Yuba Althara Steadman
5. Date of Birth of Child (Month, day, year) July 17, 1913.
6. Sex Female
7. Twin or Triplet No. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9.
9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Dilworth Steadman
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Sioux City (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming —
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Luella Horn
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Frankford (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9. (b) Born alive and now living 7.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 78 years of age, that I have known this person for 29 years, and that Dr. George (First name) Gainnard (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Dilworth Steadman
Signature
1703 G Street, Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1943

(SEAL) C P Hinkle, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Mary E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1976

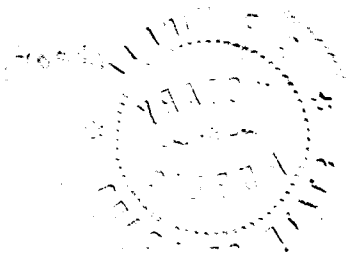
APR 15 1943

FEB 10 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



263-114-071-556

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369565
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boundary (b) City Moyie Springs
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boundary
   (c) City Moyie Springs
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moyie Springs, Ida

4. **FULL NAME OF CHILD** Chester Fred Solomon

5. Date of Birth of Child (Month, day, year) Jan. 14, 1943

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Fred Earl Solomon
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Watseka (City or town) Illinois (State or foreign country)
14. Exact Occupation
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Gertrude Newton
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Kalispell (City or town) Montana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for since birth years, and that Bessie Solomon (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Earl Solomon

x May Solomon Signature

6840 So. Alder, Tacoma P. O. Address

Subscribed and sworn to before me this 8th day of April, 1943.

(SEAL) Roger G. Lachmette Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 15 1943 by Maud F. Elder, Registrar.

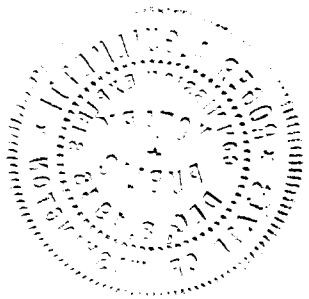
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



413-20-1936-551

369604

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At her home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 29 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 29 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Della Dalton

5. Date of Birth of Child (Month, day, year) January 5, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Evan Dalton
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Brigham City, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Evans
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Malad City, Idaho Oneida (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature D C Ray M.D. ~~Midwife~~ Address Pocatello Date 4-7-1943

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ~~years of age, that I have~~ known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1943 by Mary E Eder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 892-126-029-755

369644

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 369644
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Potlatch
   (c) Street Address or R.F.D. No. Cedar St
   (d) Name of Hospital or Maternity Home: Confined at home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Potlatch
   (d) Street Address or R.F.D. No. Cedar St
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Potlatch, Ida

4. **FULL NAME OF CHILD** Merle Elmour Hibbard

5. Date of Birth of Child (Month, day, year) Mar. 26, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Elmour Oscar Hibbard
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace (City or town) Wisconsin (State or foreign country)
14. Exact Occupation saw mill-mill wright
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Pevan
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Chippewa Falls (City or town) Wisconsin (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 10-90 Argyrol.
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 A M. on the date and at the place stated above, and that personal particulars were furnished by Josephine Hibbard (First name) (Last name), who is related to this child as Mother (Mother, etc.).

25. Attendant's **OWN** signature J W. Thompson M.D. Address Moscow Idaho Date April 10. 43

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 55 years of age, that I have known this person for all his life years, and that Dr. J Thompson (First name) (Last name), who attended this birth, Moscow, Idaho (Is now deceased) (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Josephine Pevan Hibbard Signature

Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 31st day of March, 1943

(SEAL) Elma L. Reesk Notary Public, residing at Spokane, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 19 1943 by Mary E Eldon, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

431-22-7014-523

370788

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. R.F.D. #1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. R.F.D. #1
(e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa, Idaho.

4. **FULL NAME OF CHILD** Lylis Flo McAdams,

5. Date of Birth of Child (Month, day, year) Sep. 27, 1913,

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Sherle C. McAdams,

11. Color or Race White

12. Age at time of THIS birth 21 yrs.

13. Birthplace ? (City or town) State of Idaho (State or foreign country)

14. Exact Occupation Cook

15. Industry or Business Restaurant

MOTHER OF CHILD

16. **FULL MAIDEN NAME** June Elouise Esterbrook

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Pocatello, Idaho. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Nevada,
County of White Pine } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. Ross (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

June McAdams Markovich Signature

P. O. Box 1126, Ely, Nevada, P. O. Address

Subscribed and sworn to before me this 13th day of April, 19 43

(SEAL) Notary Public, residing at Ely, Nevada,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

MY COMMISSION EXPIRES OCT. 14, 1945

Received for filing on APR 26 1943 by Maud Field, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-105-005-249

370853

United States
Department of Commerce APR 26 1943
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Plummer
   (c) Street Address or R.F.D. No. "A" Street
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Plummer
   (d) Street Address or R.F.D. No. "A" Street
   (e) How long has **MOTHER** lived in Idaho? 2yrs.1mo. ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Plummer, Idaho

4. **FULL NAME OF CHILD** Chester Kenneth Marlow

5. Date of Birth of Child (Month, day, year) June 5, 1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Marlow
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Beatrice, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Marshall
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Electa I. Smith
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Girard, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for ..... years, and that Dr. John (First name) Cusick (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Electa I Marlow Signature
3260 Delaware St. Oakland P. O. Address

Subscribed and sworn to before me this 21st day of April, 1943

(SEAL) Lee A. Gifford, Notary Public, residing at Oakland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 26 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-219 028-291

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370865
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City Ford
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenia
(c) City Ford
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 1 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ford, Idaho

4. **FULL NAME OF CHILD** Effie Helen Sullivan
5. Date of Birth of Child (Month, day, year) 7-19-1913
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo.
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Hampton Wade Sullivan
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Alexander (City or town) Missouri (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eliza Ames Bradley
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace St Louis (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for life years, and that Dr. Lee Clanton (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eliza Ames Sullivan Signature
St Maries, Idaho P. O. Address

Subscribed and sworn to before me this 27 day of March, 1943.

(SEAL) [signature] Notary Public, residing at St Maries

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1943 by Mabel F. Edger, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 27 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-101 023-343

United States Department of Commerce Bureau of the Census Gen'd APR 26 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 370880

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Emmett (b) City Sweet, Idaho

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Emmett

(c) City Sweet Gem

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Sweet, Idaho

4. FULL NAME OF CHILD Henry Boyd Oliver

5. Date of Birth of Child (Month, day, year) Jan 1, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Carl Oliver

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace Blackfoot (City or town), Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Christine Tucker

17. Color or Race white

18. Age at time of THIS birth 23 yrs.

19. Birthplace Joplin (City or town), Mo. (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Utah
County of Millard } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 30 years, and that Mrs. Frances (First name) Jones (Last name) (midwife), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse L. Oliver Signature

Delta, Utah P. O. Address

Subscribed and sworn to before me this 24 day of March, 1943

(SEAL) Thorel Larson Notary Public, residing at Delta, Utah

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) commission expires

Received for filing on APR 26 1943 by Mabel H. Eder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

567-20-4028-493

370975

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 370975
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Post Falls
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 26 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Post Falls
(d) Street Address or R.F.D. No. ----
(e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. RESIDENCE OF FATHER (city, state) PostFalls

4. FULL NAME OF CHILD Norene Bernece Nogle

5. Date of Birth of Child (Month, day, year) 9-4-1913

6. Sex Female **7.** Twin or Triplet --- If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnancy nine **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Earl Horace Nogle
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Mondovi, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Logging
15. Industry or Business Logging

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia Ann Mitchell
17. Color or Race White **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Coville, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living --

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born (Born alive, stillborn) at 3:57 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 29 years, and that Dr. Hunt (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Commission Expires Feb. 28, 1945.

Julia Ann Nogle Signature
1900 W 43rd St Los Angeles Calif. P. O. Address

Subscribed and sworn to before me this 14th day of April, 1943

(SEAL) Maud E. Brown Notary Public, residing at Los Angeles

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 4 1943 by Maud E. Boyer, Registrar.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

718-127-022962

United States
Department of Commerce
Bureau of the Census

MAY 3 1943

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371015
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County FREMONT (b) City ASHTON
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: PRIVATE HOME
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City ASHTON
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) ASHTON IDAHO

4. **FULL NAME OF CHILD** ALVIE LEE PAYNE
5. Date of Birth of Child (Month, day, year) MAR 27 - 1913
6. Sex MALE
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** EDGAR E PAYNE
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace WALDRON (City or town) ARKANSAS (State or foreign country)
14. Exact Occupation LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA LAURA ROSS
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace SOUTH DAKOTA (City or town) (State or foreign country)
20. Exact Occupation BEAUTY OPERATOR
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child ONE (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 30 years, and that Mrs. August Nordell (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna L Moore Signature

P. O. Address

Subscribed and sworn to before me this 1 day of May, 1943

(SEAL) Thos B Pargis Notary Public, residing at Ashton, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

812-203025-617

371087

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAY 5 1943

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 6 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand Ida

4. **FULL NAME OF CHILD** Evelyn Marguerite Hasse

5. Date of Birth of Child (Month, day, year) Feb 3 1913

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Hasse
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Yellowbank Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Wagner
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lehigh Kansas (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Stevens } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Sixty years of age, that I have known this person for Thirty years, and that Mrs Charlotte (First name) Aschenbrenner (Last name), who attended this birth Now Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lydia Hasse Signature

Springdale. Washington. P. O. Address

Subscribed and sworn to before me this 28th day of April, 19 43.

(SEAL) ____, Notary Public, residing at Springdale. Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 6 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-216 010-313

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371134
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Sandpoint
(c) Street Address or R.F.D. No. 502 So. 1st. Ave.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 9 years 7 months -- days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Sandpoint
(d) Street Address or R.F.D. No. 502 So. 1st
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Sandpoint

4. FULL NAME OF CHILD Catherine Catlin Thomason

5. Date of Birth of Child (Month, day, year) June 16, 43

6. Sex female **7.** Twin or Triplet No. If so—born 1st, 2nd, 3rd --- **8.** No. months of Pregnancy 8 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lawrence Gregory Thomason
11. Color or Race white **12.** Age at time of THIS birth 34 yrs.
13. Birthplace Morris (City or town) Minnesota (State or foreign country)
14. Exact Occupation Hardware Business
15. Industry or Business One of owners & managers

MOTHER OF CHILD

16. FULL MAIDEN NAME Alice Elizabeth Catlin
17. Color or Race white **18.** Age at time of THIS birth 32 yrs.
19. Birthplace Clayton (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know.
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho, County of Bonner. } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 61 years, and that Dr. Malcolm McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Elizabeth Catlin Thomason Signature

Sandpoint, Idaho P. O. Address

Subscribed and sworn to before me this 1st day of December, 19 42

(SEAL) Allen H. Baker Notary Public, residing at Sandpoint, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 11 1943 by Mabel Felder, Registrar.

MAY 1 1 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

614 207022-212

371178

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 371178
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Fremont (b) City Louisville
(c) Street Address or R.F.D.No. R.F.D.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days.
IN THIS county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Louisville
(d) Street Address or R.F.D.No. R.F.D.
(e) How long has MOTHER lived in Idaho? 43 yrs.
(f) Mother's mailing address Plantation R.1

3. RESIDENCE of FATHER (city, state) Boise

4. FULL NAME OF CHILD Mary LaVonne Faucett

5. Date of Birth (Month, day year) Jan. 7, 1913

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Jack. C. Faucett
11. Color or Race W.
12. Age at time of THIS birth 21 yrs.
13. Birthplace Alamosa (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lois M. Baker
17. Color or Race W.
18. Age at time of THIS birth 19 yrs
19. Birthplace Union Fort (City or town), Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) MAY 17 1943 (Date received) (b) Maud F. Elder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Ada } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, John C Faucett, being first duly sworn, say that I am related (Related to (or) acquainted with) Mary LaVonne Faucett (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

John C Faucett Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me on this 27 day of June, 1941

(SEAL) J. W. Gaccoung Notary Public, residing at Boise

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

433 208014-749 37187 371187

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371187
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. 1604 So. Kimball
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4½ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. 1604 So. Kimball
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell, Idaho

4. **FULL NAME OF CHILD** Ruby Helen Mc Lead

5. Date of Birth of Child (Month, day, year) Sept. 8, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Calvin Mc Lead
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Ardgay (City or town) Scotland (State or foreign country)
14. Exact Occupation Sheep man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Eliza Carver
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Leamington, England (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho } ss.
County of Canyon }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Dr. J. W. Gee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Annie Eliza Mc Lead Signature
1604 S. Kimball Ave, Caldwell, Ida. P. O. Address

Subscribed and sworn to before me this 20th day of May, 1943.

(SEAL) Rebecca S. Harris, Notary Public, residing at Caldwell, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by Mary F. Elder, Registrar.

MAY 2 X 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

818 209030 796

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 371297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) City LEADORE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 23 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) City JUNCTION
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** LOIS ROSELLA HAYS
5. Date of Birth of Child (Month, day, year) 7-9-1913
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JACOB ALBERT HAYS.
11. Color or Race WHITE
12. Age at time of THIS birth 25 yrs.
13. Birthplace JUNCTION (City or town) IDAHO (State or foreign country)
14. Exact Occupation RANCHING
15. Industry or Business RANCHER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ROSELLA PROULX
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace BANNISTER (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the GRAND MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 29 years, and that MRS ROSELLA DISHNEAU (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Proulx Signature
Leadore Ida P. O. Address

Subscribed and sworn to before me this 11 day of May, 1943.

(SEAL) May V. Stone, Notary Public, residing at Leadore Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 19 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-129-029-395

372376

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Harvard,
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Harvard
(d) Street Address or R.F.D. No. none
(e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Vernon Alonzo Brower

5. Date of Birth of Child (Month, day, year) Mar. 29, 1913.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George E. Brower
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cos Lake, Oregon. (City or town) (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business none.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dolly Ann Crews,
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Creswell, Oregon. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 10:00 A.M. (Born alive, stillborn) on the date and at the place stated above, and that personal particulars were furnished by Emma Brower (First name) (Last name), who is related to this child as Grandmother. (Mother, etc.)

25. Attendant's **OWN** signature (deceased. M.D. Midwife Address Date

State of Washington, County of Yakima, } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for all his life and that Emma Brower, (First name) (Last name), who attended this birth is now deceased, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dolly and Brower Signature
Box 873, Wapato, Washington, P. O. Address

Subscribed and sworn to before me this 17th day of May, 1943.

(SEAL) Neal R. Grey Notary Public, residing at Wapato, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 21 1943 by Maud F. Elder, Registrar.

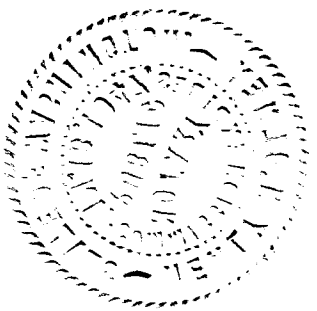
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



281-105-028-649

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372403
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 11 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida.

4. **FULL NAME OF CHILD** Marvin Eldon Shadduck

5. Date of Birth of Child (Month, day, year) July 5, 1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lester Carson Shadduck
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Osakis (City or town) Minn. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Dairying

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Jeanette Furgason
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Joseph (City or town) Oregon (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and that Ada D. Shadduck (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lester Carson Shadduck Signature

Box 777, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of May, 1943

(SEAL) W B McCartney, Notary Public, residing at Coeur d Alene, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Maud E Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

753-10-023-294

372408

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lem (b) City Sweet
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In my own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lem
   (c) City Sweet
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 41 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sweet Idaho

4. **FULL NAME OF CHILD** Leon Lorenzo Peterson

5. Date of Birth of Child (Month, day, year) Sept 1 1917

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lorenzo Peterson
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Sweet (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Arabnettie Kidman
17. Color or Race white
18. Age at time of THIS birth 34 yrs.
19. Birthplace Petersburg (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Lem } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Leon Lorenzo Peterson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Peterson Signature
Route 1 Emmett Ida P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1943.

(SEAL)

Mrs R Clark, Notary Public, residing at Emmett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1943 by Mary E Feder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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695-201-024-791

372417

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Troy
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow Idaho
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow Idaho

4. FULL NAME OF CHILD Myrtle Irene Frei

5. Date of Birth of Child (Month, day, year) March 1 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd first

8. No. months of Pregnacy 8

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Frei
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maggie May Granli
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Troy (City or town) Idaho (State or foreign country)
20. Exact Occupation house work
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Whitman } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Mary Ann (First name) Granli (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Nee Maggie May Granli) Maggie May Too Signature

Harvard, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of May, 1943

(SEAL) [signature] Notary Public, residing at Palouse

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on MAY 25 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DUP OF 1913-11976

434-127-005-689

United States
Department of Commerce
Bureau of the Census

JUN 3 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372590
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No. Corner Main St.&
   (d) Name of Hospital or Maternity Home: Cour-de-Alene Ave.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City St. Maries
   (d) Street Address or R.F.D. No. Cor. Main St.& Cour-de-Alene Avenue
   (e) How long has **MOTHER** lived in Idaho? One yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Francis John McMillen
5. Date of Birth of Child (Month, day, year) Nov. 27, 1913
6. Sex Male
7. Twin or Triplet No. If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles John Mc Millen
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Van Etten, New York (City or town) (State or foreign country)
14. Exact Occupation Tool Designer
15. Industry or Business American Locomotive Co., Auburn, N.Y.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hannah Theresa White
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Costello, Penna. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum No record
23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Ney
County of Cooper } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Fifty-seven years of age, that I have known this person for Twenty-nine years, and that Doctor Kinsolving (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Hanna White McMillen Signature
178½ Van Anden St. P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1943 Auburn N.Y.
(SEAL) Walter D Marx, Notary Public, residing at Auburn N.Y.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 3 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

443-205-009-249

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372592
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonner (b) City Naples
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Naples
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? 3mos yrs.

3. **RESIDENCE OF FATHER** (city, state) Naples, Ida

4. **FULL NAME OF CHILD** Clara Capitola Dutton

5. Date of Birth of Child (Month, day, year) June 5, 1913

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Ellsworth Dutton
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Barbara A. Smith
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace St. Lawrence Co., New York (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington } ss.
County of Pierce }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 30 years, and that no attendant (First name) (Last name), who attended this birth ------ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Barbara A Dutton Signature

#7015 South Alder St., Tacoma, Wn. P. O. Address

Subscribed and sworn to before me this 13th day of May, 19 43

(SEAL) Helen Stern Notary Public, residing at Tacoma

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN - 9 1943 by Maud F Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 10 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

531-122-028-415

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372696
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 2 months 7 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Idaho

4. **FULL NAME OF CHILD** Owen Frederick Clarke

5. Date of Birth of Child (Month, day, year) Oct. 22, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** WILLIAM FRANCIS CLARKE
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Sullivan County, Penn. (City or town) (State or foreign country)
14. Exact Occupation Dentist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH JANE DAVIES
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of WASHINGTON, } ss.
County of YAKIMA. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 29 years, and that Dr. (First name) Salmon (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Helen Frances Clarke Signature

Miller Bldg., Yakima, Wash. P. O. Address

Subscribed and sworn to before me this 4th day of June, 1943.

(SEAL) Helen W Murphy, Notary Public, residing at Yakima.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1943 by Mary E Logan, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

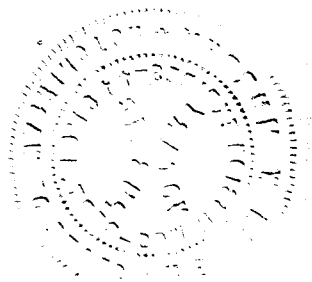
JUN 2 1975

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth ~~of a child born prior~~ to the ~~effective~~ date of Chapter 191, ~~1911~~ Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



363-213-044-542

372702

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Weiser Washington
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) dead

4. **FULL NAME OF CHILD** Velma Virginia Lolley

5. Date of Birth of Child (Month, day, year) Oct. 13, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Seth Earl Lolley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Weiser (City or town) Idaho (State or foreign country)
14. Exact Occupation Cook
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Nellie Nuslein
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Omaha (City or town) Nebraska (State or foreign country)
20. Exact Occupation Cook + Waitress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Yakima }

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margaret Lolley Signature
Yakima Wash P. O. Address

Subscribed and sworn to before me this 7th day of June, 1943

(SEAL)

C. F. Barrows, Notary Public, residing at Yakima, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1943 by Mary F. Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 28 1967

JUN 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-130-043-994

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 372816
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: Dr. Snyder Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 5 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall Idaho

4. **FULL NAME OF CHILD** Merel Elton Stonebraker

5. Date of Birth of Child (Month, day, year) Aug. 30, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lilburn C. Stonebraker
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Grants Pass (City or town) Oregon (State or foreign country)
14. Exact Occupation Government Surveyor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Daisy Bell Zimmerlee
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the d
and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name)
who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date

AFFIDAVIT

State of Oregon } ss.
County of Multnomah }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Houston E (First name) Snyder (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES MAY 25, 1947

Daisy Bell Stonebraker Signature
3612 N.E. Laughlin Blvd Vancouver P. O. Address

Subscribed and sworn to before me this 15th day of June, 19 43

(SEAL)

F. M. Knight, Notary Public, residing at Portland Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 18 1943 by Mary F Elder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-203-003-689

372829

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Swan Lake
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Private Home (Own)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 22 years 9 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Swan Lake
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Swan Lake, Idaho

4. **FULL NAME OF CHILD** Kathryn Whitt Scott

5. Date of Birth of Child (Month, day, year) October 3, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Flannely Scott
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Scranton, (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Floyd Whitt
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Lewiston, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 1:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Minnie Whitt (First name) Scott (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Power } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 29 years, and that Ellen (First name) Barger (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Whitt Scott Thompson. Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 7th day of June, 1943

(SEAL)

Notary Public, residing at American Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 19 1943 by Maud Fred, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 2 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-214-035-294

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JUN 25 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374129
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez perce (b) City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez perce
(c) City —
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Floy Lucille Thomas

5. Date of Birth of Child (Month, day, year) Sept 14 1913

6. Sex girl

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Albert B Thomas
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Centerville Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alta M Simmons
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business " "

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Nez perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 32 years, and that Plusna K Hayes (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alta M Thomas Signature

1342-7 Ave Lewiston Ida P. O. Address

Subscribed and sworn to before me this 22 day of June, 1943

(SEAL) P. E. Stookey Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1943 by Maud F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

493-121 005-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374144
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City DeSmet
(c) Street Address or R.F.D. No. ~~~
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 8 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City DeSmet
(d) Street Address or R.F.D. No. ~~~
(e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Florine Vance Miller

5. Date of Birth of Child (Month, day, year) 5/21/1913

6. Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Vance Miller
11. Color or Race White **12.** Age at time of THIS birth 37 yrs.
13. Birthplace Asmantha N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Mechanical Engineer
15. Industry or Business Hospital

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Isabella Kenoyer
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace La Crosse Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mary (First name) Miller (Last name), who is related to this child as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Mary Miller M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 29 1943 by Mary Fields, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1970

JUN 29 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-128003-291

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

JUN 23 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374149
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Arimo
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 8 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Arimo
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs 8 mo yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Joseph John Mair

5. Date of Birth of Child (Month, day, year) July 28, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Lorenz Mair
11. Color or Race white
12. Age at time of THIS birth 53 yrs.
13. Birthplace Mussich (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Krahenbuhel
17. Color or Race white
18. Age at time of THIS birth 43 yrs.
19. Birthplace Muschel (City or town) Ct. Bern Switzerland (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Utah
County of Cache } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for nearly thirty years, and that No one (First name) ____ (Last name), ~~was~~ attended this birth except father, now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie K Blair Signature

Logan, Utah P. O. Address

Subscribed and sworn to before me this 11th day of June, 1943.

(SEAL) L Tom Perry, Notary Public, residing at Logan, Utah.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) my com exp 4/6/47

Received for filing on JUN 29 1943 by Mary E Elder, Registrar.

JUN 29 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793-225039 533

United States
Department of Commerce
Bureau of the Census

JUN 28 1943 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374202
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls, Id

4. **FULL NAME OF CHILD** Harriett Aurilla Gilfillan
5. Date of Birth of Child (Month, day, year) Sept. 25, 1913
6. Sex Female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Clayton Gilfillan
11. Color or Race white
12. Age at time of THIS birth yrs.
13. Birthplace Kingston, (City or town) Canada (State or foreign country)
14. Exact Occupation Butcher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Abagil Elliott
17. Color or Race white
18. Age at time of THIS birth yrs.
19. Birthplace Tyner, Polk County, (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29½ yrs years, and that the attendant (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Gilfillan Signature
553 Brown St - Napa Calif P. O. Address

Subscribed and sworn to before me this 24th day of June, 1943

(SEAL) R. A. DOLLARHIDE Clerk of the Superior Court, Notary Public, residing at Napa Calif

(Note: Periury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 28 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1938

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

485-226-029 945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374212
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Moscow
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 16 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Moscow
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Moscow, Idaho

4. **FULL NAME OF CHILD** Andre Pearl Dyer

5. Date of Birth of Child (Month, day, year) 6-26-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Andy Dyer
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Knoxville (City or town) Tennessee (State or foreign country)
14. Exact Occupation Locomotive Engineer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Verna Belle Runyan
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Bellmans (City or town) Washington (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child First (b) Born alive and now living five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Pierce } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 47 years of age, that I have known this person for 30 years, and that James (First name) Clarke (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Verna Dyer — Signature
1210 So. Yakima, Tacoma, Wn. — P. O. Address

Subscribed and sworn to before me this 28th day of June, 1943.

(SEAL)

Anthony L. Stella, Notary Public, residing at Tacoma, Wn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 2 - 1943 by Mavel Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-124 006-296

374284

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374284
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Glenn Robert Brockus

5. Date of Birth of Child (Month, day, year) May 24, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Russell Brockus
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Argos (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vera Stella Brower
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace So. English (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Ada } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for life years, and that unknown (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Russell Brockus Signature

Meridian Idaho P. O. Address

Subscribed and sworn to before me this 13 day of July, 1943

(SEAL) Pauline Cambron, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 13 1943 by Maud E. Engle, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

249 226 005-168

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 3747 90

State File No. 374290
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Plummer

4. FULL NAME OF CHILD Barbara Irene Smith

5. Date of Birth of Child (Month, day, year) March 26-1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Wallace Smith
11. Color or Race White **12.** Age at time of THIS birth 41 yrs.
13. Birthplace Cleveland (City or town) Minnesota (State or foreign country)
14. Exact Occupation Logger
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Dora Diana Johnson
17. Color or Race White **18.** Age at time of THIS birth 35 yrs.
19. Birthplace Compton (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 30 years, and that Cannot be located (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs W. W. Smith Signature
7603-N-Altamont Spokane Wash. P. O. Address

Subscribed and sworn to before me this 13th day of July, 1943.

(SEAL) C. D. Stough Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1943 by Maud E. [illegible], Registrar.

JUL 29 1960
JUL 8 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

897 215042 693

374312

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 374312
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Hollister
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Hollister
   (d) Street Address or R.F.D. No. General Delivery
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hollister, Idaho

4. **FULL NAME OF CHILD** Leora Mary Higgins

5. Date of Birth of Child (Month, day, year) February 15, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. ~~Legitimate?~~ Yes.

FATHER OF CHILD

10. **FULL NAME** Reuben Willis Higgins
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Stratford (City or town) Newhampshire (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jeanette Leighton Wilson
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Steuben (City or town) Maine (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5 o'clock A.M. on the date and at the place stated above, and that personal particulars were furnished by Jeanette (First name) Higgins (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Eva (First name) Jewett (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jeannette Leighton Higgins Signature
Hansen Idaho Rout 2 P. O. Address

Subscribed and sworn to before me this 6 day of July, 1943.

(SEAL) C O Beeller - Clerk of, ~~Notary Public, residing at~~ the Dist Court

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 27 1943 by Mary F Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 31 1975

JUL 27 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-115 044 855

374330

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 11 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 37 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Lawrence Earl Betzer

5. Date of Birth of Child (Month, day, year) 12/15/13

6. Sex Male

7. Twin or Triplet Neither If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate Yes

FATHER OF CHILD

10. **FULL NAME** William Frank Betzer
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Near Topeka (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Hendricksen
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Near Kokomo (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Adams } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the acquaintance (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 29 years, and that Dr. Shirley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Aletha A Green Signature

Council, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of July, 1943

(SEAL) H. A. Carr Notary Public, residing at Council Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 7 - 1943 by Mary F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 8

APR 1 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494-218025 494

374361

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City West Lake
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City West Lake
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) West Lake Ida.

4. **FULL NAME OF CHILD** Emma Drube

5. Date of Birth of Child (Month, day, year) May-18-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fred C. Drube
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business on a Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha B. Tefft Drube
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Rexburg Idaho (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since Birth years, and that Anna (First name) Drube (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

/ Bertha B Drube Signature

Cobbenwood Idaho P. O. Address

Subscribed and sworn to before me this 3 day of July, 1943.

(SEAL) John H. Boole, Notary Public, residing at Cottonwood Idaho,

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 - 1943 by Maud F Eden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 JUL 9

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

435 206 016962

374365

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374365
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? app 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Ila Winifred McNees

5. Date of Birth of Child (Month, day, year) Dec. 6, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Z. S. McNees
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation Veterinarian
15. Industry or Business Veterinary

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Olive Rose
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace (City or town) Pennsylvania (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Arizona
County of Maricopa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 29⅓ years, and that Dr. Minter (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

× Mrs. Olive Rose McNees Signature

Glendale, Arizona P. O. Address

Subscribed and sworn to before me this 28th day of June, 1943.

(SEAL) Alda Downing, Notary Public, residing at Phoenix, Ariz.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My. Com. Ex. 2-19-45

Received for filing on JUL 8 1943 by Mary Fielder, Registrar.

7-8-43

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 10 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294 211035 695

374370

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374370
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Melrose.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home.
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county 16 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho. (b) County Nez Perce.
   (c) City Melrose.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same.

4. **FULL NAME OF CHILD** Gladys Emma Kimbell.

5. Date of Birth of Child (Month, day, year) December, 11-1913.

6. Sex Female.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** George Emerson Kimbell.
11. Color or Race White.
12. Age at time of THIS birth 39 yrs.
13. Birthplace ~~Alma~~ (City or town) Alma, (State or foreign country) Michigan
14. Exact Occupation Farmer.
15. Industry or Business Own Farm.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Angeline Finley.
17. Color or Race White.
18. Age at time of THIS birth 30 yrs.
19. Birthplace Edina, (City or town) Missouri. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Own Home.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho. } ss.
County of Nez Perce. }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that Mrs. John Myers. (First name) (Last name), who attended this birth Dead. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

G. E. Kimbell Signature

Box 338. Lewiston, Idaho. P. O. Address

Subscribed and sworn to before me this 16 day of June, 1943

(SEAL) Blanche Burke Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 8 - 1943 by , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and upon the terms set forth in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 220024 466

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374426
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gooding (b) City Gooding
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: — Born in own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gooding
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Idaho

4. **FULL NAME OF CHILD** Carol Jean Wilson

5. Date of Birth of Child (Month, day, year) Mar. 20, 1943

6. Sex Female — 7. Twin or Triplet No — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Allen Wilson
11. Color or Race White
12. Age at time of THIS birth 48 yrs.
13. Birthplace Ypsilanti, Michigan (City or town) (State or foreign country)
14. Exact Occupation Mgr. of Lumber Yard
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie E. Mooney
17. Color or Race White
18. Age at time of THIS birth 43 yrs.
19. Birthplace Markesan (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of South Dakota } ss.
County of Brown }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for years, and that Dr. Secrest (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie E. Wilson
Signature

10-5 Ave. N.W. Aberdeen, S.D.
P. O. Address

Subscribed and sworn to before me this 1st day of July, 1943.

(SEAL)

Erna Berens, Notary Public, residing at Aberdeen, S.D.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires [illegible]

Received for filing on JUL 13 1943 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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669 231 003 669

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374495
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Marsh Valley
   (c) Street Address or R.F.D. No. RFD
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 15 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Marsh Valley
   (d) Street Address or R.F.D. No. RFD
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** MARGARET COCHCRAN FORREST
5. Date of Birth of Child (Month, day, year) January 31, 1913
6. Sex Female
7. Twin or Triplet
   If so—born 1st, 2nd, 3rd 11th
8. No. months of Pregnancy
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas M. Forrest
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Logan, (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Malinda Forrest
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Big Sandy (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 11 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Malinda Forrest Signature
227 N. Johnson P. O. Address

Subscribed and sworn to before me this 29th day of June, 1943.

(SEAL) Anna Keefe XXXXXXXXXXXXXXXXXX

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1943 by [signature] Clerk Auditor & Recorder Bannock County, Idaho Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1943

JUL 19 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-205030-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 374510
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Gibbonsville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 9 months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Gibbonsville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) 25

4. **FULL NAME OF CHILD** Sarah Ann Palmer

5. Date of Birth of Child (Month, day, year) Feb 5. 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** James Palmer
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Shoupe (City or town) Idahou (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Amy Temple
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Venture, (City or town) Calif. (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of California
County of Contra Costa } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Dr. ——— (First name) Wright (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Palmer Signature
3212 Moran Ave P. O. Address

Subscribed and sworn to before me this 14th day of July Richmond Calif 1943

(SEAL) Louis Lannefors, Notary Public, residing at Richmond Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 20 1943 by Mavel F Elders, Registrar.

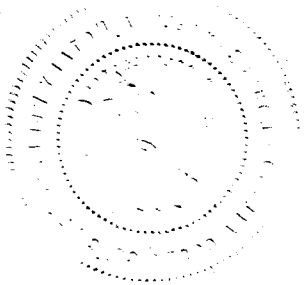
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 20 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 ~~Session Laws, has not been recorded, or~~ in ~~case~~ of ~~failure to report any birth~~ which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



163-119-016-38

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 375767
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Arden Jolley

5. Date of Birth of Child (Month, day, year) November 19, 1913.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milton Manning Jolley
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Harrisburg, Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emma Sphrona Thaxton
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Shonesburg, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 30 years, and that Mrs Rose Hymas (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Emma Faz Koyle Signature
Burley, Idaho. P. O. Address

Subscribed and sworn to before me this 24 day of July, 1943

(SEAL) S H Kennan, Notary Public, residing at Burley, Idaho.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 29 1943 by Maud F Eld, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 6 1943

JUL 29 1943

9 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-121-023-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 375807
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No. Emmett
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home X days.
In **THIS** county 7 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No. 116 N. John Ave
(e) How long has **MOTHER** lived in Idaho? 37 yrs.
(f) Mother's mailing address (For registration notice) Emmett Ida
(Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** George Harlow Burton
5. Date of Birth (Month, day, year) Oct 21-1913
6. Sex Male
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Lewis Ford Burton
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace So. Haven (City or Town) Michigan (State or foreign country)
14. Exact Occupation Fruit farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Ann Slater
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Geary Co Kansas (City or Town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Nitrate Silver
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 3
(c) Born alive and now dead None (d) Stillborn two

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Mrs Bessie Ann Burton (First name) (Last name), who is related to this child as Mother (Mother, etc.)

26. (a) AUG 3 1943 (Date received) (b) [signature] (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** J. L. Reynolds M.D. (D.O., Midwife, etc.)
and address Emmett Date 7-29-43

with the LOCAL REGISTRAR in the district where the ... occurred WITHIN 10 days after the date of birth of the child.
Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

AUG 3 1943

JUL 10 1957

453-23-1042-356

375975

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

AUG 14 1943

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Twin Falls, Idaho

4. FULL NAME OF CHILD Isabelle Heckle

5. Date of Birth of Child (Month, day, year) Dec. 31, 1913

6. Sex Female **7.** Twin or Triplet If so—born 1st, 2nd, 3rd 1st **8.** No. months of Pregnacy premature **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Heckle
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace (City or town) Hungary (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Leonard
17. Color or Race White **18.** Age at time of THIS birth 18 yrs.
19. Birthplace (City or town) Hungary (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Twin Falls }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 29 years, and that H. W. (First name) Wilson (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elizabeth Heckle Signature
Route 2, Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of August, 1943

(SEAL) Betty Leonard Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 14 1943 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 16 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

376031

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Deceased

4. **FULL NAME OF CHILD** Albert Keough

5. Date of Birth of Child (Month, day, year) 3/28/1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Keough
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Peoria (City or town) Illionois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha E. Owings
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 12

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Thomas (First name) Keough (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha E. Keough Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 16 day of August, 1943.

(SEAL) F F Cheyne, Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 19 1943 by Mary E Elder, Registrar.

AUG 1 9 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

FY-130-028-693

377216

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377216
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City ~~St. Maries~~
   (c) Street Address or R.F.D. No. Benewah P.O.
   (d) Name of Hospital or Maternity Home In parents home
   (e) Mother's stay BEFORE delivery: IN THIS county 4 years 9 months 15 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Benewah P.O.
   (d) Street Address or R.F.D. No. #1
   (e) How long has MOTHER lived in Idaho? 45 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho "

4. **FULL NAME OF CHILD** James Milton Yearout

5. Date of Birth of Child (Month, day, year) March 30 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Virgil James Yearout
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Venita, Oklahoma (Ind. Terr.) (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Sophronia Wicks
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Clinton, Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho } ss.
County of Benewah }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for Since Birth years, and that ..... (First name) (Last name), who attended this birth is Dead (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Grace Yearout Signature

St Maries Idaho R. 1. P. O. Address

Subscribed and sworn to before me this 11th day of August, 1943.

(SEAL) Mabel Elwell Probate Secretary Public, residing at St Maries Id.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1973

AUG 25 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child has occurred prior to the effective date of Chapter 191, 19[redacted] Laws, and has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar [redacted] record in the Bureau of Vital Statistics for the purposes and [redacted] prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

133-120-014-291 377271 377271

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No.
(d) ~~Name of Hospital or Maternity~~ Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Canyon (b) ~~County~~ State Idaho
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) ~~How long~~ has **MOTHER** lived in Idaho? life yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Howard Allen

5. Date of Birth of Child (Month, day, year) May 20, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Allen
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Lumberman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ellen Bradford
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum agnos nil

23. Number of children of this mother: (a) At time of birth and including this child 7th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Burton O Clark M.D. ~~Midwife~~ Address Veterinary Adm. Boise Ida Date 2-6-42

State of Idaho
County of Gem } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 44 years of age, that I have known this person for 29 years, and that ~~[illegible]~~ (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ellen Allen Little Signature
New Plymouth, Ida P. O. Address

Subscribed and sworn to before me this 13th day of March, 1942

(SEAL) W. W. Wilton Notary Public, residing at Emmett Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1943 by Mabel F. Elder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DUP OF 1913 - 13345

236-229-029-175

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 377418

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Latah (b) City

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: at home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 6 months 7 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Latah

(c) City

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Washington

4. FULL NAME OF CHILD Hattie Bertrude Stone

5. Date of Birth of Child (Month, day, year) Jan 29, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 months 9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orley Otis Stone

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Pomeroy (City or town) Washington (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mertie Florene Alexander

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 4 A M. on the date and at the place stated above, and that personal particulars were furnished by Mertie (First name) Stone (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Lyle M. Jenkins M.D. Midwife Address Lewiston, Idaho Date July 19 1943

State of

County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 4 1943 by Mabel Felder, Registrar.

SEP 7 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-114-022-219

377442

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Chester
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Chester
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Ida.

4. **FULL NAME OF CHILD** Dorcel Johnson

5. Date of Birth of Child (Month, day, year) April 14, 1913

6. Sex Male

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 7 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Robert Johnson
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Sheepherder
15. Industry or Business Sheep raising

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabelle Barnes
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace St. Catherines Ont. Canada (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 9 P M. on the date and at the place stated above, and that personal particulars were furnished by Isabelle Johnson (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington
County of Clark } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Dr. (unknown) (First name) Eby (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Isabelle Johnson Signature

2013 Last Lane P. O. Address

Subscribed and sworn to before me this 4 day of September, 1943

(SEAL) M. M. Hodgkin, Notary Public, residing at Vancouver

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 7 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-218-014-356

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377464
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Nampa
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: Own Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa Idaho

4. **FULL NAME OF CHILD** Hazel May Bennett

5. Date of Birth of Child (Month, day, year) April 18th 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cyrus Clyde Bennett
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Sheridian Co. Kansas. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frankie May Lewis.
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Idaho~~ Oregon
County of ~~Canyon~~ Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for 30 years, and that Dr ? Beller (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Clyde Bennett Signature
451 S.W. Primrose St. Portland Oregon. P. O. Address

Subscribed and sworn to before me this 7th day of September, 1943

(SEAL) Marie Driscoll Notary Public, residing at Portland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. ex 3/5/46

Received for filing on SEP 10 1943 by Mabel F. Elder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

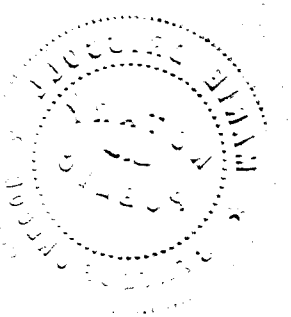
SEP 10 1952

JUN 18 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



632-218-028-652

377495

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Gibbs
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Born in our own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 9 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Gibbs
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gibbs, Idaho

4. **FULL NAME OF CHILD** Ruth Caroline Olson

5. Date of Birth of Child (Month, day, year) January 18, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Edward Olson
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Gibbs, Idaho (City or town) Sweden (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsa Cecilia Westrom
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Norberg (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living X

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother, Olson (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Dr. (First name) Hunter (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Elsa C. Olson Signature

Route #6 Spokane Wash P. O. Address

Subscribed and sworn to before me this 7th day of April, 1943.

(SEAL)

L. O. Meade, Notary Public, residing at Spokane Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1943 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 2 3 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-214-044-113

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377511
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Weiser
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 mos. ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** Doris Ada Brock

5. Date of Birth of Child (Month, day, year) Dec. 14, 1913.

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Elmer L. Brock
11. Color or Race White American
12. Age at time of THIS birth 21 yrs.
13. Birthplace Bush, Laurel Co., Kentucky, (City or town) (State or foreign country)
14. Exact Occupation Rancher.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Jackson
17. Color or Race White American
18. Age at time of THIS birth 18 yrs.
19. Birthplace Rockcastle Co., Kentucky. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Kentucky
County of Whitley } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 29, almost years, and that Dr. (First name) Young (Last name), who attended this birth cannot be located, (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. L. Brock Signature

Route 1, Corbin, Kentucky. P. O. Address

Subscribed and sworn to before me this 21st day of November, 1942.

(SEAL) S. G. Ebersole Notary Public, residing at Corbin, Ky.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My com. exp. 12-28-45.

Received for filing on SEP 14 1943 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed~~ in Chapter 2, Title 38, ~~Idaho Code~~ Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-205-010-514

377560

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Lincoln
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Lincoln
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lincoln, Idaho

4. **FULL NAME OF CHILD** Gladys Mae Wilson

5. Date of Birth of Child (Month, day, year) Jan. 5, 1913

6. Sex Female

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Leo Earl Wilson
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Laboratory attendant
15. Industry or Business Utah-Idaho Sugar Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Iva Jane Vaughn
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Lehi (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

Doctor who delivered child now deceased.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 30 years, and that Dr. Harry Wilson Sr. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Iva Jane Vaughn Fillmore Signature

P. O. Address

Subscribed and sworn to before me this 3rd day of September, 1943.

(SEAL) ____ Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

696-214-039-819

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 377574
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 25 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Helen Frodsham

5. Date of Birth of Child (Month, day, year) Feb. 14, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James William Frodsham
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Rockland (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sarah Ann Hartley
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Power } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 30 years, and that Emily Fish (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Ann Hartley Signature
Rockland Idaho P. O. Address

Subscribed and sworn to before me this 14th day of Sept., 1943

(SEAL) Thos B Barnard, Notary Public, residing at Rockland

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 17 1943 by [signature], Registrar.

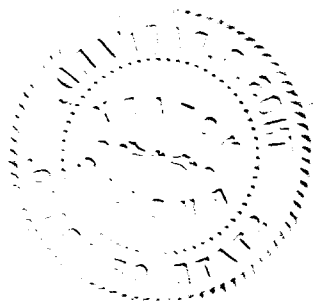
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 18 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



859-105 043-795

378864

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378864
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Valley (b) City McCall
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Valley
   (c) City McCall
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall, Idaho

4. **FULL NAME OF CHILD** Carl Fred Heinrich

5. Date of Birth of Child (Month, day, year) 8-5-13

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ernest Heinrich
11. Color or Race White
12. Age at time of THIS birth 52 yrs.
13. Birthplace Bossen (City or town) Germany (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Emily Greving
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Greenbay (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Valley } ss.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 82 years of age, that I have known this person for 30 years, and that Mrs. Henry Bennett (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Heinrich Signature
Lake Fork, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of Oct, 1943.

(SEAL)

Herman C. White, Notary Public, residing at McCall
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Expires Jan 24 1947

Received for filing on OCT 27 1943 by Mabel Tyler, Registrar.

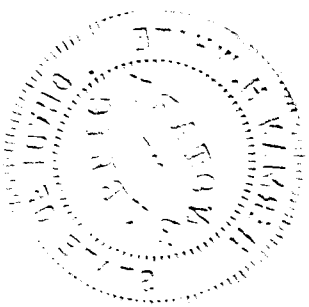
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-122-005-249

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 378960
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City St. Maries
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City St. Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5yrs yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Joseph Lamont Brown

5. Date of Birth of Child (Month, day, year) March 22, 19[illegible]

6. Sex male

7. Twin or Triplet Bo If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph M. Brown
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation engineer
15. Industry or Business employed

MOTHER OF CHILD

16. FULL MAIDEN NAME Nellie Stella Smith
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Mt. Vernon (City or town) Iowas (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Grays Harbor } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Dr. Kinsolving (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nellie Stella Smith Brown Signature

Montesano Wash. P. O. Address

Subscribed and sworn to before me this 5th day of October, 19 43

(SEAL) [signature] Notary Public, residing at Montesano

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 8 1943 by [signature], Registrar.

JUL 7 1972

OCT 8 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243 229 019 453

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 379000
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Custer (b) City Clayton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Inglewood Villa
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
In THIS county 14 years 3 month 22 days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Custer
(c) City Clayton
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 20 yrs.
(f) Mother's mailing address Clayton, Idaho.

3. RESIDENCE of FATHER (city, state). Clayton, Ida

4. FULL NAME OF CHILD Helen June Sullivan

5. Date of Birth (Month, day, year) June 29-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Emmett Sullivan
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Bayhorse (City or town) — Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Hazel Dellen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Gibbonsville (City or town) Idaho. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, ~~stillborn~~) at 2:45 P.M. on the date and at the place stated above, and that personal particulars were furnished by Saidie Sullivan (First name) (Last name), who is related to this child as aunt (Mother, etc.)

26. (a) OCT 12 1943 (Date received) (b) Mabel Hilder (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature Saidie Bradshaw ~~(Dr.)~~, Midwife, ~~etc.~~
and address Date

State of ..... } ss.
County of .....

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ..., being first duly sworn, say that I am ..... (Related to (or) acquainted with) ..... (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attended said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

..... Signature

..... P. O. Address

Subscribed and sworn to before me on this 13th day of February, 1942

(SEAL) John Boyd, Ex-Officio Recorder Custer Co. Idaho Notary Public, residing at Challis, Idaho
By Frank Burstedt, Dep.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-128 022-468

379018

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County
   (b) City St. Anthony Rural Del.
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. Rural Del.
   (e) How long has **MOTHER** lived in Idaho? 1 yr.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony Idaho

4. **FULL NAME OF CHILD** Glen Leland Shannon

5. Date of Birth of Child (Month, day, year) Jan. 28. 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edwin Steven Shannon
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace Oregon City, Oregon (City or town) (State or foreign country)
14. Exact Occupation Shingler
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Marie Meyers
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Boise Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Edwin S. Shannon (First name) (Last name), who is related as father (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of California
County of San Francisco } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 30 years, and that Glen Leland Shannon (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edwin Steven Shannon Signature
409 Laguna St. P. O. Address
San Francisco Calif.

Subscribed and sworn to before me this 8th day of October 1943

(SEAL)

John Mertens NOTARY PUBLIC
In and for the City and County of San Francisco, State of California
Notary Public, residing at
My commission expires Jan. 3, 1947

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1943 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 14 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar~~ for ~~record in the~~ Bureau of ~~Vital Statistics~~ for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

134 221-001-717

379092

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 212 E. Idaho
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 1 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 218 E. Idaho
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Maurina Juanita Aldecoa

5. Date of Birth of Child (Month, day, year) 11/21/13

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Domingo Aldecoa
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Ea (City or town) Spain (State or foreign country)
14. Exact Occupation Woolgrower
15. Industry or Business Sheep

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria Pagoaga
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Motrico (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that George Collister, M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Aldecoa Signature

212 East Idaho P. O. Address

Subscribed and sworn to before me this 16th day of October, 1943.

(SEAL) Fern B. Jones, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 19 1943 by ..., Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 ? 1967
NOV 10 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

799-129039-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380480
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No. lived on farm
   (e) How long has **MOTHER** lived in Idaho? 34 yrs.

3. **RESIDENCE OF FATHER** (city, state) American Falls

4. **FULL NAME OF CHILD** Clarence V. Griffard

5. Date of Birth of Child (Month, day, year) June 29, 1943

6. Sex Male

7. Twin or Triplet no.

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George V. Griffard
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace St. Genevieve (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Grace Alice Watterman
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Bruno (City or town) Arkansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-three years of age, that I have known this person for thirty years, and that the doctor — Unknown Logan (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Grace Alice Griffard Signature
331 Third avenue West, Twin Falls, Idaho P. O. Address

Subscribed and sworn to before me this 26th day of October, 1943.

(SEAL) ..... Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 30 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1943 NOV 1

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-101 006-416

380494

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Pleasant View
   (c) ~~Street Address~~ or R.F.D. No. 1
   (d) ~~Name of Hospital or Maternity Home~~: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Pleasant View
   (d) ~~Street Address~~ or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pleasant View Ida.

4. **FULL NAME OF CHILD** Lyle Covert

5. Date of Birth of Child (Month, day, year) Apr 1-1913

6. Sex Male

7. Twin or Triplet twin If so—born 1st, 2nd, 3rd 1st

8. No. months of Pregnancy 9mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Jackson Covert
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Olive Mawson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Wyoming
County of Sweetwater } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ____ years, and that Mrs. (First name) Rosberry (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Olive Covert Signature

Robt D Murphey P. O. Address

Subscribed and sworn to before me this 29 day of October, 1943.

(SEAL) Robt D Murphey, Notary Public, residing Rock Springs Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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365-201006-416

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380495
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Pleasant View
   (c) ~~Street Address or~~ R.F.D. No. 1
   (d) ~~Name of Hospital or Maternity Home~~ at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 18 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Pleasant View
   (d) ~~Street Address or~~ R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? 4-2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pleasant View Ida.

4. **FULL NAME OF CHILD** Lila Covert

5. Date of Birth of Child (Month, day, year) April 1-1913

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd ~~3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Alma Jackson Covert
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lydia Olive Mawson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Wyoming
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ..... years, and that Mrs (First name) Rosberry (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Olive Covert Signature

Rock Springs Wyo P. O. Address

Subscribed and sworn to before me this 29 day of October, 1943.

(SEAL) Robt D Murphy, Notary Public, residing Rock Springs Wyo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 2 1943 by ..... Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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234-115025-386

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380575
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Clearwater
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Clearwater
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clearwater, Idaho

4. **FULL NAME OF CHILD** George Burton Stubbs

5. Date of Birth of Child (Month, day, year) May-15-1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George William Stubbs
11. Color or Race white
12. Age at time of THIS birth 50 yrs.
13. Birthplace Iowa (City or town) Michigan (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Annie Thomen
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Wallace (City or town) Ontario (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Latah } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Mrs. Cory McCaslly (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Fannie Annie Stubbs Signature

P. O. Address

Subscribed and sworn to before me this 27 day of Nov., 19 43

(SEAL)

Notary Public, residing at Potlatch Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 5 1943 by Mabel Holder, Registrar.

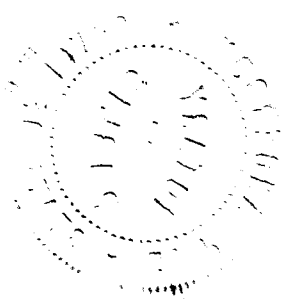
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 5 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



235 125044 849

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 380666
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Weiser
   (c) Street Address or R.F.D. No. #3
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years – months – days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Weiser
   (d) Street Address or R.F.D. No. #3
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Weiser, Idaho

4. **FULL NAME OF CHILD** James Noble Steckler

5. Date of Birth of Child (Month, day, year) May 25, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank John Steckler
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Evansville, (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alma Matilda Quisberg
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Stockholm (City or town) Sweden (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multnomah } ss.

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for 30 years, and that Dr. (First name) Young (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Anita Smith Signature

Portland, Oregon P. O. Address

Subscribed and sworn to before me this 9th day of November, 19 43

(SEAL)

Margaret T. Jensen, Notary Public, residing at Portland, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) 1-30-46

Received for filing on NOV 13 1943 by Mabel Holder, Registrar.

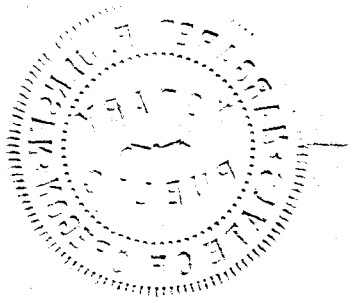
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 15 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



962-113029 551

380673

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Juliaetta
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: At home residence
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 1 years 11 months 13 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Juliaetta
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 2 1 yrs.

3. RESIDENCE OF FATHER (city, state) Juliaetta, Ida.

4. FULL NAME OF CHILD Melvin Phillip Roberts

5. Date of Birth of Child (Month, day, year) April 13-1943

6. Sex male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Talmage Pantin Roberts
11. Color or Race White **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Flat Creek (City or town) North Carolina (State or foreign country)
14. Exact Occupation miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rosamond May [redacted]
17. Color or Race White **18.** Age at time of THIS birth yrs.
19. Birthplace Juliaetta (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho
County of Nez Perce } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Dr. Hay (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosamond May Roberts <Signature
Spalding, Ida. P. O. Address

Subscribed and sworn to before me this 12 day of Nov. 19 43

(SEAL)

[redacted] Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1943 by Mary Felder, Registrar.

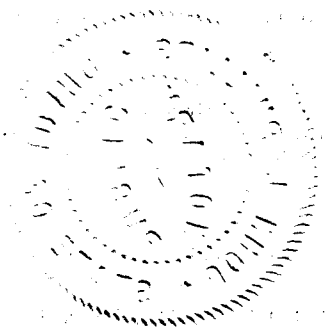
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 13 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



252-124 010-842

United States
Department of Commerce
Bureau of the Census

NOV 15 1943

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 280698
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. 132 Eleventh St.
   (d) Name of Hospital or Maternity Home: The family home - 132 Eleventh St.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Two years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. 132 Eleventh St
   (e) How long has **MOTHER** lived in Idaho? Thirty-two (32) yrs.

3. **RESIDENCE OF FATHER** (city, state) Thirty-three (33)

4. **FULL NAME OF CHILD** James Sanford Best

5. Date of Birth of Child (Month, day, year) April 24, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Sluman Best
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Kirkland (City or town) Pennsylvania (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Adella Hunter
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Aledo (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho, County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now Seventy (70) years of age, that I have known this person for Thirty (30) years, and that Dr. J. C. Stokes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

J. S. Best
Signature
132 Eleventh St. Idaho Falls Ida.
P. O. Address

Subscribed and sworn to before me this 14th day of Nov., 1943

(SEAL)

M. Shatswell, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 17 1943 by ____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1968

NOV 17 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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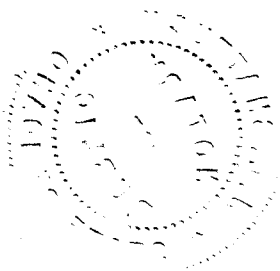

299-119-022-693 NOV 17 1943

381812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Ashton
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Ashton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Ashton, Idaho

4. FULL NAME OF CHILD Cleo Dwain Kirkham

5. Date of Birth of Child (Month, day, year) 10/19/13

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Daniel Kirkham
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Blackburn (City or town) England (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Johannah Williams
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Smithfield (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Clarton C. Meacham (First name) (Last name) who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Johannah Kirkham Signature
Ashton, Idaho P. O. Address

Subscribed and sworn to before me this 22 day of April, 1942
(SEAL) Thos B Hargis Notary Public, residing at Ashton, Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 26 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

437-127-022-685

381821

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

NOV 19 1943

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Fremont (b) City Marysville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Family home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Marysville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Marysville Idaho

4. **FULL NAME OF CHILD** Edgar Blake McGavin

5. Date of Birth of Child (Month, day, year) June 27, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Edgar McGavin
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Wheeler
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Two (b) Born alive and now living Two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for Life years, and that W. G. Hummel (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Wheeler McGavin Signature

329 Ohio St. Fridley, California P. O. Address

Subscribed and sworn to before me this 17th day of November, 1943

(SEAL)

Notary Public, residing at Gridley, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on NOV 19 1943 by, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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713-205-026-363

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381839
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Jefferson Co. (b) City Sweet Sage
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Jefferson Co.
(c) City Sweet Sage
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Marie Packard

5. Date of Birth of Child (Month, day, year) Jan 5 - 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Isaac Charley Packard
11. Color or Race White
12. Age at time of THIS birth not 26 yrs.
13. Birthplace Spungville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Birdie May Tackey
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Kansas City (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Isaac C Packard Signature

P. O. Address

Subscribed and sworn to before me this 19th day of Nov., 1943

(SEAL) [signature] Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1974

OCT 1 0 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

918-101-003-756

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 381854
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No. ...
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No. ...
(e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD Otho Lewis Raymond

5. Date of Birth of Child (Month, day, year) May 1, 1913

6. Sex Male **7.** Twin or Triplet ... If so—born 1st, 2nd, 3rd ... **8.** No. months of Pregnancy Nine **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Harmon Francilla Raymond
11. Color or Race white **12.** Age at time of THIS birth 22 yrs.
13. Birthplace Smithfield, Utah (City or town) (State or foreign country)
14. Exact Occupation ~~pipefitter~~ farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Ella Maude Lewis
17. Color or Race white **18.** Age at time of THIS birth 22 yrs.
19. Birthplace North Platte Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business ....

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown

23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ... (Born alive, stillborn) at ... M. on the date and at the place stated above, and that personal particulars were furnished by ... (First name) ... (Last name), who is related to this child as ... (Mother, etc.)

25. Attendant's **OWN** signature ... M.D. Midwife Address ... Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that Dr. W. H. Cooper (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella Maude Lewis Raymond Signature

150 Roosevelt, Pocatello, Idaho. P. O. Address

Subscribed and sworn to before me this 24th day of November, 19 43

(SEAL) Theodore H. Gathe, Jr. Notary Public, residing at Pocatello, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 30 1943 by ..., Registrar.

DEC 9 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

269-112-010-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 382081
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City ~~Rin~~ Indaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls

4. **FULL NAME OF CHILD** William Wilson Sorenson

5. Date of Birth of Child (Month, day, year) April 12 - 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Chang Sorenson
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Minneapolis (City or town) Minn (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Matilda Wilson
17. Color or Race White
18. Age at time of THIS birth 66 yrs.
19. Birthplace Ogden (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ~~born alive~~ (Born alive, stillborn) at ~~XXXX~~ M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as ~~XXXXXXX~~ Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Calif
County of Santa Barbara } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 years, and that Dr. Coldthord (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Matilda Sorenson Signature

Route 2, Santa Maria, Cal. P. O. Address

Subscribed and sworn to before me this 10th day of December, 1943.

(SEAL) [signature], Notary Public, residing at Santa Maria, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the County of Santa Barbara, State of California
My Commission Expires Sept. 13, 1945.

Received for filing DEC 18 1943 by [signature], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 21 1943

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693 213001 218

383118

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383118
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 216-THATCHER-ST.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 11 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 216-THATCHER-ST.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise-Idaho

4. **FULL NAME OF CHILD** Edith Viola Willhite

5. Date of Birth of Child (Month, day, year) Dec-13-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Walas Willhite
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Boise (City or town) Idaho (State or foreign country)
14. Exact Occupation Common Laborer
15. Industry or Business Ranch Hand

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alice Bay.
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Shattuck (City or town) Nebraska (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 8:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Walter (First name) Walas Willhite (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature Walter Walas Willhite M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of California } ss.
County of Humboldt }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 30 years, and that Dr. (First name) Tozeman (Last name), who attended this birth, Cannot Be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alice Bay Willhite Signature

Arcata Calif. P. O. Address

Subscribed and sworn to before me this 2nd day of December, 1943.

(SEAL)

Frank E. Mickey, Notary Public, residing at Eureka, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 24 1943 by ..... Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1943

NOV 16 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-228 022 365

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 383137
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Victor
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 11 years 7 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Victor
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Emily Norma Sheets

5. Date of Birth of Child (Month, day, year) 28 May 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Milton Leaver Sheets
11. Color or Race White
12. Age at time of THIS birth 49 yrs.
13. Birthplace Salt Lake City (City or town) Utah (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Ann Jonks
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Morgan City (City or town) Morgan Co. Ut. (State or foreign country)
20. Exact Occupation Farming
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5th (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that Dr. Orva Keith (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Ann Jonks Sheets Signature

Driggs Idaho P. O. Address

Subscribed and sworn to before me this 15th day of December, 1943

My Commission Expires Oct. 29, 1944 Charles A. Sullivan, Notary Public, residing at Long Beach, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on DEC 28 1943 by Mabel Felger, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 24 1965

DEC 28 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

239-105 018419

353210 353210

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CLEARWATER (b) City ELK RIVER
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County CLEARWATER
   (c) City ELK RIVER
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) ELK RIVER, IDAHO

4. **FULL NAME OF CHILD** FREDERICK GELO SCIUCHETTI

5. Date of Birth of Child (Month, day, year) OCTOBER 5, 1943

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** SAM SCIUCHETTI
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace VILLA di CHIAVENNA ITALY (City or town) (State or foreign country)
14. Exact Occupation SAWMILL LABORER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CARMELINA MARAFFIA
17. Color or Race WHITE
18. Age at time of THIS birth 26 yrs.
19. Birthplace VILLA di CHIAVENNA ITALY (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by Carmelina (First name) Sciuchetti (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Mary Marcoux M.D. Midwife Address Clayton, Wash. Date Dec 26 – 1943

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 7 1943 by Mabel Fielder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 12 1944
JAN 6 1944
MAR 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593-231 001 449

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

383227

State File No. 383227
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lois Eunice Eichenberger
5. Date of Birth of Child (Month, day, year) May 31, 1913
6. Sex F
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Carl Eichenberger
11. Color or Race W
12. Age at time of THIS birth 34 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation merchant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha M. Murphy
17. Color or Race W
18. Age at time of THIS birth 31 yrs.
19. Birthplace Indiana (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credé Solution
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at — M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as mother (Mother, etc.)
25. Attendant's **OWN** signature John Boeck M.D. Midwife Address Boise Ida Date Jan. 22nd 44

State of } ss.
County of }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 26 1944 by Mabel Felder, Registrar.

Mrs J R Mangam - Nampa 503 Roosevelt

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

495-111-003 693

JAN 17 1944

383374

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 805 N 9th ave.
   (d) Name of Hospital or Maternity Home: Home Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 34 years 3 months 5 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Pocatello
   (d) Street Address or R.F.D. No. 805 N. 9th
   (e) How long has **MOTHER** lived in Idaho? 35 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Earl Minshew

5. Date of Birth of Child (Month, day, year) Sept-11-1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** John Henry Minshew
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Wilson N. Carolina (City or town) (State or foreign country)
14. Exact Occupation Boilermaker. R.R.
15. Industry or Business U.P.R.R.

MOTHER OF CHILD Williamson

16. **FULL MAIDEN NAME** Libby Williamson
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Warsaw. N.C. (City or town) (State or foreign country)
20. Exact Occupation Cotton mill worker.
21. Industry or Business Goldsboro - N.C.

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that Dr. (First name) Wooley (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Libby Minshew Signature

926 So 2nd Av Pocatello Ida P. O. Address

Subscribed and sworn to before me this 15 day of January, 19 44

(SEAL)

Notary Public, residing at Pocatello, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Mabel Hall, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 21 1944
JAN 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report~~ may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312 230028 712

383385

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

JAN 12 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Desmet
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Desmet
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edna Mae Cass
5. Date of Birth of Child (Month, day, year) Jan 30, 1943
6. Sex Female
7. Twin or Triplet No
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Elsworth Cass
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Beatrice (City or town), Nebraska (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ina Gossett
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Stella (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not known
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 30 years, and that Cecil Richards (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest E Cass Signature

Desmet, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of January, 1944

(SEAL) R H Whitesides ~~Notary Public, residing at~~ County Recorder

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 19 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

528 128 031 234

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384503
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Kamiah
   (c) Street Address or R.F.D. No. None at the time.
   (d) Name of Hospital or Maternity Home: At Grandmother's
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ---- years three months --- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Lewiston
   (d) Street Address or R.F.D. No. None at time.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Idaho

4. **FULL NAME OF CHILD** Vernon D. Eby

5. Date of Birth of Child (Month, day, year) 6/28/1913

6. Sex Male

7. Twin or Triplet No

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy NINE

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** Dallas Eby
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Yakima (City or town) Yakima Co., Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Lee Stuart
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Lafayette(?) (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Rearing Family

22. Name prophylactic used to prevent Ophthalmia Neonatorum No physician attended.

23. Number of children of this mother: (a) At time of birth and including this child three (b) Born alive and now living SEVEN

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name), who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature Mrs. Eliza Stuart, M.D. Address Grandmother of child, NOW DECEASED. Date 1/21/44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon, County of Marion } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-three years of age, that I have known this person for thirty years, and that Eliza (First name) Stuart (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Cora Lee Eby (Stuart) Signature

R.F.D.#2, Box 452, Salem, Oregon Address

Subscribed and sworn to before me this 21st day of January, 19 44.

(SEAL)

Robert A. Farbner Notary Public, residing at Salem, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Commission expires March 11, 1945

Received for filing on JAN 27 1944 by _____, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

384542

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 11 1944

FEB 11 1944

384542

1. PLACE OF BIRTH
County of Kootenai
City of Plummer
No. 859-215028-666 St.
(If born in hospital or institution give name.)

Registration District No. ..... State File No. .....
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Etta Juanita Heriford

3. Sex female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term yes | 7. Legitimate? yes | 8. Date of birth Feb. 15, 1913 (Month, Day, Year)

FATHER	MOTHER
9. Full name Benjamin Earl Heriford	18. Full maiden name Lola Golda Woods
10. Residence (usual place of abode) (If non-resident, give place and State) Plummer, Idaho	19. Residence (usual place of abode) (If non-resident, give place and State) Plummer, Idaho
11. Color or race white | 12. Age at last birthday 24 (years)	20. Color or race white | 21. Age at last birthday 23 (years)
13. Birthplace (city or place) (State or Country) Princeton Missouri	22. Birthplace (city or place) (State or Country) Princeton Missouri
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. electrician	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. work for self	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. home
16. Date (month and year) last engaged in this work Feb. 15, 1913 | 17. Total time (years) spent in this work 7 years	25. Date (month and year) last engaged in this work Feb. 15, 1913 | 26. Total time (years) spent in this work 7 years

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother two (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

29. If stillborn, period of gestation ..... months or weeks | 30. Cause of stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) ....., M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)

Filed FEB 15 1944 193 Mabel Felder
Registrar.

Registrar.

DELAYED

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

State of Idaho
County of Benewah } ss.

Lola Golda Herriford being first duly sworn says that she is the mother (Relationship of child)* of Etta Juanita Herriford born February 15, 1913 (Date of birth) at Plummer, Idaho, whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said Etta Juanita Herriford hereto attached are true and correct as stated therein, and that ~~this~~ birth has not been previously recorded.

Affiant further states that William Cusick M. D. was the ~~Midwife~~ medical attendant at the birth of said Etta Juanita Herriford and that the said medical attendant is cannot be located.
(Now deceased (or) cannot be located)

Name of Affiant Lola Golda Herriford

P. O. Address Plummer, Idaho

Subscribed and sworn to before me this 9th day of February, 1944.

Notary Public.

Residing at Plummer, Idaho, Idaho.

*If the father and mother are dead, and the next nearest kin signs the affidavit, state that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

STATE OF IDAHO
BARZILLA W. CLARK, GOVERNOR

DEPARTMENT OF PUBLIC WELFARE—DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

FEB 15 1944

AFFIDAVIT

State of Idaho } ss.
County of Idaho }

(To accompany a certificate of an unreported birth when such certificate is not attested by signature of attending physician or midwife.)

[illegible] being first duly sworn says that

she is the mother of [illegible]
(Relationship of child)*

[illegible] 15, 1913 at [illegible], Idaho,
(Date of birth)

whose certificate of birth is hereto attached, and that she desires to have the said birth recorded under Chapter 139—1937 Session Laws of Idaho; and affiant further states that the facts contained in the certificate of birth of the said [illegible] hereto attached are true and correct as [illegible] and that this birth has not been previously recorded.

Affiant further states that [illegible] M. D. was the [illegible] medical attendant at the birth of said [illegible] and that the said medical attendant is [illegible]
(Now deceased (or cannot be located))

Name of affiant [illegible]

P. O. Address [illegible]

Subscribed and sworn to before me this [illegible] 1944

Notary Public.

[illegible] Idaho

*If the father and mother are dead, and the next nearest kin [illegible] that fact in the affidavit, indicating the relationship of the affiant, as brother, sister, cousin, etc.

619 224001-897

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384563
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 10th + Pueblo
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) 9

4. **FULL NAME OF CHILD** Betty Jane Wardell

5. Date of Birth of Child (Month, day, year) April 24-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Arcetus Claude Wardell
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Salesman
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Belle Higgason
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Cedar County Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 31 years, and that Dr Titus (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Maude Wardell Signature
North 2nd Str Yakima Wash P. O. Address

Subscribed and sworn to before me this 28 day of Feb., 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 28-1944 by [illegible] Hilder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 29 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

692 224009 251

384572

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child) 384571

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bonner (b) City Newport
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Bonner
(c) City Newport R 2
(d) Street Address or R.F.D. No. R F D 2
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address Deceased
3. **RESIDENCE OF FATHER** (city, state) Newport Idaho

4. **FULL NAME OF CHILD** Rosella Fish
5. Date of Birth (Month, day, year) June 24 1913
6. Sex.
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Edgar Fish
11. Color or Race White
12. Age at time of THIS birth.....yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lois Aurelia Knapp
17. Color or Race White
18. Age at time of THIS birth.....years
19. Birthplace Bloomingdale (City or town) Wis (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead..... (d) Stillborn.....

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by X (First name) (Last name), who is related to this child as Father (Mother, etc.) Frank Edgar Fish

26. (a) MAR 7 - 1941 (Date received) (b) (Registrar's signature)
27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN signature** Deceased M.D. or (D.O., Midwife, etc.)
and address Date

State of.....
County of..... } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edith Staley, being first duly sworn, say that I am related (Related to (or) acquainted with) (Name of person on certificate above) as Aunt (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that.....(Name of attendant at birth), who attended said birth Rosella Fish (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Edith Staley Name
Elk, Wash. P. O. Address

Subscribed and sworn to before me on this 3rd day of Jan 1941

(SEAL) N. B. Sudduth Notary Public, residing at Elk Wn

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 8 1971

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

569-113 025-295

384584

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 384584
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Kooskia
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 7 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Texas (b) County Idaho
   (c) City Kooskia
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 years yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Northup, Emmet, Otho.

5. Date of Birth of Child (Month, day, year) 11-13-1913

6. Sex White

7. Twin or Triplet / If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Otho Cleveland Northup

11. Color or Race White

12. Age at time of THIS birth 30 yrs.

13. Birthplace Arkansas (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lunanna Wright

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Wharton (City or town) Arkansas (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business

22. Name prophylactic used to prevent ~~Ophthalmia~~ Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was 11-13-1913 (Born alive, stillborn) at 6 A M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that Lunanna (First name) Northup (Last name), who attended this birth not located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lovanna Smith Signature

RF 3 - Box 94 Huntsville ark P. O. Address

Subscribed and sworn to before me this 6 day of March, 1944.

(SEAL)

Ed. E. Stamps J P, Notary Public, residing at Kingston

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 13 1944 by Mabel Hall, Registrar.

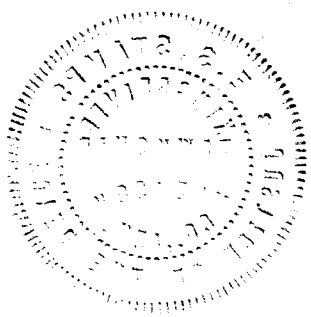
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-113 032-515

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384597
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LINCOLN (b) City RICHFIELD
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDA. (b) County LINCOLN
   (c) City RICHFIELD
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. **RESIDENCE OF FATHER** (city, state) SAME

4. **FULL NAME OF CHILD** WILFORD FREDRICK BROOKS

5. Date of Birth of Child (Month, day, year) JULY 13-1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** FRED DAVID BROOKS
11. Color or Race WHITE
12. Age at time of THIS birth 35½ yrs.
13. Birthplace COLORADO CITY, COLO. (City or town) (State or foreign country)
14. Exact Occupation BARBER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MARGARET VANDERMUSS
17. Color or Race WHITE
18. Age at time of THIS birth 23½ yrs.
19. Birthplace GREEN BAY WISC. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of WYO. County of LINCOLN } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr. (First name) BAUGH (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Brooks Signature

Box #263 Cokeville Wyo. P. O. Address

Subscribed and sworn to before me this 31st day of January, 1944

(SEAL)

Marvel Larson Reed Notary Public, residing at Cokeville, Wyo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

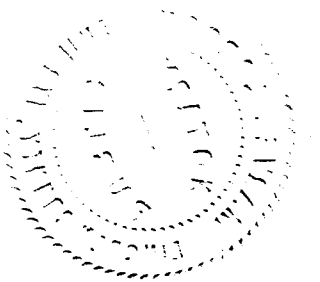
Received for filing on FEB 4 1944 by Mabel Hales, Registrar.

FEB 4 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



296-20503-219

384705

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384705
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Roy
   (c) Street Address or R.F.D. No. General Delivery
   (d) Name of Hospital or Maternity Home: Born at Home
   (e) Mothers stay **BEFORE** delivery: Home
   In **THIS** county Power years 3 months 6 days 5

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth) Home
   (a) State Idaho (b) County Power
   (c) City Roy
   (d) Street Address or R.F.D. No. Gen. Delivery
   (e) How long has **MOTHER** lived in Idaho? 3 yrs. yrs.

3. **RESIDENCE OF FATHER** (city, state) Roy, Idaho

4. **FULL NAME OF CHILD** Orma Louise Brown

5. Date of Birth of Child (Month, day, year) Jan. 5, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Albert Edwin Brown
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Pleasant Grove, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Orma Grace Bartlett
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Ellsworth, Wisconsin (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that Orma (First name) Grace (Last name) Brown, who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Edwin Brown Signature
9 7 2½ S E 15 (2) P. O. Address

Subscribed and sworn to before me this 8th day of February, 1944.

(SEAL)

J. J. McCarthy, Notary Public, residing at Boise Ada Co.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My commission expires Jan. 4, 1949

Received for filing on FEB 14 1944 by Mary Felder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1914

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-22 0044 289

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 384733
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Midvale
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State (b) County
(c) City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Nellie May Stewart

5. Date of Birth of Child (Month, day, year) Feb 22, 1913.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Alexander Stewart
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Salubria (City or town) Washington (State or foreign country) Idaho.
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LiddieBell Shirts
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Midvale (City or town) Washington (State or foreign country) Idaho.
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho } ss.
County of Idaho }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 30 years, and that John (First name) Stewart (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

John Alexander Stewart Signature

Indian Valley, Idaho. P. O. Address

Subscribed and sworn to before me this 5 day of February, 1944.

(SEAL) P H Ware Notary Public, residing at Indian Valley, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by Mabel Hales, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

735-215 002-243

384747

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Fruitvale
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at parents' home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington*
   (c) City Fruitvale
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 25 years yrs.

3. **RESIDENCE OF FATHER** (city, state) Fruitvale, Idaho

4. **FULL NAME OF CHILD** DORA ELIZABETH GLENN

5. Date of Birth of Child (Month, day, year) May 15, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joel Price Glenn
11. Color or Race White American
12. Age at time of THIS birth 51 yrs.
13. Birthplace Harrison (City or town) Arkansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Belle Sult
17. Color or Race White American
18. Age at time of THIS birth 33 yrs.
19. Birthplace Wilson County, Kansas (City or town) (State or foreign country)
20. Exact Occupation Home making
21. Industry or Business Home making

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric Acid solution
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was bron alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by Cora Belle Sult Glenn (First name) (Last name), who is related as Mother to child (Mother, etc.)

25. Attendant's **OWN** signature Mary Mc Ginley Midwife — Address Fruitvale, Idaho — Date Jan. 16. 1944

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Adams } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 30 years, and that Mary McGinley (First name) (Last name), who attended this birth has signed above (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Mc Ginley Signature

Fruitvale, Idaho P. O. Address

Subscribed and sworn to before me this 15th day of January, 19 44

(SEAL) Carl N. Swanson, Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1944 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 19 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-208-023-685

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385847
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem) Canyon) (b) City Emmett
   (c) Street Address or R.F.D. No. R 1
   (d) Name of Hospital or Maternity Home At Home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida. (b) County Gem) Canyon)
   (c) City Emmett Ida
   (d) Street Address or R.F.D. No. R 1
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett Ida

4. **FULL NAME OF CHILD** Inez Margaret Pardo.

5. Date of Birth of Child (Month, day, year) 6-8-13

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Eugene Emmett Pardo.
11. Color or Race American
12. Age at time of THIS birth 21 yrs.
13. Birthplace Edna (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Inez Mitchel
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Emmett (City or town) Ida (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was X (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Ada Whelchel M.D. Midwife Address 1402 Deals St Caldwell Idaho Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1944 by Mabel Fuller, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date~~, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-227-035-683

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

FEB 14 1944

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385933
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ-PERCE (b) City SOUTHWICK
   (c) Street Address or R.F.D. No. IDAHO
   (d) Name of Hospital or Maternity Home: OWN-HOME.
   (e) Mothers stay **BEFORE** delivery: HOME.
   In **THIS** county 23 years months — days —

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Southwick
   (d) Street Address or R.F.D. No. X
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) SOUTHWICK

4. **FULL NAME OF CHILD** PEARL-HAZEL-THOMPSON.
5. Date of Birth of Child (Month, day, year) Aug. 27, 1913
6. Sex FEMALE.
7. Twin or Triplet —
   If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 mo
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** HARRY-THOMPSON.
11. Color or Race WHITE.
12. Age at time of THIS birth 25 yrs.
13. Birthplace JONESBURG-KANSAS. (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business none.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LESTA-ANN-OYLEAR
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace LELAND IDAHO (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE.
21. Industry or Business X

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by LESTA-ANN-THOMPSON (First name) (Last name) who is related as MOTHER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that Dr Busey (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Harry Thompson & Lesta Thompson Signature
1511-10 ave P. O. Address Lewiston Ida.

Subscribed and sworn to before me this 23 day of February, 1944

(SEAL) Tom Warner, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1944 by Mabel Helder, Registrar.

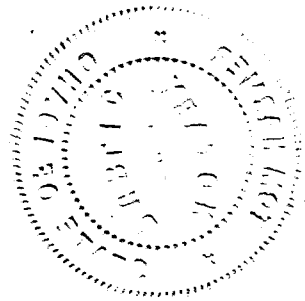
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope b FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy require advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



299-314-025-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 385941
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D. No. On Farm
   (d) Name of Hospital or Maternity Home: On Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years 8 months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D. No. On Farm
   (e) How long has **MOTHER** lived in Idaho? 40 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ferdinand Idaho

4. **FULL NAME OF CHILD** La Von Valentine Kirby

5. Date of Birth of Child (Month, day, year) Feb 14th 1913

6. Sex Female

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** William Broadwater Kirby
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Pineville (City or town) Mo. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maud Ella Gill
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Bentonville (City or town) Ark. (State or foreign country)
20. Exact Occupation Farm Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, ~~stillborn~~) at 4 P.M. on the date and at the place stated above, and that personal particulars were furnished by William B. (First name) Kirby (Last name), who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 31 years, and that Mrs W.H. Beasley (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William B. Kirby Signature

Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 23 day of February, 1944.

(SEAL) [signature], Notary Public, residing at Kooskia Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 1 - 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386054

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Midvale
   (c) Street Address or R.F.D. No. Country
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington.
   (c) City Midvale
   (d) Street Address or R.F.D. No. Country
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Midvale, Idaho

4. **FULL NAME OF CHILD** Teresa Ione Jones

5. Date of Birth of Child (Month, day, year) March. 27, 1913.

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd X

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Porter Marshal Jones
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Nashville (City or town) Tenn. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bertha Mae Modrall
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Pomona (City or town) Missouri. (State or foreign country)
20. Exact Occupation House Wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child, 3 (b) Born alive and now living. Living.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at morning M. on the date and at the place stated above, and that personal particulars were furnished by Bertha Mae (First name) Jones (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature T A Schmid M.D. ~~Midwife~~ Address Weiser Idaho Date 3-2-44

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 10 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1913-12435

712 - 204042 - 412

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

386090

State File No. 386090
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City Kimberly
   (c) Street Address or R.F.D. No. R 7 D.
   (d) Name of Hospital or Maternity Home: X
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Kimberly
   (d) Street Address or R.F.D. No. R 7 D.
   (e) How long has **MOTHER** lived in Idaho? 1909 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Lila Gabbey

5. Date of Birth of Child (Month, day, year) June 4 1913

6. Sex girl

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo. 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clyde Jamieson Gabbey
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Roseville (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rita Catherine Massey
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace El Moro (City or town) Colorado (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 34 years of age, that I have known this person for life years, and that W. White (First name) ____ (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. C. J. Gabbey Signature

Box 216 - Boise, Idaho P. O. Address

Subscribed and sworn to before me this 28 day of March, 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 28-1944 by Mabel Holden, Registrar.

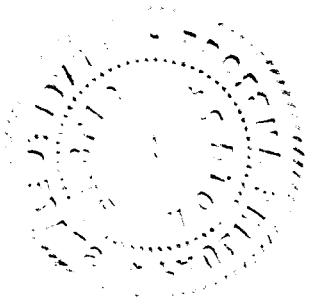
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 29 [illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Dup'd 1915 - 16391

133-123-022-314

386112

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386112
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Leslie Amos Alfred

5. Date of Birth of Child (Month, day, year) May 23 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? X

FATHER OF CHILD

10. **FULL NAME** Isaac Merell Alfred
11. Color or Race White
12. Age at time of THIS birth 44 yrs.
13. Birthplace Spring City Utah (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Campbell
17. Color or Race White
18. Age at time of THIS birth 36 yrs.
19. Birthplace American Fork Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living? 7 living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 30 (since birth) years, and that Mrs. (Unknown) (First name) Adams (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Campbell Alfred Signature

401 S. 3rd St., Boise, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of April, 1944

(SEAL)

Peter Scheuer, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1944 by Mary Keller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

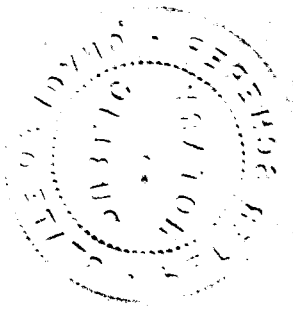
JUL 24 1956

APR 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-109-039-231

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 386165
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Rockland
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Born at home of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county — years 4 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 4 Mo. 12 Days

3. **RESIDENCE OF FATHER** (city, state) Rockland, Idaho

4. **FULL NAME OF CHILD** Arthur Fremont Wright

5. Date of Birth of Child (Month, day, year) Jan. 9, 1913

6. Sex Male

7. Twin or Triplet No — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Wright
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Eagletown (City or town) Indiana (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary (Mamie) Ellen Startin
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Dayton (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 19 Sol Ag No3
23. Number of children of this mother: (a) At time of birth and including this child Um (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4:30 a M. on the date and at the place stated above, and that personal particulars were furnished by Mary Ellen (First name) Wright (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature V. G. Logan M.D. ~~Midwife~~ Address Annunciation Date 3-6-1944

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 20 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 3 1976

MAR 20 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299 / 28022 665

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387297
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Twin Groves
   (c) Street Address or R.F.D. No. St Anthony - Route #1
   (d) Name of Hospital or Maternity Home: RESIDENCE
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County FREMONT
   (c) City TWIN GROVES
   (d) Street Address or R.F.D. No. ST. ANTHONY - #1
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) TWIN GROVES IDAHO

4. **FULL NAME OF CHILD** ELBERT OWEN BIRD

5. Date of Birth of Child (Month, day, year) FEB. 28, 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALFRED JAMES BIRD
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace TETON (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH MAUD OWEN
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace DUNKERTON (City or town) IOWA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child THREE (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 5 A.M. on the date and at the place stated above, and that personal particulars were furnished by EMMA (First name) BIRD (Last name), who is related as GRANDMOTHER (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of IDAHO
County of FREMONT } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 80 years, and that M. A. (First name) Lewis (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gilford J Bird Signature

St Anthony Idaho P. O. Address

Subscribed and sworn to before me this 21 day of March, 1944.

(SEAL) O. K. Meservy, Probate Judge, ~~Notary Public~~, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 24 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

391 102003-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387338
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ✓ years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Kearney Nebr

4. **FULL NAME OF CHILD** Virgil Frederick Tracy

5. Date of Birth of Child (Month, day, year) Sept 2 - 1943

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Roy B Tracy
11. Color or Race American
12. Age at time of THIS birth 28 yrs.
13. Birthplace Red Oak (City or town) Iowa (State or foreign country)
14. Exact Occupation Florist
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Lowe.
17. Color or Race American
18. Age at time of THIS birth 25 yrs.
19. Birthplace Longmont (City or town) Colo (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nebraska } ss.
County of Buffalo }

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(Father) Roy B Tracy Signature

Kearney Nebr. P. O. Address

Subscribed and sworn to before me this 20th day of March, 1944.

(SEAL)

Jas A Cleary, Notary Public, residing at Kearney Nebr

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 28 1944 by Mary Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 28 1913

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

NO SEX

DELAYED

DUP OF 1913-16085

V753 123 OB-753

387349

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Taylor
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Taylor
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Kenneth William Peterson

5. Date of Birth of Child (Month, day, year) Nov. 23 - 1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Lester Peterson
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Lehi (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Violet Holm Peterson
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Hyrum (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at..... M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature Mrs. E. J. Wadsworth M.D. Midwife Address 1344 Sage ave Idaho Falls Date 1944 3-25

State of..... }ss.
County of..... }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now..... years of age, that I have known this person for..... years, and that ..... (First name) (Last name), who attended this birth..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this..... day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DECEASED

DELAYED

893-206-038 698

387515

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Payette (b) City New Plymouth
   (c) Street Address or R.F.D. No. Rural Route
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Payette
   (c) City New Plymouth
   (d) Street Address or R.F.D. No. Rural Route
   (e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) Fairmount, Minn.

4. **FULL NAME OF CHILD** MILDRED MARDELL HILL

5. Date of Birth of Child (Month, day, year) Oct. 6, 1913

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd -

8. No. months of Pregnancy 9 mos.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Edward Tracy Hill
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Fairmount (City or town) Minnesota (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Ory
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Bethny (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child nine (b) Born alive and now living eleven

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California } ss.
County of Tulare }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for since birth years, and that Mrs. Hollingsworth (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

+Minnie May Ory Hill Signature

Terra Bella, California Box 445 P. O. Address

Subscribed and sworn to before me this 20th day of March, 19 44

(SEAL) Ardath Dabbs, Notary Public, residing at Porterville, Cal.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 8 - 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 15 1967

APR 11 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local registrar for record~~ in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

793 111 028-266

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 387604
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenia (b) City St. Marie
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: C. J. Kinsolving M.D. Home
(e) Mother's stay **BEFORE** delivery: IN THIS county years 4 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Virginia (b) County Lee
(c) City Jonesville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 mo.

3. **RESIDENCE OF FATHER** (city, state) East Stone Gap, Va.

4. **FULL NAME OF CHILD** Creed Flanary Gilley Jr.

5. Date of Birth of Child (Month, day, year) Feb. 11, 1943

6. Sex male

7. Twin or Triplet one If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full 9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Creed Flanary Gilley
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace East Stone Gap (City or town) Va. (State or foreign country)
14. Exact Occupation Civil Engineer
15. Industry or Business Engineering

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nancy Sword [redacted]
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Jonesville (City or town) Virginia (State or foreign country)
20. Exact Occupation Teacher
21. Industry or Business Public Schools

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Virginia
County of Wise } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 30 years, and that Dr. C. J. Kinsolving (First name) [redacted] (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nancy S. Gilley Signature

East Stone Gap, Va. P. O. Address

Subscribed and sworn to before me this 8th day of April, 1944

(SEAL) Notary Public, residing at East Stone Gap, Va.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mabel Fuller, Registrar.

D48-

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DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

BOTH DELAYED

DUP OF 1913 D 48-883

769-216-029-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388715
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Boveille
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Unknown
   The only hospital in Boville in 1913
   (e) Mothers stay **BEFORE** delivery: In **THIS** county Yes years 23 months 3 days 24

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Anna Margarite Porter

5. Date of Birth of Child (Month, day, year) Aug. 16 1913

6. Sex F

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Stanley Morton Porter
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Gallia Co. Ohio. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Mae Anderson
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Calospell Mont. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth ~~and including this child~~ One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of OHIO
County of GALLIA } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that I [illegible] attendant (First name) (Last name), who attended this birth (Now Deceased) (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

S. M. Porter Signature

South Charleston, W. Va. P. O. Address

Subscribed and sworn to before me this twelvth day of April, 19 44

ROBERT A. QUEEN, Notary Public,
MY TERM EXPIRES JUNE 6th, 1944.

(SEAL)

Robt A Queen, Notary Public, residing at Gallipolis, Ohio

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mabel Hodges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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691-105-023-314

388721

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Pearl
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay **BEFORE** delivery: in THIS county years 13 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Pearl
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 years yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** John Benjamin Franklin

5. Date of Birth of Child (Month, day, year) May 5, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George W. Franklin
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation Mining
15. Industry or Business Quartz Mines

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ida Ellen Campbell
17. Color or Race white
18. Age at time of THIS birth 41 yrs.
19. Birthplace Buffalo (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum ag nd3

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature B. O. Clark M.D. Midwife Address V. A. Boise Ida Date 4-20-44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oklahoma
County of Tulsa } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person ~~xx~~ since birth years, and that Dr. B. O. Clark ~~Emmett~~ (First name) (Last name), who attended this birth Boise, Idaho (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Campbell Franklin. Signature
Rt #1, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 12th day of April, 1944.

My commission expires 2-13-1946. Kay Anderson, Notary Public, residing at Hotel Mayo, Tulsa
(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 18 1944 by Mary Helen, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 19 1944
APR 24 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-113-028-413

388728

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kooteni (b) City Coeur d Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mr + Mrs Chin Gifford - Private Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kooteni
(c) City Coeur d Alene
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? since 7 yrs of age ~~6 mos~~ yrs.

3. RESIDENCE OF FATHER (city, state) Coeur d Alene - Ida

4. FULL NAME OF CHILD Ralph Merrill Stone

5. Date of Birth of Child (Month, day, year) 8-13-13

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 8

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Elmer Marvin Stone
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Garfield Wash. (City or town) (State or foreign country)
14. Exact Occupation Cook in Resturant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myra Ellen Mather
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bingham Canyon - Utah (City or town) (State or foreign country)
20. Exact Occupation Waitress
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, ~~stillborn~~) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature John Wood M.D. Midwife Address Coeur d Alene Ida Date Apr 16. 44

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for years, and that Dr J. Woods (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myra E. Stone Signature
Craigmont Idaho P. O. Address

Subscribed and sworn to before me this 23 day of March, 1942
(SEAL) Eugene Kaufer Notary Public, residing at Craigmont.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

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JUN 20 1958

APR 24

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

285-222-008-793

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388738
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Vanwick
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Vanwick
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? nine yrs.

3. **RESIDENCE OF FATHER** (city, state) Vanwick, Idaho

4. **FULL NAME OF CHILD** Blanche Bessie Shepherd
5. Date of Birth of Child (Month, day, year) 4/22/1913
6. Sex female
7. Twin or Triplet no — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Orlando Guy Shepherd
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Secor (City or town) Illinois (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Abbie Girtie Gill
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Competition, Missouri (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Marion } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 21 years, and that a Doctor (First name) Nogels (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abbie Girtie Shepherd Signature
Stayton Oregon P. O. Address

Subscribed and sworn to before me this 17th day of April, 1944.

(SEAL) Walter H Bell Notary Public, residing at Stayton, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 20 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-224-028-419

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388762
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenaii (b) City
(c) Street Address or R.F.D. No. farm near Worley
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 3 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Worley, Idaho nearest P.O.
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Worley, Idaho

4. FULL NAME OF CHILD Orvall Genenieve Burr

5. Date of Birth of Child (Month, day, year) August 29, 1913

6. Sex female

7. Twin or Triplet — If so—born single 1st, 2nd, 3rd

8. No. months of Pregnacy full 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edward James Burr
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna May Darby
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Canada (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Montana } ss.
County of Missoula }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Uncle (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for lifetime years, and that E. S. Reger (First name) M. D. (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fred Burr
Signature

Superior, Montana
P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 44.

(SEAL) Fred W. Schultz Notary Public, residing at Notary Public for the State of Montana Residing at Missoula, Montana My Commission Expires Aug. 14, 1945

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 28 1944 by Mabel Felder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

796-113-023-391

388768

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth) Gross
   (a) County Gem (b) City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Gross
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 55 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gross, Idaho

4. **FULL NAME OF CHILD** Vernon Vergil Gross

5. Date of Birth of Child (Month, day, year) June, 13, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Gross
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Germany (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business "

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruth Cramer
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Kirbyville (City or town) Mo. (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Payette } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for since his birth years, and that [illegible] (First name) [illegible] midwife (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ruth Gross
Signature

New Plymouth, Idaho
P. O. Address

Subscribed and sworn to before me this 19 day of April, 1944

(SEAL)

[illegible], Notary Public, residing at New Plymouth Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 27 1944 by [illegible] Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-124-042-815

388790

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl
   (c) Street Address or R.F.D. No. 11th Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 11 months 17 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State (b) County
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wayne Charles Hancock

5. Date of Birth of Child (Month, day, year) March 24 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9mo

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Alvey Hancock
11. Color or Race Amer.
12. Age at time of THIS birth 28 yrs.
13. Birthplace Springdale (City or town) Arkansas (State or foreign country)
14. Exact Occupation Railway Mail Clerk
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Myrtle S Hancock
17. Color or Race American
18. Age at time of THIS birth 20 yrs.
19. Birthplace Springdale (City or town) Arkansas (State or foreign country)
20. Exact Occupation
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Twin Falls } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Dr Charles Wetherbee (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Myrtle S. Hancock Signature
Box 47- Buhl, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of April, 1944

(SEAL)

J. T. Chipps Jr., Notary Public, residing at Twin Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 24 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-129-016-275

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 388818
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Idahome
   (c) Street Address or R.F.D. No. ------
   (d) Name of Hospital or Maternity Home: born at family home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 2 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Idahome
   (d) Street Address or R.F.D. No. -----
   (e) How long has **MOTHER** lived in Idaho? 4 yr. 2 Mo. yrs.

3. **RESIDENCE OF FATHER** (city, state) Idahome, Idaho.

4. **FULL NAME OF CHILD** Bernard Matthias Smith

5. Date of Birth of Child (Month, day, year) July 29, 1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd -----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Sylvester John Smith
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Lemont (City or town) Illinois (State or foreign country)
14. Exact Occupation Abstracter & Farmer
15. Industry or Business Realty & Abstracting & Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christine Stehn
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Fountain City (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housekeeping

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

AFFIDAVIT

State of Oregon, County of Marion } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 30 years, and that Dr. J. Minter M. D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sylvester John Smith Signature

St. Paul, Oregon P. O. Address

Subscribed and sworn to before me this 18th day of April, 1944.

(SEAL) Ray Kerr My commission expires April 22, 19[illegible], Notary Public, residing at St. Paul, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 27 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

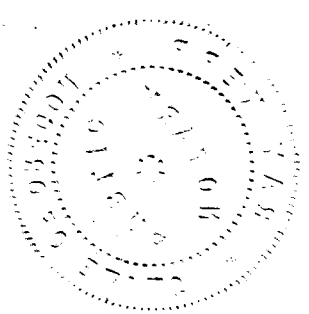
AUG 20 1971

APR 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



315-215-008-493

388867

United States Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 337
Reg. Dist. No. 310

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to State Bureau of Vital Statistics, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Boise (b) City Thunder City
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Own Home
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ____ days.
   In **THIS** county 5 years ____ months ____ days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Boise
   (c) City Thunder Cety
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.
   (f) Mother's mailing address (For registration notice): Thunder Cety Ida
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Dottie Bell Cantrall

5. Date of Birth (Month, day, year) May 5 - 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ray Cantrall
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Alturis (City or Town) Calif. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Own Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophrona Hillis
17. Color or Race W.
18. Age at time of THIS birth 25 yrs.
19. Birthplace ____ (City or Town) Michigan (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
    (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (born alive, stillborn) at about 5 P. M. on the date and at the place stated above, and that personal particulars were furnished by Ray (first name) Cantrall (Last name), who is related to this child as Father (Mother, etc.)

25. Attendant's **OWN signature** Mary E Cantrall M.D. (M.D., Midwife, etc.)
    and address Cascade Idaho Date April 24 - 44

26. (a) April 24 1944 (Date received) (b) Myrtle Gardner (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

MAR 31 1949

695-107-029-849

388903

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D. No. Gen. Del.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D. No. Gen. Del.
(e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Moscow, Ida.

4. FULL NAME OF CHILD William Richard French

5. Date of Birth of Child (Month, day, year) May 7, 1913

6. Sex Male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnacy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Thomas French
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Reidsville N. C. (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Woodsman.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lilly Virlee Hurt
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Macon Mo. (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business Homemaking.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 30 years, and that Mrs. Fanny Tracy (First name) (Last name), who attended this birth cannot be found (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William Thomas French Signature
204 East D.St., Moscow, Idaho. P. O. Address

Subscribed and sworn to before me this 10th day of April, 1944
(SEAL) [signature] Probate Judge ~~Notary~~ Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 5 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-219005-249

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390052
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bennewah (b) City Plummer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 6 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bennewah
   (c) City Plummer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Lula Mae Andrews

5. Date of Birth of Child (Month, day, year) 1-19-13

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Edward Andrews
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace Delhigh (City or town) Iowa (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Belle Smith
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Cowlitz } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now thirty seven years of age, that I have known this person for 31 years, and that (First name) unknown (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Colby Signature

Rt. 1- Longview, Washington P. O. Address

Subscribed and sworn to before me this 11 day of May, 1944

(SEAL) H. N. Martin, Notary Public, residing at Longview Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 17 1944 by Mary Helen, Regi

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 2 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and ~~filed by the local register~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother ~~of the child is living~~ or accessible, of the ~~nearest of kin~~ or guardian, or some person having direct knowledge in the premises.

795-22-7053-815

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390111
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Cleveland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Cleveland Idaho
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Cleveland
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 51 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cleveland, Idaho

4. **FULL NAME OF CHILD** Blanche Eveline Prescott

5. Date of Birth of Child (Month, day, year) July 27, 1943

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Jacob Prescott
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Liberty (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Eveline Hanson
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cleveland, Idaho (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth and including this child~~ (b) Born ~~alive~~ and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bannock } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 30 years, and that Mary (First name) E Lungren (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

LEVI ALAND
NOTARY PUBLIC
MONTPELIER, IDAHO
MY COMMISSION EXPIRES
DECEMBER 15, 1945

Eveline Prescott Signature

858 North Tenth Pocatello Ida. P. O. Address

Subscribed and sworn to before me this 20 day of May, 1944

(SEAL) Levi Aland, Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 23 1944 by Mary Fuller, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

855-207003 219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390213
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bannock (b) City McCammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 14 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City McCammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Goldie Rosalyn Henson
5. Date of Birth of Child (Month, day, year) Oct 7, 1913
6. Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Amaziah Moroni Henson
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Franklin (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Beryl Bailey
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Portage (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California
County of Orange } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 29 years, and that Eltharia Lewis (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Amaziah Moroni Henson Signature

McCammon 7/15-1916 Calif Buena Park P. O. Address

Subscribed and sworn to before me this 13 day of January, 1944

(SEAL) Betty M Weeks Notary Public, residing at Buena Park

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

819-124014-812

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No. 1. (Cone)
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No. 1.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Nampa - Ida.

4. **FULL NAME OF CHILD** Howard Alonzo Hartman

5. Date of Birth of Child (Month, day, year) 3-24-1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Hartman (Jr)
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Rico (City or town) Colorado (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Letha Haskins
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Anderson (City or town) Missouri (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate Sol. 1%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 a. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature Geo. A. W. Kellogg M.D. ~~Midwife~~ Address Nampa, Idaho Date 5/7/44

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wash. } ss.
County of King }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 30 years, and that Dr. George A. Kellogg (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Letha Hartman Signature
218 H St. SE. Auburn Wash. P. O. Address

Subscribed and sworn to before me this 7th day of May, 19 44.

(SEAL)

Rachel Smith, Notary Public, residing at Auburn.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1944 by Mabel Helder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 1 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

593 112001 469

390234 State File No. 390234

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1811 Aldenbaugh.
   (d) Name of Hospital or Maternity Home: —
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1811 R
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise Ida.

4. **FULL NAME OF CHILD** John Holbrook Eichmann

5. Date of Birth of Child (Month, day, year) June 12-1913

6. Sex M

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Full Term

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herman N. Eichmann

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Jersey City, N.J. (City or town) (State or foreign country)

14. Exact Occupation accountant

15. Industry or Business Ida. Power & Irrigation Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie M. Morris

17. Color or Race White

18. Age at time of THIS birth 29 yrs.

19. Birthplace Denmark, Iowa (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Credes Solution

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7.10 P M. on the date and at the place stated above, and that personal particulars were furnished by Carrie (First name) Eichmann Clerk (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature John Boeck M.D. ~~Midwife~~ Address Boise Idaho Date June 10-44

AFFIDAVIT

State of ____ } ss.
County of ____ }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ____ (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ____ years of age, that I have known this person for ____ years, and that ____ (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

____ Signature

____ P. O. Address

Subscribed and sworn to before me this ____ day of ____, 19____.

(SEAL) ____, Notary Public, residing at ____

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1944 by Mary Fidler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage-to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 18 1944

MAY 25 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may be received and~~ filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Dup of 1913 - 14158

DELAYED

569222-028153

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390286
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Alma Martha Norelius

5. Date of Birth of Child (Month, day, year) 2/22/13

6. Sex Female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd)

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Norelius
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Aletta Bell Anthony
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Pennsylvania (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 30 years, and that H. H. Holden (Physician) (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Roy Norelius Signature

Rte 2, Coeur d Alene, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of May, 19 44.

(SEAL) [illegible], Notary Public, residing at Coeur d Alene, Ida

(Note—Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 9 1944 by Mabel Holden, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4/2-223026-249

390299

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County JEFFERSON (b) City RIGBY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County JEFFERSON
(c) City RIGBY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD BURNETT DABELL

5. Date of Birth of Child (Month, day, year) 3-23-1913

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME JAMES LLEWELLYN DABELL
11. Color or Race WHITE
12. Age at time of THIS birth 28 yrs.
13. Birthplace HARRISVILLE (City or town), UTAH (State or foreign country)
14. Exact Occupation CARPENTER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME ABBIE BURNETT
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace BEDFORD Co. (City or town), VIRGINIA (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. / Midwife Address Date

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for all her life years, and that PALMER M.D. (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

James Llewellyn Dabell Signature
1303 E. Harvard st Glendale Calif. P. O. Address

Subscribed and sworn to before me this 6th day of June, 1944

(SEAL) Duncan Gardner Notary Public, residing at Glendale California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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817-231 028-995

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390310
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Rural route #4
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene, Idaho

4. **FULL NAME OF CHILD** Grace Mabel Hagel

5. Date of Birth of Child (Month, day, year) Jan. 31, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar F. Hagel
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Peoria, Illinois (City or town) (State or foreign country)
14. Exact Occupation Mucking
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mabel Mary Riel
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Philipsburg, Mont. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Once (b) Born alive and now living One

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.) Father. Physician and attendant are dead

25. Attendant's **OWN** signature E. F. Hagel M.D. Midwife Address Date

AFFIDAVIT

State of Washington, County of Spokane } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Doctor (First name) is deceased (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E. F. Hagel Signature

P. O. Address

Subscribed and sworn to before me this 8 day of June, 1944

(SEAL) P. Costabile, Notary Public, residing at Fenimo Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 13 1944 by Mabel Holden, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 13 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

196-105-043-611

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 390325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Valley (b) City McCall
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 14 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City McCall
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 14 yrs.

3. **RESIDENCE OF FATHER** (city, state) McCall, Ida.

4. **FULL NAME OF CHILD** Eino, Matti Arola
5. Date of Birth of Child (Month, day, year) 6-5-13
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy Nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Arola
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Vaasa (City or town) Finland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fiina Aliina Ojala
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Oulu (City or town) Finland (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child Eight (b) Born alive and now living Eight

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Valley } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Ida (First name) Maki (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Fiina Aliina Ilka Signature
McCall Idaho P. O. Address

Subscribed and sworn to before me this 6 day of June, 1944.

(SEAL) A. G. Goodman, Notary Public, residing at McCall Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 15 1944 by Mabel Helder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

217-230-006-398

United States
Department of Commerce
Bureau of the Census

JUN 14 1944

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391476
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Moreland
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Moreland
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Thelma Baxter

5. Date of Birth of Child (Month, day, year) Oct 30th 1913

6. Sex girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Alma S. Baxter
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Oreova Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Crystal Baxter
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace American Fork Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 0 (b) Born alive and now living living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Thelma Baxter (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature F. O. Mitchell M.D. Midwife Address Blackfoot Idaho Date 6, 21, 1944

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for since birth years, and that Dr. Mitchell of Blackfoot Idaho (First name) (Last name), who attended this birth is not available (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie Crystal Baxter Signature
2100 SE Clinton Portland Oregon P.O. Address

Subscribed and sworn to before me this 10th day of June, 1944

(SEAL) R. T. Link, Notary Public for Oregon, residing at Portland Ore.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires Apr. 1, 1949

Received for filing on JUN 27 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 8 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

~~Where~~ the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-124-044-295

391522

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391522
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ____ (b) City ____
   (c) Street Address or R.F.D. No. 7 mi. W. of Weiser
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County ____
   (c) City 7 mi. west of Weiser
   (d) Street Address or R.F.D. No. R.F.D. ----
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Cooper County, Mo.

4. **FULL NAME OF CHILD** Melvin Malone Fitzpatrick

5. Date of Birth of Child (Month, day, year) Aug. 24, 1913

6. Sex Male

7. Twin or Triplet ____ If so—born 1st, 2nd, 3rd ____

8. No. months of Pregnancy nine

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Edgar Paul Fitzpatrick

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Cooper county, (City or town) Missouri (State or foreign country)

14. Exact Occupation Carpenter (Lead man)

15. Industry or Business Willamette Iron & Steel Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Viola Lavinia Watters

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Maitland, (City or town) Missouri (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know-attended to by physician

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Oregon, County of Multnomah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 30 years, and that ------ (First name) Mitchell (Last name), who attended this birth, (whereabouts unknown) (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Lavinia Fitzpatrick Signature

1807 S.E. Reedway, Portland, Oregon Address

Subscribed and sworn to before me this 29th day of May, 1944

(SEAL)

E.M. McIntyre, Notary Public, residing at Portland, Oreg

Notary Public in and for the State of Oregon.
My Commission Expires Jan. 18, 1948.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1944 by Mabel Reed, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope, bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 5 1944

JUL 10 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or By Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

OCT 9 1951 SEP 12 1951

154 129-001-689 391526 391526

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Ada (b) City Mora
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
IN **THIS** county 6 years months ~~[illegible]~~ days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Mora
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state) Kuna Idaho

4. FULL NAME OF CHILD Clyde Andress

5. Date of Birth of Child (Month, day, year) March 29, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ernest Ruben Andress
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Eagle grove (City or town) Iowa (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sylvia Fountain White
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Canyon City (City or town) Colorado (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known.

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Colorado
County of San Miguel } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 31 years, and that Mrs. James Colson (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sylvia F Palmer formerly Sylvia Andress Signature
Telluride Colorado P. O. Address

Subscribed and sworn to before me this 23 day of June, 1944

(SEAL) Charles N Fairlamb Notary Public, residing at Telluride Colorado

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com. Exp. 11/26/47

Received for filing on JUL 10 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

389-201 001 14 Gillman

391703

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 391703
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Idaho Sanatarium
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? Life yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau Ida.

4. **FULL NAME OF CHILD** Margret Ruth Christison

5. Date of Birth of Child (Month, day, year) Sept. 1, 1943

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** Cecil Christison
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Tennessee (City or town) Ark. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Esther Vivian Adams
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Bruneau (City or town) Idaho (State or foreign country)
20. Exact Occupation Farmers Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nevada
County of Lander } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for life years, and that Dr Tal-man (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Esther Vivian Christison Signature

Battle Mountain Nevada P. O. Address

Subscribed and sworn to before me this 12th day of July 1944, 19

(SEAL) Louis A Lemaire, Notary Public residing at Battle Mountain Nev

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1944 by Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1913-16143

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392861

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Emida
(c) Street Address or R.F.D. No. --
(d) Name of Hospital or Maternity Home: (at home) none.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County then Kootenai
(c) City Emida
(d) Street Address or R.F.D. No. --
(e) How long has **MOTHER** lived in Idaho? 36 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Albert Douglas Whitehead

5. Date of Birth of Child (Month, day, year) March 12, 1913

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Whitehead
11. Color or Race white **12.** Age at time of THIS birth 35 yrs.
13. Birthplace Washington County, Arkansas (City or town) (State or foreign country)
14. Exact Occupation Woodsman
15. Industry or Business Woods work, Logging,

MOTHER OF CHILD

16. FULL MAIDEN NAME Minnie Almeda Brown
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Stevens County, Washington (City or town) (State or foreign country)
20. Exact Occupation Housewife,
21. Industry or Business Housework,

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Benewah } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 29 years, and that Mrs. Ophia Ells (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie almeda whitehead Signature

St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 13th day of November, 1942

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 28 1944 by Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 9 1963

JUL 2 8 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419 107 001 714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 392888
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. 1913 N. 16th Street
   (d) Name of Hospital or Maternity Home: St. Alphonse
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 36 years 5 months 14 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. 1913 N. 16th Street
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Idaho

4. **FULL NAME OF CHILD** Edward Hutton Markison

5. Date of Birth of Child (Month, day, year) August 7, 1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** George Tilden Markison
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Charleston, Missouri (City or town) (State or foreign country)
14. Exact Occupation salesman
15. Industry or Business Toledo Scale Company

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Alida Gaunt
17. Color or Race white
18. Age at time of THIS birth 36 yrs.
19. Birthplace Chicago (City or town) Illinois (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8:00 a. M. on the date and at the place stated above, and that personal particulars were furnished by Louise G. Markison (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ..... } ss.
County of .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for 31 years, and that Dr. George Collister (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louise G. Markison Signature
1636 Berkeley Way - Berkeley 3, Calif. P.O. Address

Subscribed and sworn to before me this 12th day of July, 1944

(SEAL) Olinda E. Ingham, Notary Public, residing at 420 - 15th St. Oakland 12 Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Sept. 24, 1944.

Received for filing on JUL 31 1944 by Mabel Felder Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

396 210028-132

39-900

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 392900
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Rathburn (b) City Mica Bay
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Rathburn
   (c) City Mica Bay
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 Months

3. **RESIDENCE OF FATHER** (city, state) Mica Bay Idaho

4. **FULL NAME OF CHILD** Dorothy Violet Tromblee

5. Date of Birth of Child (Month, day, year) Jan. 10 1913

6. Sex female

7. Twin or Triplet xxxxxxxx If so—born 1st, 2nd, 3rd xxxxxx

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Morton Joseph Tromblee
11. Color or Race white
12. Age at time of THIS birth 24 yrs.
13. Birthplace Amory Wisc. (City or town) (State or foreign country)
14. Exact Occupation Locomotive Fireman
15. Industry or Business Logging Operation

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence Elizabeth Alston
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace St Paul Minn (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum one
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Cowlitz }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 yrs years, and that Dr. George Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Florence Elizabeth (Alston) Tromblee Signature

Loo Bo 38. Kelso Wash. P. O. Address

Subscribed and sworn to before me this 2nd day of August, 19 44

(SEAL) A. D Byrnes, Notary Public, residing at Kelso

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 9 1944 by Mary Hedges, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 9 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-218 033-249

392958

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City Chester
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City Chester
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Chester, Idaho

4. **FULL NAME OF CHILD** Hilda Bell

5. Date of Birth of Child (Month, day, year) May 18, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bruce Bell
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Harrison County, Iowa (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Anna Smith
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Paridise, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9 A. M. on the date and at the place stated above, and that personal particulars were furnished by me (First name) (Last name), who is related to this child as Aunt. (Mother, etc.)

25. Attendant's **OWN** signature XX Midwife Address Vernonia, Oregon. Date Aug. 1943

State of OREGON, County of Lincoln. } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 36 years of age, that I have known this person for 31 years, and that the woman (name unknown) (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Stevenson Signature

Vernonia, Oregon. P. O. Address

Subscribed and sworn to before me this 27th day of June, 1944

(SEAL) G. T. Littlefield Notary Public, residing at Newport, Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 1 1944 by Mabel Holden, Registrar.

AUG 3 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

114-23-14-238

United States
Department of Commerce AUG 25 1944
Bureau of the Census

(DELAYED BIRTH CERTIFICATE)
(Be sure the information is as of date of birth of THIS child.)
CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394347
Local Reg. No. 44
Reg. Dist. No. 3-330

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County CANYON (b) City PAYETTE
(c) Street Address or R.F.D. No. R.F.D.NO. 2
(d) Name of Hospital or Maternity Home: NONE
(e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years --- months ---- days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State IDAHO (b) County CANYON
(c) City PAYETTE.
(d) Street Address or R.F.D. No. R.F.D.NO. 2
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) PAYETTE, IDAHO

4. **FULL NAME OF CHILD** WILHELMINA LYDIA PAULSEN

5. Date of Birth of Child (Month, day, year) MARCH 31, 1913

6. Sex FEMALE

7. Twin or Triplet ---------- If so—born 1st, 2nd, 3rd -------

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** THEODORE JOHN BARTRAM PAULSEN

11. Color or Race WHITE

12. Age at time of THIS birth 29 yrs.

13. Birthplace GERMANY (City or town) (State or foreign country)

14. Exact Occupation FARMER

15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LYDIA SCHWARTZ

17. Color or Race WHITE

18. Age at time of THIS birth 34 yrs.

19. Birthplace PANNA, ILLINOIS (City or town) (State or foreign country)

20. Exact Occupation HOUSEWIFE

21. Industry or Business HOMEMAKING

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---------

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of IDAHO
County of PAYETTE } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MIDWIFE (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 31 years, and that ELISE (First name) IRETON (Last name), who attended this birth AS MIDWIFE IS ALIVE (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elise Ireton Signature

PAYETTE, IDAHO, STAR ROUTE P. O. Address

Subscribed and sworn to before me this 15th day of Aug, 1944

(SEAL) G W Hummel, Notary Public, residing at Payette, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 8/15/1944 by J. C. Woodward, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 23 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

299-119-025-154

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394361
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Stites
(c) Street Address or R.F.D. No. — none at that time
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay **BEFORE** delivery: all my life
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County
(c) City Stites
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 1 year yrs.

3. **RESIDENCE OF FATHER** (city, state) Stites Idaho

4. **FULL NAME OF CHILD** Edgar Wayne Briggs
5. Date of Birth of Child (Month, day, year) June, 19, 1913
6. Sex Male
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy nine
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Albert Briggs
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Rose Oklahoma (City or town) (State or foreign country)
14. Exact Occupation Farm Laborer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jane Anna Anderson
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Jerico Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by ~~Jane Anna Hooke~~ (First name) (Last name), who is related as ~~mother~~ (Mother, etc.) Did not have a Doctor or midwife

25. Attendant's **OWN** signature M.D. Midwife Address attended by mother Day neighbors

State of California } ss.
County of Sacramento }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for life years, and that Nellie Anderson (First name) (mother) (Last name), who attended this birth can be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jane Anna Hooke Signature
1716 Sherwood Ave Sacramento 14 Calif. P.O. Address

Subscribed and sworn to before me this 23rd day of August, 1944

(SEAL) R. Lebar, Notary Public, residing at 3043 Montgomery Way Sacramento, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public in and for the County of Sacramento, State of California.

Received for filing on AUG 30 1944 by Mary Helen, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 31 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

1278-009-022-214

394448

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Freemont (b) City Spencer
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Nurses home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county seven years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Freemont
   (c) City Spencer
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Spencer, Idaho

4. **FULL NAME OF CHILD** Mary Louise Schneider

5. Date of Birth of Child (Month, day, year) November 9, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ernest Schneider
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Switzerland (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Sams
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Homemaker
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child two (b) Born alive and now living two

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

State of Idaho
County of Gem } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 years, and that Mrs. Wilson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ernest Schneider Signature

Route 2, Emmett, Idaho P. O. Address

Subscribed and sworn to before me this 5th day of September, 19 44.

(SEAL) Margaret Smoke, Notary Public, residing at Emmett, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Com'n expires Oct. 13, 1944

Received for filing on SEP 7 1944 by Mabel Helgerson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

392-212, 028-265

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394457
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d' Alene
   (c) Street Address or R.F.D. No. 508 Reid Street
   (d) Name of Hospital or Maternity Home: XXX Own Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months 2 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. 508 Reid Street
   (e) How long has **MOTHER** lived in Idaho? 3 Yrs yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d' Alene Idaho

4. **FULL NAME OF CHILD** Gertrude Katherine Libbey
5. Date of Birth of Child (Month, day, year) Jan. 12, 1913
6. Sex Female
7. Twin or Triplet XX If so—born 1st, 2nd, 3rd XX
8. No. months of Pregnancy 9 mos
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frederick Daniel Libbey
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Chippewa Falls (City or town), Wisconsin (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business Metropolitan Meat Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosabel Boyd
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Eau Claire (City or town), Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business XX

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child Three (b) Born alive and now living Three

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 8 A M. on the date and at the place stated above, and that personal particulars were furnished by Rosabel Libbey (First name) (Last name), who is related as Mother (Mother, etc.)
25. Attendant's **OWN** signature John D Wood M.D. Midwife Address Coeur d'Alene Ida Date Aug 31. 44

State of Washington
County of Chelan } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Dr. John Woods (First name) (Last name), who attended this birth not located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosabel Libbey Signature
Soap Lake, Washington. P. O. Address

Subscribed and sworn to before me this 26 day of August, 1944
(SEAL) [signature], Notary Public, residing at Wenatchee
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 11 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 29 1960

SEP 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

39-20-035-366

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 394469
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston Ida
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wash (b) County Spokane
   (c) City Spokane
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Evelyn Josephine Craig

5. Date of Birth of Child (Month, day, year) June 10th 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Ray Craig
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Minneapolis (City or town) Minn (State or foreign country)
14. Exact Occupation Ry Conductor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Josephine Oline Cook
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Everett (City or town) Wash (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address Dead — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Wash } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the Foster Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years years, and that Dr R. J. Alcorn (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Josephine Oline Craig Signature
14 E. West 9th Ave P. O. Address Spokane Wash

Subscribed and sworn to before me this 30th day of Aug, 1944

(SEAL) Horace Reilly, Notary Public, residing at Spokane Co

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 5 1944 by Mabel Holder, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 27 1998

SEP 13 1994

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

214-214-042-662

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395569
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Amsterdam
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home,
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAho (b) County Twin Falls
(c) City Amsterdam
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same.

4. FULL NAME OF CHILD Bertina Kamps.
5. Date of Birth of Child (Month, day, year) Dec. 14-1913.
6. Sex Female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate?

FATHER OF CHILD
10. **FULL NAME** Borgert Kamps
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Gronigen (City or town) — The Netherlands (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Trienje Oosterveld.
17. Color or Race white
18. Age at time of THIS birth 32 yrs.
19. Birthplace Gronigan (City or town) — The Netherlands (State or foreign country)
20. Exact Occupation House wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11:00 P. M. on the date and at the place stated above, and that personal particulars were furnished by Trienje (First name) Osterveld (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's **OWN** signature [signature] ~~M.D.~~ Midwife Address Sultan, Wash Date 9-9-44

State of Washington
County of Snohomish } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ..... Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 20 1944 by Mabel Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

449-119-029-714

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 395585
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at the home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 26 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kendrick, Idaho

4. **FULL NAME OF CHILD** Stanley Murphy

5. Date of Birth of Child (Month, day, year) Sept. 19. 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Murphy
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Missouri (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna G. Paulson
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by Lottie Paulson (First name) Kroesing (Last name), who is related as Aunt (Mother, etc.)

25. Attendant's **OWN** signature Mrs Sattie Kroesing M.D. Midwife Address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 31 years, and that Dr. Rothwell (First name) (Last name), who attended this birth now is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Sattie Kroesing Signature
713 S. Adams St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of September 19 44

(SEAL) [signature] Probate Judge ~~Notary Public~~, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 15 1944 by [signature], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

45-1-1-014-314

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395667
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 21 years 1 months 19 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ervine Lewis Dewey

5. Date of Birth of Child (Month, day, year) Oct. 19, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ervine Lee Dewey
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Sergeant Bluff, Iowa (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Mae Camp
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Albion, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate 10%
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Cassia }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 30 yrs. years, and that Dr. Minter (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E Lee Dewey Signature

Burley Ida P. O. Address

Subscribed and sworn to before me this 25 day of September, 1944.

(SEAL) D. C. Parker, Notary Public, residing at Burley, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1944 by Mabel Holder, Registrar

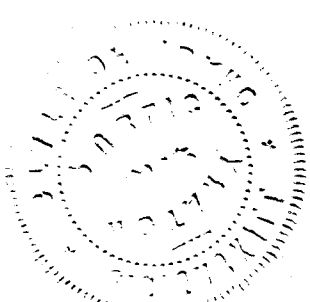
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 8
OCT 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



469-226-043-959

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395671
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Valley (b) City Ola
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Valley
(c) City Ola
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 11 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ola, Idaho

4. **FULL NAME OF CHILD** Margaret Caroline Morrow

5. Date of Birth of Child (Month, day, year) June 26, 1913

6 Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Silas Posey Morrow
11. Color or Race white
12. Age at time of THIS birth 31 yrs.
13. Birthplace Caldwell, Idaho (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmithshop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Alma Reinhardt
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Cheyenne, Wyoming (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Custer } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 31 years, and that Dr. George Bird (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Alma Morrow Reinhardt Signature

P. O. Address

Subscribed and sworn to before me this 22 day of September, 1944

(SEAL) R R Bartsche, Notary Public, residing at Challis, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 27 1944 by Mabel Felder, Registrar

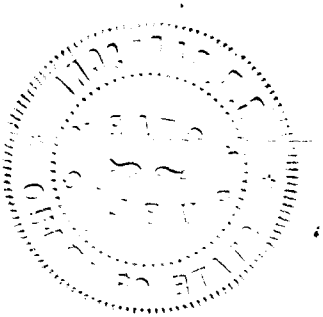
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



312-219-608-235 395760

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 395760
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Boise (b) City Horseshoe Bend
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Boise
(c) City Horseshoe Bend
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Horseshoe Bend

4. **FULL NAME OF CHILD** Floretta Lemorn Casner

5. Date of Birth of Child (Month, day, year) March 19, 1913

6 Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Frank Elmer Casner
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Addie Lemorn Stephenson
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Horseshoe Bend, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boracid Acid
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Sarah Ann Pollock Stephenson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Addie L Matteson Signature
307 Myrtle Boise, Idaho Address

Subscribed and sworn to before me this 25 day of October, 1944

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct. 25-1944 by Mabel Helden, Registrar

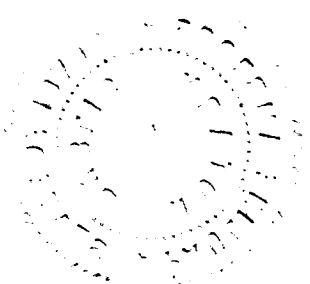
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 25 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



869 126 016-749

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 396894
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Cassia (b) City Albion
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home days.
IN **THIS** county 24 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Albion
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
(f) Mother's mailing address Albion, Idaho

3. **RESIDENCE of FATHER** (If Elsewhere) Albion, Idaho

4. **FULL NAME OF CHILD** Edgar Jay Horsley

5. Date of Birth (Month, day, year) Aug 26, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Horsley

11. Color or Race white

12. Age at time of THIS birth 29 yrs.

13. Birthplace Albion, Cassia Co., Idaho
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZA GUILES

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Albion, Idaho
(City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5
(c) Born alive and now dead 1 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Jessie May Horsley (First name) (Last name), who is related to this child as Grandmother (Mother, etc.)

26. (a) OCT 25 1944 (Date received) (b) Mabel Milder (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature Jessie May Horsley M.D. (D.O., Midwife, etc.)
and address Albion, Ida. Date Oct. 18 1944

State of Idaho } ss.
County of Cassia }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Jessie May Horsley, being first duly sworn, say that I am related (Related to (or) acquainted with) Edgar Jay Horsley (Name of person on certificate above) as grandmother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Storey (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

Albion, Idaho P. O. Address

Subscribed and sworn to before me on this 16th day of October, 1944

(SEAL)

Notary Public, residing at Albion, Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 24 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-14612

385-222029-652

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 397005
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City 5 miles
   (c) Street Address or R.F.D. No. 2 from Potlatch
   (d) Name of Hospital or Maternity Home: at home of grandmother
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Wash. (b) County Whitman
   (c) City Palouse
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? none yrs.

3. **RESIDENCE OF FATHER** (city, state) Palouse, Wn

4. **FULL NAME OF CHILD** Freda Pearl Lynd

5. Date of Birth of Child (Month, day, year) Aug. 22, 1913

6. Sex femal

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Ruben Elmer Lynd
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Palouse, Washington (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ella West
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace McLeansboro, Ills (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business same

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.) Doctor Geo. T. Boyd, now deceased

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Washington
County of Whitman } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 49 years, and that Geo. T. (First name) Boyd (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Ella Lynd Signature

Palouse, Wash. P. O. Address

Subscribed and sworn to before me this 28th day of October, 1944.

(SEAL)

Notary Public, residing at Palouse, Wash

(Note: Perjury is punishable as a felony ~~in Idaho;~~ see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 4 1944 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1944 8 NOV

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-11S 2094461

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 397029
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Sand Point
   (c) Street Address or R.F.D. No. Cedar Street
   (d) Name of Hospital or Maternity Home: Rented Louse
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Sand POINT
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Clarence Peter McClelland

5. Date of Birth of Child (Month, day, year) Aug. 15 1913.

6. Sex Male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas McClelland
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Birkinhead England (City or town) (State or foreign country)
14. Exact Occupation Laberer
15. Industry or Business Dover Lumber Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Doan
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Unknown (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 31 years, and that [redacted] (First name) Dr. Patterson (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas McClelland Signature
7117 E. Fourth, R. #8, Spokane, P. O. Address Wash

Subscribed and sworn to before me this 6th day of November, 19 44.

(SEAL) [signature], Notary Public, residing at Dishman, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 10 1944 by Mary Helder, Registrar

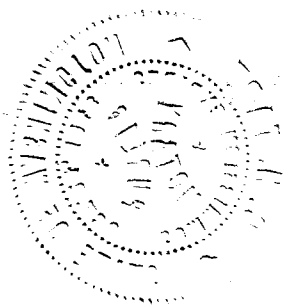
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 30 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



691 217040 191

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398145
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Shoshone (b) City Kellogg
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Shoshone
   (c) City Kellogg
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kellogg Ida.

4. **FULL NAME OF CHILD** Lucy Frank

5. Date of Birth of Child (Month, day, year) Dec. 17, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Carmen Frank
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Messina (City or town) Italy (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rose Jiacovetta
17. Color or Race white
18. Age at time of THIS birth 19 yrs.
19. Birthplace Kellogg Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Boric acid
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 2:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Rose (First name) Frank (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho } ss.
County of Shoshone }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 31 years, and that Filomina (First name) Tonti (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rose Frank Signature

302 N Elm. Kellogg Idaho P. O. Address

Subscribed and sworn to before me this 4 day of Nov., 1944.

(SEAL)

Mary M. Stout, Notary Public, residing at Kellogg Ida.

Commission expires July 30, 1945.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by Mabel Holder, Registrar

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553 201 028-465

398154

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398154
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d' Alene
   (c) Street Address or R.F.D. No. 301 Walnut Ave
   (d) Name of Hospital or Maternity Home: Born at Home, above address
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. 301 Walnut Ave
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Idaho

4. **FULL NAME OF CHILD** Lillian Eileen Nelson

5. Date of Birth of Child (Month, day, year) April 1, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Oscar William Nelson
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Proprietor of Grocery Store
15. Industry or Business Groceries

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Donart
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Winona, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Now deceased

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Kootenai } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 31 years, and that Dr. John C. Dwyer (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Oscar W Nelson Signature

723 Empire Ave., Coeur d' Alene P. O. Address

Subscribed and sworn to before me this 13th day of November, 19 44.

(SEAL)

Notary Public, residing at Coeur d' Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 15 1944 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 2 7 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

455-230009-459

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398188
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County BONNER (b) City PONDERAY
(c) Street Address or R.F.D. No. NONE
(d) Name of Hospital or Maternity Home: HOME
(e) Mothers stay BEFORE delivery: In THIS county 25 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County BONNER
(c) City PONDERAY
(d) Street Address or R.F.D. No. NONE
(e) How long has MOTHER lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) PONDERAY, IDAHO

4. FULL NAME OF CHILD RUTH MARGART MEEKS

5. Date of Birth of Child (Month, day, year) APRIL 30 1913

6 Sex FEMALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME THOMAS LEROY MEEKS
11. Color or Race WHITE
12. Age at time of THIS birth 30 yrs.
13. Birthplace KERNEY (City or town) NEBRASKA (State or foreign country)
14. Exact Occupation RAIL ROAD MAN
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME LEONA M DEITZ
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace PORTLAND (City or town) OREGON (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Leona M Meeks Date

State of Washington
County of Spokane } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 58 years of age, that I have known this person for 31 years, and that Dr John McKinnon (First name) (Last name), who attended this birth is now deceased (Is now deceased) ~~or (Cannot be located)~~ I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leona M Meeks Signature
E 3411-4th Spokane, Wn. P. O. Address

Subscribed and sworn to before me this 13th day of November, 1944.

(SEAL) Clara S Reeck, Notary Public, residing at Spokane, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 27 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent~~ to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

719-210-035-219

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398206
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lapwai
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 11 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lapwai
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Lapwai, Idaho

4. FULL NAME OF CHILD Arlene May Parkins

5. Date of Birth of Child (Month, day, year) May 10. 1913

6 Sex Female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Orlando Parkins
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Abeline, Kansas (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Allie Marie Bailey
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kearney, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Sol Ag No3
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 11 P M. on the date and at the place stated above, and that personal particulars were furnished by Allie Marie Parkins (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature John N. Alley M.D. ~~Midwife~~ Address Lewiston, Idaho. Date 11/27/44

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

127 229 029 - 261

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398222
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City TROY
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home: At home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 24 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy,
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Ida

4. **FULL NAME OF CHILD** FRANCES LOUISE ASPLUND

5. Date of Birth of Child (Month, day, year) May 29, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** OSCAR EMANUEL ASPLUND
11. Color or Race WHITE
12. Age at time of THIS birth 23 yrs.
13. Birthplace TROY, IDAHO (City or town) (State or foreign country)
14. Exact Occupation MILLWORKER
15. Industry or Business Woodsman

MOTHER OF CHILD

16. **FULL MAIDEN NAME** IDA SWANBERG
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Troy, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of LATAH } ss.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for all her life years, and that Margaret Swanberg (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Asplund Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 24th day of November, 1944.

(SEAL) L. Brooke, Notary Public, residing at Troy, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 - 1944 by Mary Hall, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 6

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-119-014-994 398263

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 398263
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Canyon (b) City Nampa
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery: In **THIS** county years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Nampa
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Robert Cary Head

5. Date of Birth of Child (Month, day, year) April 19. 1913

6 Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Cary Allen Head
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace Jefferson (City or town) Iowa (State or foreign country)
14. Exact Occupation Union Pacific Yardmen
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Leah Zimmerman
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Effingham (City or town) Illinois (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for life years, and that Dr. (First name) (Last name), who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

C A Head Signature
1617 N. 21st Boise, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of December, 1944

(SEAL) Burlick Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec. 12-1944 by Mabel F. Elder, Registrar

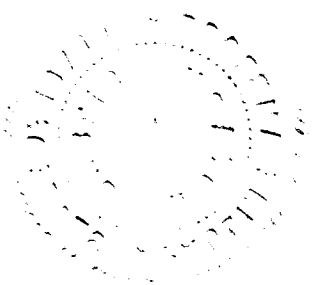
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 12 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



987 231 025-289

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

398281

State File No. 398281
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City P.O. Canfield
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: On the Farm
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years 13 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City PO Canfield
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Vestina Jane Ryan

5. Date of Birth of Child (Month, day, year) May 31 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Grover Clarence Ryan
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Bolivia (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flecie Shinn
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Elemwood (City or town) Nebraska (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child first (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 53 years of age, that I have known this person for 29 years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Flecie Ryan Signature
12 E St S E, Auburn, Wash P. O. Address

Subscribed and sworn to before me this 20th day of February, 1944

(SEAL) W E Turner Deputy Philip Weisgerber Notary Public, residing at

CLERK OF THE DISTRICT COURT AND EX-OFFICIO AUDITOR AND RECORDER

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 20 1944 by Mabel Felder, Registrar.

NEZ PERCE COUNTY

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 9 1973

DEC 20 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses ~~prescribed in Chapter~~ 2, ~~Title~~ 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

433-216 028-719

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEC 12 1944

State File No. 398315
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Star Rte.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d' Alene
   (d) Street Address or R.F.D. No. Star Rte.
   (e) How long has **MOTHER** lived in Idaho? 4 Mos. yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Carrie Mae Utter

5. Date of Birth of Child (Month, day, year) Aug 16 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Richard Alexander Utter
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Prescott (City or town) Washington (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nina Augusta Parrett
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Prescott (City or town) Washington (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ^ (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of California
County of San Francisco: } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father: (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for (31) years, and that Dr. Dwyer & Mrs. Johnson (First name) (Last name), who attended this birth are now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Richard Alexander Utter — Signature

1247 Measdell Ave. SAN FRANCISCO — Address

Subscribed and sworn to before me this 8th day of December, 1944

(SEAL)

, Notary Public, residing at SAN FRANCISCO

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC IN AND FOR THE CITY AND COUNTY OF SAN FRANCISCO STATE OF CALIFORNIA

My Commission Expires January 3, 1947

Received for filing on DEC 14 1944 by , Registrar

DEC 16 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

859 119 016 231

399458

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DEC 20 1944

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399458
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address ~~or R.F.D. No.~~
   (d) ~~Name of Hospital or Maternity Home~~ (or home) Methodist Parsonage
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address ~~or R.F.D. No.~~ Methodist Parsonage
   (e) How long has **MOTHER** lived in Idaho? 1 year yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Wesley Lamar Hershey

5. Date of Birth of Child (Month, day, year) Dec. 19-1913

6. Sex male

7. If twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Roah Engle Hershey.
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Mt Joy (City or town) Penna (State or foreign country)
14. Exact Occupation Methodist Minister
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie May Stanley (Hershey)
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Douglas (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife and mother
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for Since Birth years, and that Dr. (First name) Winter, M.D. (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Minnie M S Hershey Signature
1739 N. New Hampshire Ave P. O. Address
Los Angeles, Calif.

Subscribed and sworn to before me this 28th day of July, 1944

(SEAL)

Marie K. Snyder, Notary Public, residing at Los Angeles, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My comm. expires 6/25/48

Received for filing on DEC 21 1944 by Mary Taylor, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 4 1976

DEC 27 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred ~~subsequent to such date, such report may be received~~ and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

384 206 028 643

399471

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City ST. MARIES
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: ST. MARIES HOSPITAL
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years — months — days 1½

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State WASHINGTON (b) County WHITMAN
   (c) City MALDEN
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? (Temporary) yrs.

3. **RESIDENCE OF FATHER** (city, state) Malden, Wash.

4. **FULL NAME OF CHILD** FRANCES FULLERTON CHUBB

5. Date of Birth of Child (Month, day, year) OCT. 6, 1913

6. Sex F.

7. Twin or Triplet No If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM ALONZO CHUBB
11. Color or Race WHITE
12. Age at time of THIS birth 39 yrs.
13. Birthplace KALAMAZOO, MICHIGAN (City or town) (State or foreign country)
14. Exact Occupation ROUND HOUSE FOREMAN
15. Industry or Business for MILWAUKEE RAILROAD

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MYRTLE MAY FULLERTON
17. Color or Race WHITE
18. Age at time of THIS birth 40 yrs.
19. Birthplace OSCEOLA, PENNSYLVANIA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that D. E. (First name) CORNWALL (Last name), who attended this birth is now DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. Chubb Signature

P. O. Address

Subscribed and sworn to before me this 18 day of December, 19 44

(SEAL) [illegible] Notary Public, residing at Tacoma Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 22 1944 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and ~~uses prescribed in Chapter 2,~~ Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

281-202-03D-981

United States
Department of Commerce DEC 27 1944
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 399509
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LEMHI (b) ~~City~~ TOWN ON RANCH NEAR MAY
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 6 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LEMHI
   (c) ~~City~~ TOWN ON RANCH NEAR MAY
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 1/2 yrs.

3. **RESIDENCE OF FATHER** (city, state) LEMHI COUNTY, IDAHO

4. **FULL NAME OF CHILD** GERTRUDE LOUISE SHANNON
5. Date of Birth of Child (Month, day, year) JUNE 2, 1913
6. Sex FEMALE
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9 MOS.
9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JAMES THOMAS SHANNON
11. Color or Race WHITE
12. Age at time of THIS birth 41 yrs.
13. Birthplace ROBERTSVILLE (City or town) MO. (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business WORKER ON RANCH

MOTHER OF CHILD

16. **FULL MAIDEN NAME** JOANNA TERESA RYAN
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace ROBERTSVILLE (City or town), MO. (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8 P.M. on the date and at the place stated above, and that personal particulars were furnished by JOANNA (First name) SHANNON (Last name), who is related as MOTHER (Mother, etc.)
25. Attendant's **OWN** signature — ~~M.D.~~ Midwife — Address — Date

State of MISSOURI
County of FRANKLIN } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that MRS. (First name) CLEVELAND (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joanna (Hannah) Shannon Signature
Robertsville Mo. P. O. Address

My Commission Expires Oct. 6, 1947

Subscribed and sworn to before me this 23 day of December, 1944
(SEAL) E. H. Pinchott, Notary Public, residing at St. Clair St. Clair Mo
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 27 1944 by Mabel Holder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 5 1944

APR 12 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-207-216-793

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 399600
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No. 144 South Oakley
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 8 months 23 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No. 144 So. Oakley
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley, Idaho

4. **FULL NAME OF CHILD** Ruby Elizabeth Cask

5. Date of Birth of Child (Month, day, year) Dec 7 1919

6. Sex F

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Herbert Cask
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace London (City or town) England (State or foreign country)
14. Exact Occupation Barber
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ruby Jane Gilman
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace St. John (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum (3)
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Cassia } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 30 (over) years, and that ~~Ruby Elizabeth Cask~~ Dr. Minter (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Herbert Cask Signature

Burley, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of November, 19 44

(SEAL) Mark W. Cranick, Notary Public, residing at Burley, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 9 1945 by ____, Registrar

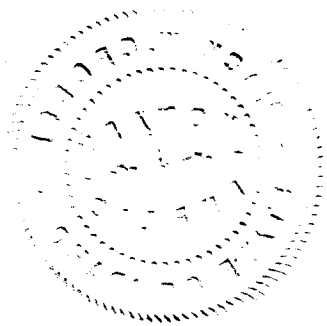
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JAN 15 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



269-205-039-269

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400921
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay BEFORE delivery: In THIS county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) American Falls, Idaho

4. FULL NAME OF CHILD Blanch Elizebeth Sorensen

5. Date of Birth of Child (Month, day, year) February, 5th 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Laweence L. Sorensen
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace "ed Rock, Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Effie Ellis Sorensen
17. Color or Race white
18. Age at time of THIS birth 28 yrs.
19. Birthplace Providence Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of IDAHO
County of POWER } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that R.F. (First name) Noth (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Effie Ellis Sorensen Signature

American Falls, Idaho P. O. Address

Subscribed and sworn to before me this 3rd. day of February, 1945.

(SEAL) , Notary Public, residing at AMERICAN FALLS, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) MY COMMISSION EXPIRES JANUARY 14, 194

Received for filing on FEB 6 1945 by , Registrar

The only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

355-108-042-39

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400933
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County TWIN FALLS (b) City ARTESIAN
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 3 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County TWIN FALLS
   (c) City ARTESIAN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) ARTESIAN IDA.

4. **FULL NAME OF CHILD** WILMER CRAVER LEE

5. Date of Birth of Child (Month, day, year) JAN. 8 - 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALMA SHIELDS LEE
11. Color or Race WHITE
12. Age at time of THIS birth 31 yrs.
13. Birthplace MILTON (City or town) UTAH (State or foreign country)
14. Exact Occupation MAIL CARRIER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** BERTHA MAE CRANER
17. Color or Race WHITE
18. Age at time of THIS birth 23 yrs.
19. Birthplace OAKLEY (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 8 P. M. on the date and at the place stated above, and that personal particulars were furnished by EDITH (First name) CRANER (Last name) who is related as SISTER (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO, County of JEROME } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Carolyn (First name) Strong (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Bertha Lee Signature
Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 31st day of January, 1913.

(SEAL) Clark Davis Notary Public, residing at Jerome, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 5 - 1913 by Wm. Taylor, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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515-209-038-966

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400949
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Kootenai (b) City Springston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Was born at home
   (e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Springston
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? [redacted] yrs.

3. RESIDENCE OF FATHER (city, state) Same.

4. NAME OF CHILD Alice Esther Vasser

5. Date of Birth of Child (Month, day, year) Nov 9 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME William Vasser.
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Chippewa Falls Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business Lumbermill

MOTHER OF CHILD

16. FULL MAIDEN NAME Nora Ellen Rood
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Newton Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: 10 (a) At time of birth and including this child 5 (b) Born alive and now living 9

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Iowa } ss.
County of Boone }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that (Unknown) (First name) Wilson (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Richmond — Signature
Boone, Iowa — P. O. Address

Subscribed and sworn to before me this 22nd day of January, 1945.

(SEAL)

Edward C. Schenker, Notary Public, residing at Boone, Iowa.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 3 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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564-118-205-289

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 400979
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Viola
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 yrs.

3. **RESIDENCE OF FATHER** (city, state) Viola, Idaho.

4. **FULL NAME OF CHILD** Leslie Joy Norris

5. Date of Birth of Child (Month, day, year) July 18, 1913

6. Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Claude Emmerson Norris
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Wisconson (City or town) (State or foreign country)
14. Exact Occupation logger
15. Industry or Business logger

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith Gertrude Shields
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Haddon, Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Orpha Garvin (First name) (Last name) who is related as not related (attendant at birth) (Mother, etc.)

25. Attendant's **OWN** signature Orpha G. Garvin M.D. Midwife Address College Place, Washington Date Jan. 30, 1945

AFFIDAVIT

State of Washington, County of Walla Walla } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the attendant at birth (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 31½ years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Orpha G. Garvin Signature

College Place P. O. Address

Subscribed and sworn to before me this 30th day of January, 1945.

(SEAL) _____, Notary Public, residing at College Place, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 8 1945 by _____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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696_1000 01-791

401036 401036

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 401036
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In THIS county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** James Lewis Wroten

5. Date of Birth of Child (Month, day, year) Dec. 1 - 1943

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Roy Earl Wroten
11. Color or Race W
12. Age at time of THIS birth 37 yrs.
13. Birthplace Milford, Delaware (City or town) (State or foreign country)
14. Exact Occupation Accountant
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Graham
17. Color or Race W
18. Age at time of THIS birth 22 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 54 years of age, that I have known this person for life years, and that attendant (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Scull, Signature
Boise, Idaho P. O. Address

Subscribed and sworn to before me this 26 day of February, 19 44

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 26-1944 by Mabel L. Elder, Registrar

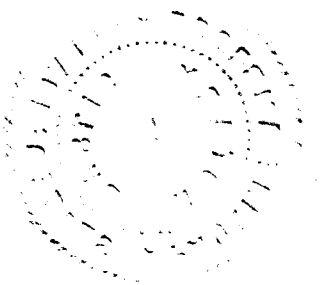
FEB 26 1945

DEC 3 1975

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



699-205 · 210-762

United States
Department of Commerce
Bureau of the Census FEB 12 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 401079
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No. One
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No. One
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls Idaho

4. **FULL NAME OF CHILD** Virginia Cecilia Wright

5. Date of Birth of Child (Month, day, year) Feb. 5, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Charles Sharp Wright
11. Color or Race white
12. Age at time of THIS birth 35 yrs.
13. Birthplace White Sulphur Springs, Va. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business for self

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lavetta Cecilia Pospesil
17. Color or Race white
18. Age at time of THIS birth 24 yrs.
19. Birthplace Chadron, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Lavetta Wright (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Cline M.D. ~~Midwife~~ Address Date

AFFIDAVIT

State of California } ss.
County of Los Angeles }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for since birth years, and that Dr. Cline (First name) (Last name), who attended this birth is living (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. LaVetta C. Wright Signature
6201 Lexington Ave. Los Angeles 38 Calif Address

Subscribed and sworn to before me this 3rd day of February, 1945

(SEAL) Frances Santley, Notary Public, residing at Los Angeles Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 13 1945 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 28 1945

FEB 27 1945

MAR 2 1945

MAR 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-105032-318

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402132
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Lincoln (b) City Dietrich
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in the home
   (e) Mothers stay BEFORE delivery: In THIS county 4 years 1 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Dietrich
   (d) Street Address or R.F.D. No. S. [illegible]
   (e) How long has MOTHER lived in Idaho? 20 yrs.

3. RESIDENCE OF FATHER (city, state) Dietrich, Id

4. FULL NAME OF CHILD Donald Merle Turner

5. Date of Birth of Child (Month, day, year) Oct. 5, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Dean Turner
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Near Nashbille, Tenn. (City or town) (State or foreign country)
14. Exact Occupation Machinist Helper
15. Industry or Business Western Railroad Co

MOTHER OF CHILD

16. FULL MAIDEN NAME Louella Maud Taylor
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Cass City, Michigan (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Nevada } ss.
County of Elko }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs Inga Probert & Mrs Kerschner (First name) (Last name), who attended this birth are deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louella Maud Taylor Signature

P. O. Address

Subscribed and sworn to before me this 23rd day of February, 1945

(SEAL) Dora E. Knudson, Notary Public, residing at Elko, Nevada

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 27 1945 by [illegible], Registrar

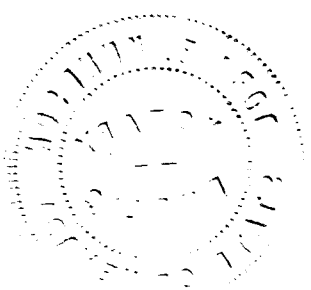
Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 8 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



231 119 002-295

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402162
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Bear
   (c) Street Address or R.F.D. No. ----
   (d) Name of Hospital or Maternity Home: ----
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Bear
   (d) Street Address or R.F.D. No. ----
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bear, Idaho

4. **FULL NAME OF CHILD** Loyal Warren Blakey

5. Date of Birth of Child (Month, day, year) Oct. 19, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Blakey
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Indian Lake, Minnesota (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Mamie Siebert
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Amboy, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Own Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of California
County of Humboldt } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Emma Elizabeth Siebert (First name) (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie Mamie Blakey Signature

1579 Hayes St., Eureka, Calif. P. O. Address

Subscribed and sworn to before me this 1st day of March, 1945

(SEAL) Kathryn Guisman, Notary Public, residing at Eureka, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 5 - 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-206-037-259 402309

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402309
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Owyhee (b) City Bruneau
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: own Home
(e) Mothers stay BEFORE delivery: In THIS county 22 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Owyhee
(c) City Bruneau
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 54 yrs.

3. RESIDENCE OF FATHER (city, state) Bruneau, Ida

4. FULL NAME OF CHILD Hope Helene Adams

5. Date of Birth of Child (Month, day, year) March 6, 1913

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME George Webster Adams
11. Color or Race white
12. Age at time of THIS birth 33 yrs.
13. Birthplace Harrison Co., Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ida Belle Bertschy
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Three Creek, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that George (First name) Adams (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ida Adams Mahorney Signature
Bruneau, Idaho P. O. Address

Subscribed and sworn to before me this 29 day of March, 1945

(SEAL) Pauline Ambrose, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 29 1945 by Mabel Helder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAR 29 1946

719-205 028-239

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 402334
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 418 Reid St.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: Entire life
   In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 418 Reid St.
   (e) How long has **MOTHER** lived in Idaho? 3(?) yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Marjorie Helene Park

5. Date of Birth of Child (Month, day, year) April 5, 1913

6. Sex F

7. Twin or Triplet: No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Hull Park
11. Color or Race W
12. Age at time of THIS birth 44 yrs.
13. Birthplace Viola (City or town) Ill. (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business Retail

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie Stribling
17. Color or Race W
18. Age at time of THIS birth 37 yrs.
19. Birthplace (City or town) Delphos, Kansas (State or foreign country)
20. Exact Occupation Piano Teacher prior to marriage
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not Know
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 81 years of age, that I have known this person for 30 years, and that Esther (First name) the person (Last name), who attended this birth is unknown to me (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Anna E. Cabeen Signature

Deaton, Ill P. O. Address

Subscribed and sworn to before me this 12th day of March, 1945

(SEAL) Eleanor A. Buskirk, Notary Public, residing at Aleda, Ill

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 26 1945 by Mabel Hyde, Registrar

MAR 16 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-104010-331

403431

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403431
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonneville (b) City Idaho Falls
(c) Street Address or R.F.D. No. do not know no.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: She born Lincoln, Nebraska
In THIS county 27 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. R.F.D. No. ?
(e) How long has MOTHER lived in Idaho? 15 month

3. RESIDENCE OF FATHER (city, state Idaho Falls, I

4. FULL NAME OF CHILD George Albert Burghardt

5. Date of Birth of Child (Month, day, year) 3-4-1913 March 4, 1913

6 Sex male

7. Twin or Triplet neither If so—born 1st, 2nd, 3rd ----

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph (none) Burghardt
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Surotoff County, Russia (City or town) (State or foreign country)
14. Exact Occupation farmer -- renter
15. Industry or Business agriculture

MOTHER OF CHILD

16. FULL MAIDEN NAME Katherine Marie Clamm
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lincoln, Nebraska (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 41 years of age, that I have known this person for 32 years, and that attendant unknown (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139 1937 Session Laws.

GEORGE C. REINMILLER
ATTORNEY AT LAW
802 CORBETT BUILDING
BROADWAY 6404
PORTLAND 4, OREGON

Joseph Burghardt Signature
9426 N. Edison Portland Oreg. P. O. Address

Subscribed and sworn to before me this 30th day of March, 1945

(SEAL) George C. Reinmiller, Notary Public, residing at Portland, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 30 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1945

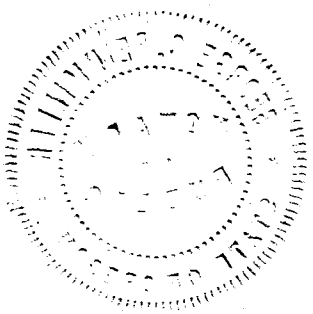
AUG 1 1 1976

MAR 3 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



259-220-029-695

403473

403473

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403473
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy,
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Private home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Kamiah
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kamiah, Idah

4. **FULL NAME OF CHILD** OLGA PAULINE BERGMAN

5. Date of Birth of Child (Month, day, year) APRIL 20 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** JOHN BERGMAN
11. Color or Race WHITE
12. Age at time of THIS birth 42 yrs.
13. Birthplace Cambridge, Minn. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ANNA PAULINE FREDLUND
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace PLUM CITY, WIS. (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of IDAHO
County of LATAH } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for all her life years, and that Anna Fredlund, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Anna Bergman Signature

Troy, Idaho P. O. Address

Subscribed and sworn to before me this 28th day of March, 1945

(SEAL)

E. E. Brocke, Notary Public, residing at Troy, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR - 9 1945 by Maud Fidler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

238-222-023-893

403537

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 403539
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Gem (b) City Emmett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: about 4 years in **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Gem
   (c) City Emmett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 27 yrs.

3. **RESIDENCE OF FATHER** (city, state) Emmett, Idah

4. **FULL NAME OF CHILD** Ellamay Schnabel

5. Date of Birth of Child (Month, day, year) 3-22-1913

6. Sex Female

7. Twin or Triplet no. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes.

FATHER OF CHILD

10. **FULL NAME** George Schnabel
11. Color or Race White
12. Age at time of THIS birth 42 yrs.
13. Birthplace Quincy (City or town) Illinois (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer and laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** May Hill
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Henrietta, Texas (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 32 years, and that Jennie Heeton, the midwife (First name) (Last name), who attended this birth is not known to me (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maud Lawrence Signature

R. R. 4 5, Boise, Idaho. P. O. Address

Subscribed and sworn to before me this 17th day of April, 19 45.

(SEAL) Thos. C. Martin, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on APR 18 1945 by , Registrar

APR 18 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

243-210-029-653

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

APR 13 1945

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404564
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
   (a) County Latah (b) City Kendrick
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay BEFORE delivery: In THIS county 4 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Kendrick
   (d) Street Address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 32 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lulu Mae Buckles

5. Date of Birth of Child (Month, day, year) June 10, 1913

6. Sex Female

7. Twin or Triplet No If so—born 1st, 2nd, 3rd No

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Thomas Buckles
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace State of Ky. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Do.

MOTHER OF CHILD

16. FULL MAIDEN NAME Elma Welker
17. Color or Race White
18. Age at time of THIS birth 34 yrs.
19. Birthplace State of Ore. (City or town) (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business Do.

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 5. (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's OWN signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 31 years, and that Dr. Rothwell, deceased (First name) (Last name), who attended this birth dead (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elma Buckles Signature

Lewiston, Idaho P. O. Address

Subscribed and sworn to before me this 12 day of April, 1945.

(SEAL) John L. O'Kelly, Notary Public, residing at Lewiston, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by _____, Registrar

APR 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

314-104028-113

United States Department of Commerce
Bureau of the Census

APR 13 1945 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 404576
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 915 - A Street
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 915 - A Street
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Floyd LeRoy Cameron

5. Date of Birth of Child (Month, day, year) May 4, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Cameron
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Philadelphia (City or town) Penna. (State or foreign country)
14. Exact Occupation Common Labor
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Edith Jacobs
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Eau Claire (City or town) Wisc. (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Stevens }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Dr. John Bushby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Cameron Duver Signature
Colville Washington P. O. Address

Subscribed and sworn to before me this 14th day of April, 1945.

(SEAL) John Rafter, Notary Public, residing at Colville, Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Mary Kyler, Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

JUN 27 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

413 218010-993

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404580
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bonneville (b) City Ammon
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Ammon
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12+ yrs.

3. **RESIDENCE OF FATHER** (city, state) Ammon, Ida.

4. **FULL NAME OF CHILD** Helena Grace Matteson

5. Date of Birth of Child (Month, day, year) July 18, 1913

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Merrills Raymond Matteson
11. Color or Race white
12. Age at time of THIS birth 27 yrs.
13. Birthplace Fort Dodge City, Ford Co., Kansas (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Kate Ritter
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Enterprise Illinois (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 31 years, and that Dr. S. S. Fuller (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

M. R. Matteson Signature
7111 Woodside Rd. Seattle Washington P. O. Address

Subscribed and sworn to before me this 4th day of April, 1945
(SEAL) Theo Jensen, Notary Public, residing at Seattle
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 2 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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295-117 025-214

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 404597
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Ferdinand
   (c) Street Address or R.F.D. No. Box 133
   (d) Name of Hospital or Maternity Home: at home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 8 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Ferdinand
   (d) Street Address or R.F.D. No. Box 133
   (e) How long has **MOTHER** lived in Idaho? 8 yrs

3. **RESIDENCE OF FATHER** (city, state) Ferdinand Idaho

4. **FULL NAME OF CHILD** Joseph Albert Bies

5. Date of Birth of Child (Month, day, year) August 17 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Joseph Bies
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Luxenburg. (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Brockman nee Baune
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Lawrence Nebraska. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Brockman (Last name) nee Baune who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Lottie Aschen Brenner ~~M.D.~~ Midwife Address Ferdinand Date April 4 1945

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19 .

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 23 1945 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 24 1945

JUL 31 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

79-107 035-449

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

APR 23 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 404607
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City
   (c) Street Address or R.F.D. No. 818 - 4th St
   (d) Name of Hospital or Maternity Home: St. Joseph
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 yrs 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No. 818 - 4th St
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Lewiston, Ida

4. **FULL NAME OF CHILD** Arthur Ember Gray

5. Date of Birth of Child (Month, day, year) July-7-1913

6. Sex MALE

7. Twin or Triplet X If so—born 1st, 2nd, 3rd A

8. No. months of Pregnancy 9

9. Legitimate? YES.

FATHER OF CHILD

10. **FULL NAME** Charles Burns Gray
11. Color or Race Irish-Dutch
12. Age at time of THIS birth 26 yrs.
13. Birthplace Cheyenne (City or town) Wyoming (State or foreign country)
14. Exact Occupation Auto. Repair
15. Industry or Business Gray's Auto Shop

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Carrie M. Murch
17. Color or Race Scotch, Irish-Eng.
18. Age at time of THIS birth 26 yrs.
19. Birthplace Condon (City or town) Oregon (State or foreign country)
20. Exact Occupation House-wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 2. (b) Born alive and now living YES 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A M. on the date and at the place stated above, and that personal particulars were furnished by Carrie M. Gray (First name) (Last name), who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature E. L. Broadock M.D. Midwife Address Lewiston Idaho Date 4-6-45

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 25 1945 by Mary Helen, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

693-206-036-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

APR 27 1945

STATE OF IDAHO

State File No. 404703
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. General
(d) Name of Hospital or Maternity Home: Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. General
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) El Segunda, Calif

4. **FULL NAME OF CHILD** Hartense Williams ~~[illegible]~~

5. Date of Birth of Child (Month, day, year) 7/6/13

6. Sex Femele

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 1 St.

8. No. months of Pregnancy 7

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Dan T. Williams
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Supt. of Schools
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Mills Williams
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Centerville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature Sadie Evans M.D. Midwife Address Date

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Mills Williams Signature
418 Concord Street P. O. Address

Subscribed and sworn to before me this 26 day of April, 1945

(SEAL) C. Gilbert Lewis, Notary Public, residing at Hawthorne

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 3 1945 by [signature] Commission Expires Mar. 17, 1947, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-15276

693 206-036-693

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 27 1945

State File No. 404704
Local Reg. No. 404704
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Malad
   (c) Street Address or R.F.D. No. General
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Oneida
   (c) City Malad
   (d) Street Address or R.F.D. No. General
   (e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) El Segundo, Calif.

4. **FULL NAME OF CHILD** Hertella Williams

5. Date of Birth of Child (Month, day, year) 4/6/13

6. Sex Female

7. Twin or Triplet Twin If so—born 1st, 2nd, 3rd 2nd

8. No. months of Pregnancy 7

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Dan T. Williams
11. Color or Race White
12. Age at time of THIS birth 20 yrs.
13. Birthplace Malad (City or town) Idaho (State or foreign country)
14. Exact Occupation Supt. of Schools
15. Industry or Business Education

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Mills Williams
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Centerville (City or town) Utah (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 10:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Dr. W.C. Rae (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature Sadie Evans M.D. Midwife Address Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for ✓ years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gladys Mills Williams signature
418 Concord Street P. O. Address

Subscribed and sworn to before me this 26 day of April, 1945

(SEAL) C. Gilbert Lauder Notary Public, residing at Malad

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Mar. 17, 1947

Received for filing on MAY 1 1945 by , Registrar

My Commission Expires Mar. 17, 1947

MAY 4 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-15277

243-223-210-866

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405883
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonneville (b) City Idaho Falls
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonneville
   (c) City Idaho Falls
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 22 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho Falls, Ida.

4. **FULL NAME OF CHILD** Grace Louise Buck

5. Date of Birth of Child (Month, day, year) Oct. 23, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James R. Buck
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Idahotalls Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Howard
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Idaho Falls, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Bonneville } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for since birth years, and that Dr. George H. Cobbthard (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ella May Buck Signature

P. O. Address

Subscribed and sworn to before me this 18th day of May 1945

(SEAL)

O. R. Johnson, Notary Public, residing at Idaho Falls, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

653-229-088-235

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405885
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. Coeur d'Alene St
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. Coeur d'Alene St.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Dorothy Ramona Wells

5. Date of Birth of Child (Month, day, year) June 29-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel LeRoy Wells
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Rittsville (City or town) Washington (State or foreign country)
14. Exact Occupation Clerk
15. Industry or Business Credit Bureau

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Isabella May Kleese
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Oeru (City or town) Illinois (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Washington, County of Spokane. } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now fifty-nine years of age, that I have known this person for all her life years, and that Dr. Woods (First name) of Coeur d'Alene, Idaho, (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Samuel LeRoy Wells Signature

Clerk Wm P. O. Address

Subscribed and sworn to before me this 14th day of May, 1945.

(SEAL) W. C. Losey, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 25 1945 by Mary Fluder, Registrar

MAY 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-121-021-659

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405900
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Franklin (b) City Preston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months 6 mos. days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Mo. (b) County Lafayette
   (c) City Odessa.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 6 Mos. yrs.

3. **RESIDENCE OF FATHER** (city, state) Odessa Mo.

4. **FULL NAME OF CHILD** Robert Wilson Scott

5. Date of Birth of Child (Month, day, year) Oct. 21st 1913.

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Thomas Bell Scott
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Waucoma (City or town) Iowa. (State or foreign country)
14. Exact Occupation Steam Shovel operator
15. Industry or Business Construction Worker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Ann Ferguson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Golden City (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Kansas
County of Bourbon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 33 years, and that Dr (First name) Bland (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Thomas Bell Scott Signature

P. O. Address

Subscribed and sworn to before me this 17th day of May, 1945.

(SEAL) Notary Public, residing at Ft Scott Kas

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) Com Exp Oct 3 1947

Received for filing on MAY 25 1945 by Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 2 6 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255-202-009-255

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405917
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Elmira
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Elmira
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 24 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Wilma Leona Bennett

5. Date of Birth of Child (Month, day, year) Oct. 2, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Lee Bennett
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Preston (City or town) Indiana (State or foreign country)
14. Exact Occupation Carpenter.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Aramelia Kennedy
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rathdrum (City or town) Idaho? (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by me (First name) (Last name) who is related as Grandmother (Mother, etc.)

25. Attendant's **OWN** signature Kathleen Bennett M.D. Midwife Address Omak Wn Date

AFFIDAVIT

State of Washington } ss.
County of Okanogan }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 87 years of age, that I have known this person for 31 years, and that — (First name) (Last name), who attended this birth — (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Kathleen Bennett Signature

P. O. Box 528, Omak, Wash. P. O. Address

Subscribed and sworn to before me this 21st day of May, 1945.

(SEAL) Notary Public residing at Omak

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 1 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

APR 3 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

4168-130-209-815

405935

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bonner (b) City Dover
   (c) Street Address or R.F.D. No. In town
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bonner
   (c) City Dover
   (d) Street Address or R.F.D. No. In Town
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same as above

4. **FULL NAME OF CHILD** Patrick Henry Doyle

5. Date of Birth of Child (Month, day, year) Nov 30-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Patrick Doyle
11. Color or Race White
12. Age at time of THIS birth yrs.
13. Birthplace Boyne Falls Michigan (City or town) (State or foreign country)
14. Exact Occupation Railroad Employe
15. Industry or Business Railroad

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Hansors
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Norway (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife - Home maker

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Minnesota, County of Hennepin } ss.

I, the undersigned, being first duly sworn, say that I am the Aunt - mothers sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for Since Birth years, and that Do not know (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the above certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 130, 1937, Session Laws.

× Mayne L. Townsend Signature

4117 Humboldt Ave South - Minneapolis Minn Address

Subscribed and sworn to before me this 21st day of May, 1945

Robert O. Stuart, Notary Public, residing at Minneapolis Minnesota

(Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ROBERT O. STUART
Notary Public, Hennepin County, Minn.
My Commission expires Sept. 7, 1946
(Notarial Seal)

121 SOUTH 3RD STREET
PROPERTY LIFE BUILDING
MINNEAPOLIS, MINN.

Received for filing on JUN 1 1945 by Mabel Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 2 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report ~~may be received and filed by the local registrar for record in the Bureau of~~ Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

553-105-041-819

405998

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 405998

Local Reg. No.

Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Teton (b) City Clementsville

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home: home

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 5 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Teton

(c) City Clementsville

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. RESIDENCE OF FATHER (city, state) Clementsvill Idaho

4. FULL NAME OF CHILD Elmer Joseph Nelson

5. Date of Birth of Child (Month, day, year) Mar. 5, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 4th

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joseph Nelson

11. Color or Race white

12. Age at time of THIS birth 35 yrs.

13. Birthplace Kiron (City or town) Iowa (State or foreign country)

14. Exact Occupation farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Anna Harriman

17. Color or Race white

18. Age at time of THIS birth 27 yrs.

19. Birthplace Huntington, Utah (City or town) (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Anna Nelson Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of May, 1945

(SEAL) A. D. Stowell Notary Public, residing at Rexburg, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 25 1945 by [illegible], Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUN 26 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

225-217-244-225

406099

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County WASH (b) City MIDVALE
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County WASH
   (c) City MIDVALE
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) MIDVALE

4. **FULL NAME OF CHILD** HAZLE GERTRUDE SKEEN

5. Date of Birth of Child (Month, day, year) JAN. 17. 1913

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** LEWIE REUBEN SKEEN
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace MOSCOW (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** EMMA LOU OKELLAND
17. Color or Race WHITE
18. Age at time of THIS birth 17 yrs.
19. Birthplace CHANDLER. OKLA (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was BORN ALIVE (Born alive, stillborn) at 2 P. M. on the date and at the place stated above, and that personal particulars were furnished by LUCINDA I CLELLAND (First name) (Last name) who is related as GRAND MOTHER (Mother, etc.)

25. Attendant's **OWN** signature Lucinda I Clelland M.D. Address MIDVALE Date JUNE 5-45

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Wash } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that _____ (First name) _____ (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Emma Lou Skeen Rice Signature

Midvale P. O. Address

Subscribed and sworn to before me this 11th day of June, 19 45.

(SEAL) Arthur Wilson, Notary Public, residing at Caldwell Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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385-20-8-016-689

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 406103
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Burley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in Mothers own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 6 years 6 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Burley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Burley Idaho

4. **FULL NAME OF CHILD** Alta Cheney

5. Date of Birth of Child (Month, day, year) May 28th 1913

6. Sex female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate yes

FATHER OF CHILD

10. **FULL NAME** Edgar George Cheney
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Parowan (City or town) Utah (State or foreign country)
14. Exact Occupation Homesteading clearing sagebrush
15. Industry or Business and building canal etc

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Louise Whittaker
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Beaver City (City or town) Utah (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Ag NO3
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

E G Cheney Signature
Blackfoot Idaho P. O. Address

Subscribed and sworn to before me this 10th day of June, 19 45.

(SEAL) Leon Chapman, Notary Public, residing at Blackfoot.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 14 1945 by Myrtle Elder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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215-229035-613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407266
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Nezperce (b) City Spalding
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay **BEFORE** delivery:
In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Stites
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 47 yrs.

3. **RESIDENCE OF FATHER** (city, state) Kooskia Idaho

4. **FULL NAME OF CHILD** ETHEL LOUISE KRESS

5. Date of Birth of Child (Month, day, year) 6/29/1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Bengiman F. Kress
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Beatrice Walker
17. Color or Race White
18. Age at time of THIS birth 23 yrs.
19. Birthplace Kendrick Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Idaho } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 31 years, and that W. H. H. (First name) Habble (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ben Kress Signature
Kooskia Idaho P. O. Address

Subscribed and sworn to before me this 2 day of July, 1945.
(SEAL) J. F. Cleveland, Notary Public, residing at Kooskia Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 6 1945 by Mary Holder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 6 1945

NOV 21 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth ~~which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

213-113 003-293

407277

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407277
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: General Hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county one years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Custer
   (c) City Mackay
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Hailey, Ida.

4. **FULL NAME OF CHILD** Joe Sabal, Jr

5. Date of Birth of Child (Month, day, year) April 13 1913

6. Sex male

7. ~~Twin or Triplet~~ ~~If so—born 1st, 2nd, 3rd~~

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Joe Sabal
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Marquina (City or town) Spain (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business Mining

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Flora Bilbao
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace (do not know) (City or town) Spain (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Blaine } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Dr. Ray (First name) (Last name), who attended this birth can not locate (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joe Sabal Signature

Hailey, Idaho. P. O. Address

Subscribed and sworn to before me this day of , 1945

(SEAL) Conroy Gallagher, Notary Public, residing at Hailey, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 10 1945 by Mary Fuller, Registrar

JUL 7 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

407286

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407286
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Meridian
   (c) Street Address or R.F.D. No. Route 2
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Meridian
   (d) Street Address or R.F.D. No. Route 2
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meridian, Ida.

4. **FULL NAME OF CHILD** Fred Earl Young

5. Date of Birth of Child (Month, day, year) Nov. 22, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William Henry Young
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace (City or town) Missouri (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hazel Voe Prow
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace (City or town) Page County, Iowa (State of foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Canyon } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 31 years, and that Dr. H. F. (First name) Neal (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hazel Voe Ulmer Signature

Route 3 Nampa, Idaho P. O. Address

Subscribed and sworn to before me this 17 day of July, 1945

(SEAL)

Neil Edson, Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 17 1945 by Mabel Nelson, Registrar

JUL 17 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

DELAYED

dup 20 1914-28571 WRONG YEAR

913 223 042-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407314
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Twin Falls (b) City Buhl.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Twin Falls
   (c) City Buhl.
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 4 Yrs yr. Mo

3. **RESIDENCE OF FATHER** (city, state) Buhl, Ida

4. **FULL NAME OF CHILD** Esther Louise Ratcliffe

5. Date of Birth of Child (Month, day, year) March 23rd 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Benjamin Franklin Ratcliffe
11. Color or Race W
12. Age at time of THIS birth 56 yrs.
13. Birthplace Wheeling, West Virgina (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Anna Louise Schryver
17. Color or Race W
18. Age at time of THIS birth 34 yrs.
19. Birthplace Algona, Iowa (City or town) (State or foreign country)
20. Exact Occupation Hswife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Twin Falls, } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for life years, and that Dr. A. F. (First name) McClusky (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Gussie L. Ratcliffe Signature

316, B.L.Blvd N. Twin Falls, Ida P. O. Address

Subscribed and sworn to before me this 6th day of July, 1945

(SEAL) U.S. Commissioner, Notary Public, residing at Twin Falls, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JUL 11 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 13 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

255 217 028 395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 407386
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Belmont
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Belmont
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yr yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** ELEANOR DOROTHY KENDRICK

5. Date of Birth of Child (Month, day, year) AUGUST 17, 1913

6. Sex F.

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8½

9. Legitimate? Yes Married

FATHER OF CHILD

10. **FULL NAME** LESTER T. KENDRICK
11. Color or Race WHITE
12. Age at time of THIS birth 27 yrs.
13. Birthplace Frankford (City or town) Mo. (State or foreign country)
14. Exact Occupation Woodsworker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SALLY TIEDE
17. Color or Race WHITE
18. Age at time of THIS birth 20 yrs.
19. Birthplace Kulm (City or town) Russia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for since birth years, and that Dr D.D.Drennen (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sally Kendrick Signature

Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of June, 1945.

(SEAL) [signature], Notary Public, residing at Coeur d'Alene

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 18 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 10 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

2114 216 039 712

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 23 1945

State File No. 408443
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Power (b) City Rockland
   (c) Street address or R. F. D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Power
   (c) City Rockland
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? two yrs.
   (f) Mother's mailing address (For registration notice):
   Rockland
   (Street or R. F. D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Rachel Helen Bade

5. **DATE OF BIRTH** (Month, day, year) March 16th. 1913

6. Sex Female

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Edwin Bade

11. Color or Race white

12. Age at time of THIS birth 34 yrs.

13. Birthplace Milton (City or Town) Oregon (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Pauline Gabbert

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace San Antone (City or Town) Texas (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Arg. Nos.

23. Number of children of this mother: (a) At time of birth and including this child One (b) Born alive and now living One
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 7 A. M. on the date and at the place stated above, and that personal particulars were furnished by John Edwin Bade (First name) (Last name), who is related to this child as Father (Mother, etc.)

26. (a) Mary Fields (Date received) (b) AUG 9 1945 (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** V. G. Logan M. D. (D. O., Midwife, etc.)
and address American Falls Date 7/21/45

AUG 10 1945

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

DELAYED

813 108 006-219

408536

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 408536
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Shelley
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At residence of parents
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 11 months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Shelley
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Shelley, Ida.

4. **FULL NAME OF CHILD** William Bartlett Hall

5. Date of Birth of Child (Month, day, year) May 8, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** William Arthur Hall
11. Color or Race White
12. Age at time of THIS birth 24 yrs.
13. Birthplace Murray, Utah (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business Blacksmith -self employed

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Bartlett
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Little Rock, Ark. (City or town) (State or foreign country)
20. Exact Occupation None (Housewife)
21. Industry or Business ---

22. Name prophylactic used to prevent Ophthalmia Neonatorum ---
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — **Address** — **Date**

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 32 years, and that Dr. F. E. Roberts (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William A. Hall Signature

244 E. Market St. Long Beach Calo Address

Subscribed and sworn to before me this 25 day of August, 1945

(SEAL) Madge M. Bryant, Notary Public residing at Long Beach

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 28 1945 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 30 1948

FEB 20 1974

SEP 27 1950

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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418-11-034-393

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409515
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Minidoka (b) City Rupert
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Minidoka
   (c) City Rupert
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edwin Mahler

5. Date of Birth of Child (Month, day, year) July 11, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Ludwig Mahler
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Oddessa, Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer & Military
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline ~~Rakk~~ Lich
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Oddessa, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ~~Step-~~ Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that no attendant (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maria Mahler Signature

Rupert, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of August, 1945

(SEAL) [illegible], Notary Public, residing at Rupert, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1945 by [illegible], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 25 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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619-226-028-296

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409584
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Coutner (b) City Harrison
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: —
(e) Mothers stay BEFORE delivery: In THIS county years 5 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Coutner
(c) City Harrison
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 1 yr

3. RESIDENCE OF FATHER (city, state) Harrison, Idaho

4. FULL NAME OF CHILD Bertha Lureda Warren

5. Date of Birth of Child (Month, day, year) Feb. 26. 1913

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charley Alfred Warren
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace Corridon (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Victoria Jane Brown
17. Color or Race W
18. Age at time of THIS birth 21 yrs.
19. Birthplace Mtn. Grove (City or town), Missouri (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ✓
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 4 A.M. on the date and at the place stated above, and that personal particulars were furnished by Victoria (First name) Warren (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature [redacted] M.D. Midwife Address Jacks Fork, Missouri Date 7-28, 1945

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 32 years, and that [illegible] (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Victoria Warren Signature
Jacks Fork, Mo P. O. Address

Subscribed and sworn to before me this 28th day of July, 1945.

(SEAL) M. Akers Norton, Notary Public, residing at Eminence Mo.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 31 1945 by [illegible], Registrar

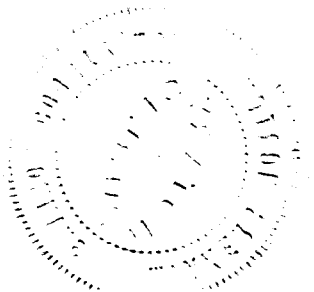
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 1 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



613-229 001-294

409633

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 409633
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No. South Boise
   (d) Name of Hospital or Maternity Home: At home.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 17 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No. South Boise
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Boise, Ida.

4. **FULL NAME OF CHILD** Florence Elaine Fackrell

5. Date of Birth of Child (Month, day, year) Jan. 29, 1913

6. Sex Girl

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Hancock Fackrell
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Orderville, Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Fannie Irene Bruno
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Boise, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

State of IDAHO, } ss.
County of Ada. }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the aunt, Mother's sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 45 years of age, that I have known this person for 33 years, and that Dr. George Handy (First name) (Last name), who attended this birth deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs L. M. Fackrell Signature

1716 North 9th, Boise, Ida. P. O. Address

Subscribed and sworn to ~~before~~ me this 27th day of October, 1945.

(SEAL) Emma Bell Barnes, Notary Public, residing at Boise, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 27 1945 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

APR 23 1965

OCT 2 9 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458-116-042-896

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410795
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County TWIN Falls (b) City Murtaugh
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county years 8 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Murtaugh
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 10 Mo.

3. RESIDENCE OF FATHER (city, state) Murtaugh Ida

4. FULL NAME OF CHILD Daniel Gerald Meyers

5. Date of Birth of Child (Month, day, year) Feb 16 1913

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Henry Meyers
11. Color or Race White
12. Age at time of THIS birth ..... yrs.
13. Birthplace Reedsburg Wis. (City or town) (State or foreign country)
14. Exact Occupation Railroad Agent Nn Pac Ry
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Rose B Hronesh
17. Color or Race White
18. Age at time of THIS birth ..... yrs.
19. Birthplace New York City N. Y. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Lincoln } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 32 years, and that Doctor (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Albert Henry Meyers Signature
Warkon Wn P. O. Address

Subscribed and sworn to before me this 12 day of Sept, 1945
(SEAL) Charles Jans, Notary Public, residing at Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

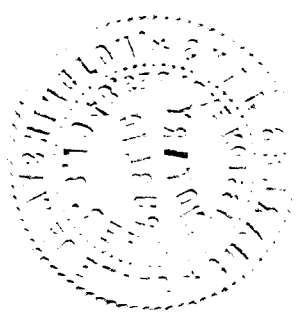
Received for filing on SEP 22 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



214-101-018-386

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

SEP 27 1945

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Asahka
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Asahka
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 68 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ahsahka Id

4. **FULL NAME OF CHILD** Eugene Daniel Samuels

5. Date of Birth of Child (Month, day, year) 4/I/I3

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Louis Samuels
11. Color or Race Indian
12. Age at time of THIS birth 34 yrs.
13. Birthplace Ahsahka (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Same

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Beatrice Thomas
17. Color or Race Indian
18. Age at time of THIS birth 32 yrs.
19. Birthplace Culdesac (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Same

22. Name prophylactic used to prevent Ophthalmia Neonatorum Unknown
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Nezperce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for from birth years, and that none (First name) (Last name), who attended this birth none (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Louis Samuels Signature

Culdesac Idaho P. O. Address

Subscribed and sworn to before me this 22 day of September 19 45

(SEAL) W. Teel, Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT. 4 1945 by Mary Fidler, Registrar

OCT 4 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which has occurred subsequent to such date, such report may~~ be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

M 469-217-006-243

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 410894
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bingham (b) City Blackfoot
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 8 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Blackfoot
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 Mos.

3. **RESIDENCE OF FATHER** (city, state) Blackfoot Idaho

4. **FULL NAME OF CHILD** Hazel May Morgan

5. Date of Birth of Child (Month, day, year) 5/17/13

6. Sex female

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) no

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lester Alfonso Morgan
11. Color or Race white
12. Age at time of THIS birth 20 yrs.
13. Birthplace Richill, Missouri (City or town) (State or foreign country)
14. Exact Occupation common labor
15. Industry or Business common laborer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nora Louise Butler
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Albert Lea Albert County, Colo (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 0

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 5 P.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Bingham } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 32 years, and that Barnes (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Nora Louise Shurtliff Signature
Box 177, Iona, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of October, 1945

(SEAL)

Louise Keefer, Notary Public, residing at Idaho Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 16 1945 by Mary Fuller, Registrar

OCT 10

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-228-035-699

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

412071

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH:
(a) County Nez Perce (b) City Lelend
(c) Street Address or R.F.D No.
(d) Name of Hospital or Maternity Home: Private Home
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 10 days.
In THIS county ..... years ..... months 10 days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Clearwater
(c) City Fraser
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 32 yrs.
(f) Mother's mailing address Fraser

3. RESIDENCE OF FATHER (city, state) Fraser

4. FULL NAME OF CHILD Georgia Talmadge Hill

5. Date of Birth (Month, day, year) Dec. 28th 1913

6. Sex Female

7. Twin or Triplet x If so—born 1st, 2nd, 3rd x

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Norvil Raymond Hill
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Larance (City or town) Kansas (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business farming

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilian Talmadge Wright
17. Color or Race white
18. Age at time of THIS birth 32 years
19. Birthplace Lelend (City or town) Idaho (State or foreign country)
20. Exact Occupation House Keeping
21. Industry or Business House work

22. Name prophylactic used to prevent Ophthalmia Neonatorum [illegible]
23. Number of children of this mother: (a) At time of birth and including this child [illegible] (b) Born alive and now living 1
(c) Born alive and now dead X (d) Stillborn 1

24. I HEREBY CERTIFY That I attended the birth of this child, who [illegible] (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) NOV 8 1945 (Date received) (b) [signature] (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature ..... M.D. or ..... (D.O., Midwife, etc.)
and address Date

State of Idaho
County of Clearwater } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Norval Raymond Hill, being first duly sworn, say that I am father of (Related to (or) acquainted with) Georgia Talmadge Hill (Name of person on certificate above) as father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Rothwell (Name of attendant at birth), who attended said birth deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Norvil Raymond Hill Name
Greer, Idaho P. O. Address

Subscribed and sworn to before me on this 26 day of June 1942.

(SEAL) Glenn W Jordan Notary Public, residing at Wieppe

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 14 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where [illegible] of a child born prior to the effect[illegible] of Ch[illegible] ter 19[illegible] [illegible]ws, has not been record[illegible] [illegible] [illegible]ch has occurred subse[illegible] [illegible]d filed by the [illegible] [illegible]cs for the pu[illegible] [illegible]ode Annota[illegible] [illegible] the attendi[illegible] [illegible] by [illegible]ther of the [illegible] [illegible]eithe[illegible] [illegible]g or acces[illegible] [illegible] nearest [illegible] [illegible]ing [illegible] [illegible]ledge in the premises.

DELAYED

154-210 022-354

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413059
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Warm River
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Warm River
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Warm River

4. **FULL NAME OF CHILD** Stella May Anderson

5. Date of Birth of Child (Month, day, year) June 10, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Axel Anderson
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Hyrum, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Leman
17. Color or Race White
18. Age at time of THIS birth 40 yrs.
19. Birthplace Smithfield, Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Contra Costa } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 32 years, and that Dr. (First name) Hargas (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edna Hawkes Signature

& 14751 Miller Ave, Hawkena, Cal. P. O. Address

Subscribed and sworn to before me this 7th day of November 1945

(SEAL) Robert W. Bales Notary Public, residing at Redmond Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires July 28, 1949

Received for filing on NOV 24 1945 by Mary Fuller, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

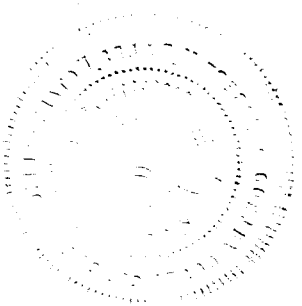
NOV 8 8 1946

SEP 12 1967

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



769-221-029-395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413070
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LATAH (b) City IDAHO
   (c) Street Address or R.F.D. No. ONE
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LATAH
   (c) City MOSCOW
   (d) Street Address or R.F.D. No. ONE
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) MOSCOW IDA.

4. **FULL NAME OF CHILD** DORIS MARGARET GORMSEN

5. Date of Birth of Child (Month, day, year) 8/21/1943

6. Sex FEMALE

7. Twin or Triplet (If so—born 1st, 2nd, 3rd) No

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** PETER TORVAL GORMSEN
11. Color or Race WHITE
12. Age at time of THIS birth 20 yrs.
13. Birthplace COPENHAGEN (City or town) DENMARK (State or foreign country)
14. Exact Occupation FARMING
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** CAROLINE LINDBERG
17. Color or Race WHITE
18. Age at time of THIS birth 27 yrs.
19. Birthplace (City or town) DENMARK (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. C. L. Gritman (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Peter Gormsen Signature

716 West 6th St., Moscow, Idaho P. O. Address

Subscribed and sworn to before me this 3rd day of November, 1945.

(SEAL) [signature] Probate Judge, Notary Public, residing at Moscow, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 3 1945 by [signature], Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

M.H.

165-220-021-314

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413091
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Weston
(c) Street Address or R.F.D. No. Idaho
(d) Name of Hospital or Maternity Home: Dwelling
(e) Mothers stay BEFORE delivery:
In THIS county 24 years ~~[illegible]~~ months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Weston
(d) Street Address or R.F.D. No. Idaho
(e) How long has MOTHER lived in Idaho? 24 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Melva Mae Jones

5. Date of Birth of Child (Month, day, year) Dec. 20-1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd ✓

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Lindsey Jahn Jones

11. Color or Race White

12. Age at time of THIS birth 24 yrs.

13. Birthplace Fairview (City or town) Utah (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mercy Rosannah Campbell

17. Color or Race White

18. Age at time of THIS birth 24 yrs.

19. Birthplace Weston (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of California
County of San Bernardino } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 26 years, and that Doctor Fisher (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lindsey Jahn Jones Signature
3121 Mac St San Bernardino Calif P.O. Address

Subscribed and sworn to before me this 26th day of November 1945.

(SEAL) Claude T. Montoro, Notary Public, residing at San Bernardino California

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires February 14, 1

Received for filing on DEC 8 1945 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 3 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DEC 1 0 1968

412-118 037-412 413179

413179

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413179
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ogden (b) City Rockville
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ogden
   (c) City Rockville
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Henry William Mason holder.

5. Date of Birth of Child (Month, day, year) July 18. 1913.

6. Sex Son

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 2nd.

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Andrew William Mason holder.
11. Color or Race white
12. Age at time of THIS birth 32 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation Cow Creek Idaho
15. Industry or Business farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Elva Stickney Mason holder.
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Long Valley Ida. (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Ada } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 49 years of age, that I have known this person for 32 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 189, 1937 Session Laws.

Mrs. A.W. Mason holder Signature
R.R#. 3. Caldwell Idaho Address

Subscribed and sworn to before me this 19 day of February 1946.

(SEAL) Mabel Fields, Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

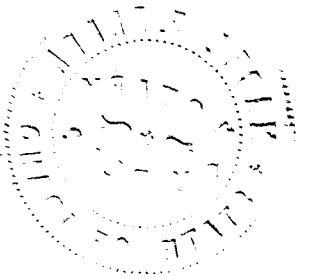
Received for filing on FEB 19 1946 by Mabel Fields, Registrar

FEB 20 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843 225 044-395

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413191
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 26 years 0 months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Indian Valley Later Adams
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 27 yrs.

3. RESIDENCE OF FATHER (city, state) Indian Valley Ida

4. FULL NAME OF CHILD Abbie Elizabeth Hutchison

5. Date of Birth of Child (Month, day, year) May 25-1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME William Hutchison
11. Color or Race White
12. Age at time of THIS birth 34 yrs.
13. Birthplace Park city (City or town) Utah (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Viola Pearl Lindsay
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Indian Valley (City or town) Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Whatcom } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs. Patterson (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Viola Pearl Lindsay Hutchison Signature
10-11 Iowa St Bellingham Wash. Address

Subscribed and sworn to before me this 27 day of Aug 1945

(SEAL) G G Wright, Notary Public, residing at Bellingham

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 1 7 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MH 955-205028-693

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 413193
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Mica
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Mica
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 15 yrs.

3. RESIDENCE OF FATHER (city, state) Mica, Idaho

4. FULL NAME OF CHILD Thelma Grace Reed

5. Date of Birth of Child (Month, day, year) Oct. 5th 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Judd Douglas Reed
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Michigan (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Bernice Muriel Fitz Simmons
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Iowa (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 8 A.M. on the date and at the place stated above, and that personal particulars were furnished by Bernice M. Reed (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for ✓ years, and that Dr Dwyer Deceased (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Bernice M. Reed Signature
Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 11th day of Dec, 1945

(SEAL) Jas. A. Fisher, ~~Notary Public~~, residing at Coeur d'Alene, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 19 1945 by Mabel Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record ~~in the Bureau~~ of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

235-213028-128

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 414175
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTNEA (b) City [illegible]
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years ~~months~~ ~~days~~

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTNEA
   (c) City St. Maries, Ida
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Maries, Ida.

4. **FULL NAME OF CHILD** Carmen Mary Stevens
5. Date of Birth of Child (Month, day, year) July 13, 1913
6. Sex Female
7. Twin or Triplet — If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Jay Stevens
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Port Aurther (City or town), Canada (State or foreign country)
14. Exact Occupation Millworker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Henrietta, Lavina Ashlin
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cumberland (City or town), Wis (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related as ..... (Mother, etc.)
25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootnea-or-Bennewah } ss.

AFFIDAVIT
(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Henrietta L. Stevens (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dr. O. Platt (First name) (Last name), who attended this birth Cannot be Located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs James J. Stevens Signature
1087 E Indiana P. O. Address

Subscribed and sworn to before me this 14th day of December, 1945

(SEAL) [signature], Notary Public, residing at Spokane

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on JAN 3 1946 by Mary Felder, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 0 9 2006

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-103-003-215

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 415291
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Bancroft
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Bancroft
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? — yrs.

3. RESIDENCE OF FATHER (city, state) Bancroft Ida

4. FULL NAME OF CHILD Albert Ferris Johnson

5. Date of Birth of Child (Month, day, year) 11/3/13

6 Sex mail

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Hiram Johnson

11. Color or Race white

12. Age at time of THIS birth ..... yrs.

13. Birthplace Bancroft (City or town) Idaho (State or foreign country)

14. Exact Occupation Farming and U.P.R.R.

15. Industry or Business Farmers R.R.

MOTHER OF CHILD

16. FULL MAIDEN NAME Luretta Banks

17. Color or Race white

18. Age at time of THIS birth 26 yrs.

19. Birthplace Spanish Fork (City or town) Utah (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 4th (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Bannock } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 33 years of age, that I have known this person for since birth years, and that my Father Joseph Hiram Johnson deceased (First name) (Last name) who attended this birth 3 (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Joseph L. Johnson Signature
155 Portneuf Park Pocatello Ida P. O. Address

Subscribed and sworn to before me this 22nd day of December 1945

(SEAL) Theodore H. Gathe, Notary Public, residing at Pocatello Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 23 1946 by [signature], Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 25 1969

JAN 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

317-230-028-238

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 116300
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. R. 3 No. 2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. R. 3. No. 2
   (e) How long has **MOTHER** lived in Idaho? ____ yrs.

3. **RESIDENCE OF FATHER** (city, state) Coeur d'Alene Ida

4. **FULL NAME OF CHILD** Margaret Capaul

5. Date of Birth of Child (Month, day, year) June 30 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd 7th

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Capaul
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Breigls (City or town) Switzerland (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ann Margaret Schneider
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Greglingen (City or town) Germany (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ____
23. Number of children of this mother: (a) At time of birth and including this child 7. (b) Born alive and now living 7.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by Jacob (First name) Capaul (Last name) who is related as Father (Mother, etc.)

25. Attendant's **OWN** signature J. Capaul M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Kootenai }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 32 years, and that Jacob (First name) Capaul (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Jacob Capaul Signature

909-4th. Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of Feb 1946

(SEAL) ____, Notary Public, residing at Coeur d'Alene Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Codes Annotated.)

Received for filing on FEB 25 1946 by ____, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

S.S. 735-22-022-645

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 416309
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1+ years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No none
   (e) How long has **MOTHER** lived in Idaho? 1+ yrs.

3. **RESIDENCE OF FATHER** (city, state) St. Anthony, Idaho

4. **FULL NAME OF CHILD** Alta Gleason

5. Date of Birth of Child (Month, day, year) June 29, 1913

6. Sex female

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Emerson Wright Gleason
11. Color or Race white
12. Age at time of THIS birth 38 yrs.
13. Birthplace Spring Prairie, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Mgr.
15. Industry or Business Power & Light Co.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Margaret Freeze
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Bingham Co., Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business own home

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 9:20 A.M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for life years, and that Dr. Malette (First name) (Last name), who attended this birth is believed deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs E M Gleason Signature

Lark, Utah P. O. Address

Subscribed and sworn to before me this 18th day of February 1946.

(SEAL)

Margaret Riley (Fraser), Notary Public, residing at Salt Lake City, Utah

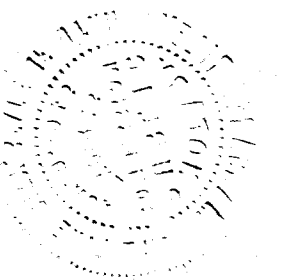
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated)

Received for filing on FEB 25 1946 by Mary Fraser, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



266-105-016-281

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416325
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Cassia (b) City Albion
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Cassia
   (c) City Albion
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Albion, Idaho

4. **FULL NAME OF CHILD** Marlin Lester Boosinger

5. Date of Birth of Child (Month, day, year) Dec 5, 1913

6. Sex Male.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Martin Boosinger
11. Color or Race White
12. Age at time of THIS birth 45 yrs.
13. Birthplace Iowa. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Ellen Shaffer
17. Color or Race White
18. Age at time of THIS birth yrs.
19. Birthplace Kansas. (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None.
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Bonneville } ss.

I, the undersigned, being first duly sworn, say that I am the brother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 39 years of age, that I have known this person for 38 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth record-ed under Chapter 139, 1937 Session Laws.

John H. Boosinger Signature
St. Maries, Idaho P. O. Address

Subscribed and sworn to before me this 21 day of January, 1946.

(SEAL) W. S. Bennett, Notary Public residing at St. Maries Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 25 1946 by [illegible], Registrar

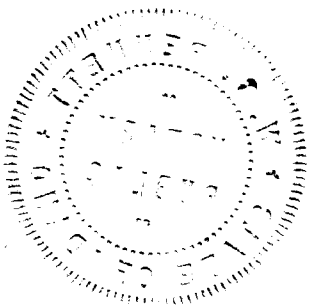
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 26 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



843-227-002-294

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416346
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams. (b) City Indian Valley.
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Born in own home on homestead.
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years 6 months —days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams.
   (c) City Indian Valley.
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 4½ yrs.

3. **RESIDENCE OF FATHER** (city, state) Indian Valley, Idaho

4. **FULL NAME OF CHILD** Dorothy Fay Hutchison

5. Date of Birth of Child (Month, day, year) Mar. 27-1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David Hutchison
11. Color or Race White
12. Age at time of THIS birth 23 yrs.
13. Birthplace Sublet (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farmer.
15. Industry or Business Farmer.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Irlene Mabel Simmerman
17. Color or Race White
18. Age at time of THIS birth 19 yrs.
19. Birthplace Deer Lake (City or town) Missouri. (State or foreign country)
20. Exact Occupation Home wife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Oregon
County of Union } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 32 years, and that Dorothy Fay Mrs. Partridge (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Irlene Mabel Hutchison Signature

2605 N. Spruce, LaGrande, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of February, 1946.

(SEAL) Notary Public, residing at LaGrande Ore.

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914 Idaho Code Annotated.)

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES JAN. 12, 19[illegible]

Received for filing on MAR 12 1946 by Mary Field, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-21-009-657

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope earing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 416348
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bonner (b) City Clarks Fork
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay BEFORE delivery: IN THIS county 4 years 8 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonner
(c) City Clarks Fork
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 9 yrs.

3. RESIDENCE OF FATHER (city, state) Clarks Fork, Idaho

4. FULL NAME OF CHILD Delphia Marie Krotzer

5. Date of Birth of Child (Month, day, year) Aug 17, 1913

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Walter Edward Krotzer
11. Color or Race white **12.** Age at time of THIS birth 44 yrs.
13. Birthplace Northfield (City or town) minn (State or foreign country)
14. Exact Occupation Secondhand Furniture
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Maud Weaver
17. Color or Race white **18.** Age at time of THIS birth 27 yrs.
19. Birthplace Auburn (City or town) Indiana (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Clallam }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs Falen Camp (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Maud Krotzer Signature
P. O. Address

Subscribed and sworn to before this 28th day of Feb., 1946.

(SEAL) J. Lyle Beam Notary Public, residing at Port Angeles, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

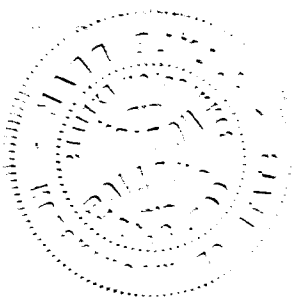
Received for filing on MAR 12 1946 by Mabel Fields, Registrar.

MAR 12 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the Attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



693-113-007-897

416359

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416359
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Blaine (b) City Gannett
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years 1 months 13 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Blaine
   (c) City Gannett
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 1mo, ~~yrs.~~

3. **RESIDENCE OF FATHER** (city, state) same 13 day

4. **FULL NAME OF CHILD** Johnny A Willis

5. Date of Birth of Child (Month, day, year) May, 13, 1913

6 Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Walter Albert Willis
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Blackton, Iowa (City or town) (State or foreign country)
14. Exact Occupation farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillian May Higgins
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hiawathy, Neb. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Elmore } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 59 years of age, that I have known this person for 32 years, and that Mrs Hubert Standfield (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lillian May Willis Signature

Glenns Ferry, Idaho Box 131 P. O. Address

Subscribed and sworn to before me this 20th day of March, 1946

(SEAL) Fra Hall, Notary Public, residing at Mt. Home, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Mar 21 - 1946 by Mabel Fleeler, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 21 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

458-105-039-525

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 416398
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City
   (c) Street Address or R.F.D. No. 1, Am. Falls
   (d) Name of Hospital or Maternity Home: at home in country
   (e) Mothers stay **BEFORE** delivery: In **THIS** county – years 1 months 4 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City
   (d) Street Address or R.F.D. No. 1, Am. Falls
   (e) How long has **MOTHER** lived in Idaho? 1 mo yrs.

3. **RESIDENCE OF FATHER** (city, state) A.F., Idaho

4. **FULL NAME OF CHILD** Adam Mehlhaff

5. Date of Birth of Child (Month, day, year) May 5, 1913

6. Sex male

7. Twin or Triplet only child If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John J. Mehlhaff
11. Color or Race white
12. Age at time of THIS birth 39 yrs.
13. Birthplace Terresbole, Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Eberhardt
17. Color or Race white
18. Age at time of THIS birth 40 yrs.
19. Birthplace Newdorf, Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Do not know
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Babtismal Sponsor (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Christina Rast (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eva Mantell Signature

Lodi Rt 1 P. O. Address

Subscribed and sworn to before me this 4th day of March, 1946

(SEAL) Bertha Hoffman, Notary Public, residing at Lodi, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 14 1946 by Mary Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 1 4 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

mk 238-017-039-453

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 417371
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City American Falls
   (c) Street Address or R.F.D. No. R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months 29 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City American Falls
   (d) Street Address or R.F.D. No. R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Ella Lea Schrenk

5. Date of Birth of Child (Month, day, year) March 17, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Christian Schrenk
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Johannisthal, S. Russia (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Sophia Delzer
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Johannisthal, S. Russia (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington } ss.
County of Spokane }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 33 years, and that Mrs. Gottfried Adolf (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sophia Schrenk Signature
2131 W. Dean, Spokane, Wash. P. O. Address

Subscribed and sworn to before me this 8th day of April, 1946

(SEAL)

Jerome A. Pelton, Notary Public, residing at Spokane, Wn

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 16 1946 by Mabel Fiedler, Registrar

APR 18 1967

APR 17 1968

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

295-103031-593

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419490
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County LINCOLN (b) City JEROME
   (c) Street Address or R.F.D. No. I
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County LINCOLN
   (c) City JEROME
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) JEROME, IDAHO

4. **FULL NAME OF CHILD** GILBERT NICHOLS BREWER

5. Date of Birth of Child (Month, day, year) AUG 3 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JOHN EDWARD BREWER
11. Color or Race WHITE
12. Age at time of THIS birth 21 yrs.
13. Birthplace MORRISON (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ETHEL REDA NICHOLS
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace HEBRON (City or town) INDIANA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living YES

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Jerome } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 32 years, and that Dr. (First name) Piper (Last name), who attended this birth is now deceased. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Reda Brewer Signature

Box 266, Jerome, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of May, 1946.

(SEAL) A. H. Swing, Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 24 1946 by Mabel Miller, Registrar

MAY 26 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MAY 27 1948

34

308-123 039-955

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No. 19545

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Power (b) City Arbon
   (c) Street Address or R.F.D. No. R.F.D.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 10 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Power
   (c) City Arbon
   (d) Street Address or R.F.D. No. R.F.D.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Arbon Idaho

4. **FULL NAME OF CHILD** Golden Devere Thyberg

5. Date of Birth of Child (Month, day, year) Sept. 23. 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Rudolph Thyberg
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Smithfield (City or town) Utah (State or foreign country)
14. Exact Occupation Retired Boilermaker
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Jane Joersen
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Paradise (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at Arbon M. on the date and at the place stated above, and that personal particulars were furnished by Martha (First name) Thyberg (Last name) who is related as mother (Mother, etc.)

25. Attendant's **OWN** signature Marie Roberts M.D. Midwife Address Maybell, Colo. Date May 24, 1946

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 11 1946 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

551-205003-284 419638

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419638
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bannock (b) City Arimo
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: None
(e) Mothers stay BEFORE delivery: In THIS county 21 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Arimo
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 21 yrs.

3. RESIDENCE OF FATHER (city, state) Arimo Ida

4. FULL NAME OF CHILD Wanda Irene Evans

5. Date of Birth of Child (Month, day, year) 8-5-1913

6 Sex Fe

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME June Evans
11. Color or Race White
12. Age at time of THIS birth 22 yrs.
13. Birthplace Arimo (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Amanda Irene Shumway
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Arimo (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 32 years, and that Mrs. Jensen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

June Evans Signature
PO Box 974 Boise Ida P. O. Address

Subscribed and sworn to before me this 11th day of July 1946.
(SEAL) Malvin Fields, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 11 1946 by Malvin Fields, Registrar

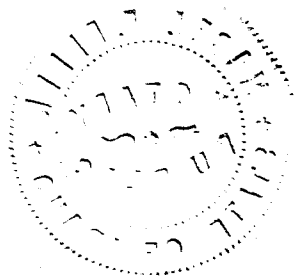
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 11 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



317-114 022-415

419641

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 419641
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City St. Anthony
   (c) Street Address or R.F.D. No. Route 1,
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No. Route # 1
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Warren Augustus Caplinger

5. Date of Birth of Child (Month, day, year) April 14, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Fredrick Augustus Caplinger
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Springfield, Mo (City or town) (State or foreign country)
14. Exact Occupation laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Merlie Damaris Davis
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Alpine, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the grandmother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 32 years, and that Dr. Warren B. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Alvie Davis
Signature

St. Anthony, Rt. #1, Idaho
P. O. Address

Subscribed and sworn to before me this 8th day of July, 1946.

(SEAL)

Lucy Erickson, Notary Public, residing at St. Anthony, Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUL 15 1946 by Mary Felder, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 15 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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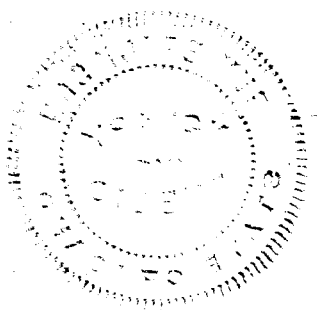


463-201-032-463

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420690
Local Reg. No.
Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lincoln (b) City Gooding
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 9 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lincoln
   (c) City Gooding
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 9 yrs.

3. **RESIDENCE OF FATHER** (city, state) Gooding, Ida

4. **FULL NAME OF CHILD** Dorothy Henrriette Watson

5. Date of Birth of Child (Month, day, year) Feb 1- 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry Richard Watson
11. Color or Race white
12. Age at time of THIS birth 37 yrs.
13. Birthplace Walnut Grove, Mo. (City or town) (State or foreign country)
14. Exact Occupation Laborer.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Etta Frances Watson
17. Color or Race White
18. Age at time of THIS birth 25 yrs.
19. Birthplace Hudson, So. Dak. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature deceased. M.D. Midwife Address Date

AFFIDAVIT

State of Wash } ss.
County of King }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for since birth years, and that F. Carey (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Etta F. Watson Signature

Smith Bend Wash P. O. Address

Subscribed and sworn to before me this 2nd day of July, 19 46

(SEAL) [signature], Notary Public, residing at Smith Bend Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

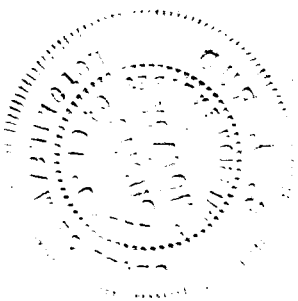
Received for filing on [illegible] by JUL 8 1946, Registrar

JUL 9 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-206-029-261

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 420711
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Latah (b) City Moscow
(c) Street Address or R.F.D.No. 221 S. Asbury
(d) Name of Hospital or Maternity Home: " House
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home - days.
IN THIS county 1 years 8 month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Latah
(c) City Moscow
(d) Street Address or R.F.D.No. 221 S.Asbury
(e) How long has MOTHER lived in Idaho? 33 yrs.
(f) Mother's mailing address 519 E. "B" St.

3. RESIDENCE of FATHER (city, state) Moscow, Idaho

4. FULL NAME OF CHILD Edna Louise Scott

5. Date of Birth (Month, day year) Sept. 6, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD	MOTHER OF CHILD
10. FULL NAME Louis Royden Scott	16. FULL MAIDEN NAME Elna Mary Swanson
11. Color or Race White 12. Age at time of THIS birth 30 yrs.	17. Color or Race White 18. Age at time of THIS birth 22 yrs
13. Birthplace Western, Nebraska (City or town) (State or foreign country)	19. Birthplace Manila, Iowa (City or town) (State or foreign country)
14. Exact Occupation Retired- Florist	20. Exact Occupation
15. Industry or Business	21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum --

23. Number of children of this mother: (a) At time of birth and including this child none (b) Born alive and now living none (c) Born alive and now dead none (d) Stillborn none

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

26. (a) JUL 18 1946 (Date received) (b) [illegible] (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's OWN signature M.D. (D.O., Midwife, etc.) and address Date

State of Idaho
County of Latah } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Edna M. Theriault, being first duly sworn, say that I am acquainted with (Related to (or) acquainted with) Edna Louise Scott (Name of person on certificate above) as acquaintance (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. J.N.Clarke (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Edna M Theriault Signature
126-W-1st street P. O. Address

Subscribed and sworn to before me on this 3 day of December 1945

(SEAL) Bessie Babcock County Auditor ~~Notary Public~~, residing at Moscow Idaho

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 18 1972

JUL 19 194

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received ~~and filed by~~ the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

DELAYED

993-224-005-331

United States
Department of Commerce
Bureau of the Census

AUG 5 1946 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 421951
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City St. Maries
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Ida. (b) County Benewah
   (c) City St. Maries
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) deceased

4. **FULL NAME OF CHILD** Valena Orpha Rich

5. Date of Birth of Child (Month, day, year) 7/24/1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Eles Alfonso Rich
11. Color or Race White
12. Age at time of THIS birth 51 yrs.
13. Birthplace Paw Paw, Mich. (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business ranch

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MayBelle Clark
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Macedonia, Ia. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business home

22. Name prophylactic used to prevent Ophthalmia Neonatorum Ag n 03
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 6 A. M. on the date and at the place stated above, and that personal particulars were furnished by MayBelle (First name) Rich (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature O. D. Platt M.D. ~~Midwife~~ Address St. Maries Ida. Date 8-12-46

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 22 1946 by Mary Felder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 22 1946

MAR 1 1 1970

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613 214 035 613

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423222
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Pierce (b) City Peck
(c) ~~Street Address or~~ R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mothers stay BEFORE delivery: In THIS county 17 years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Pierce
(c) City Peck
(d) ~~Street Address or~~ R.F.D. No.
(e) How long has MOTHER lived in Idaho? 25 yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Daisy Barbara Watson

5. Date of Birth of Child (Month, day, year) June 14 - 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Lorimer Watson

11. Color or Race White

12. Age at time of THIS birth 26 yrs.

13. Birthplace Scotland (City or town) (State or foreign country)

14. Exact Occupation Farmer & Woodsman

15. Industry or Business Same

MOTHER OF CHILD

16. FULL MAIDEN NAME Ivy Irene (Dykes) Watson

17. Color or Race White

18. Age at time of THIS birth 20 yrs.

19. Birthplace Pullman, Wash. (City or town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business "

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child None (b) Born alive and now living ✓

(Attendants deceased) ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. ~~Midwife~~ Address Dr. J. M. Lyle Lewiston, Idaho Date

State of Oregon
County of Multnomah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 33 years, and that Mrs Cora Tumbelson (First name) (Last name), who attended this birth Is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ivy Irene Watson Signature
R.1. Box 661 Puyallup Wash. Address

Subscribed and sworn to before me this 22nd day of August 1946

(SEAL) Aaron B Torkey, Notary Public, residing at Port Oregon

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Aug. 15th, 1947

Received for filing on SEP 5 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

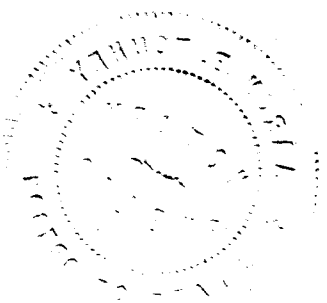
SEP 6 1946

DEC 1 2 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



236-201 025-296

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 423248
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Idaho (b) City Clearwater
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Clearwater
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Clearwater, Idaho

4. **FULL NAME OF CHILD** Ilene Vivian Scott

5. Date of Birth of Child (Month, day, year) Jan. 1, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Byron Davis Scott
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Black Creek, Wisconsin (City or town) (State or foreign country)
14. Exact Occupation Engineer
15. Industry or Business None

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margarette Brown
17. Color or Race white
18. Age at time of THIS birth 38 yrs.
19. Birthplace Blooming Prairie, Minnesota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business None

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Margarette Scott (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Byron D Scott, M.D. Midwife Address Lebanon, Ore. Date 8/28/46

State of Oregon
County of Linn } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for since birth years, and that Byron Davis Scott (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Margarette Scott Signature

Lebanon, Oregon P. O. Address

Subscribed and sworn to before me this 28th day of August, 19 46

(SEAL)

Notary Public, residing at Lebanon, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires: Nov. 1, 1947

Received for filing on SEP 5 1946 by John W Wright, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

856 213-035-666

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 423281
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Leland
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 30 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Leland,
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 65 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ruby Sarah Heffel

5. Date of Birth of Child (Month, day, year) Dec. 13th, 1913

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Stewart Heffel
11. Color or Race White
12. Age at time of THIS birth 38 yrs.
13. Birthplace Canada (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Dora Woodard
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Kansas (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Latah } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for always years, and that Dr. Rothwell (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Dora Heffel Signature

Kendrick, Idaho P. O. Address

Subscribed and sworn to before me this 6th day of September, 1946

(SEAL) [illegible], Notary Public, residing at Kendrick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 16 1946 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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657-203022 218

424631

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 424631
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Green Timber
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Irma Elizabeth Eastman

5. Date of Birth of Child (Month, day, year) Feb. 3 1913

6. Sex female

7. Twin or Triplet

8. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Henry John Eastman
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Hannover (City or town) Germany (State or foreign country)
14. Exact Occupation farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Caroline Baker
17. Color or Race white
18. Age at time of THIS birth 33 yrs.
19. Birthplace Germany (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — **Address** — **Date**

AFFIDAVIT

State of Idaho
County of Canyon } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the guardian (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 79 years of age, that I have known this person for 33 years, and that Humphrey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Jennie Gayle Signature
Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 14 day of October, 1946.

(SEAL) Jesse D Walker, Notary Public, residing at Caldwell Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 15 1946 by Mabel Fielder, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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366-210-005-432

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 426102
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: residence
(e) Mothers stay BEFORE delivery: at home
In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No. ch
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) Plummer Ida.

4. FULL NAME OF CHILD Lela Grace Low

5. Date of Birth of Child (Month, day, year) Aug. 10-1913

6 Sex F

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles H Low
11. Color or Race white
12. Age at time of THIS birth 43 yrs.
13. Birthplace Cherryfield. Maine (City or town) (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Alice McKellips
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Ferris Ill. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonato[illegible] none
23. Number of children of this mother: (a) At time o[illegible]cluding this child 5 (b) Born alive and now living 3

ATTEN[illegible]TIFICATE

24. I HEREBY CERTIFY That I attended the birth of this [illegible], who was ..... at ..... M. on the date (Born alive, stillborn) and at the place stated above, and that personal par[illegible]culars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Chelan } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 yrs years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A Low Signature
6859-19-NE Seattle, Wa. P. O. Address

Subscribed and sworn to before me this 7 day of Nov 1946
(SEAL) Kirk W Lane, Notary Public, residing at Wenatchee
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 13 1946 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment [illegible] fifty cents, money order or coin.

NOV 14 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

212-206-028-364

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 427570
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenei (b) City Couer D'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Residence
(e) Mother's stay BEFORE delivery: IN THIS county 15 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenei
(c) City Couer D'Alene
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Idaho

4. FULL NAME OF CHILD Lucille Marian Babbitt

5. Date of Birth of Child (Month, day, year) Feb. 6, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME James Babbitt
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace (City or town) Michigan (State or foreign country)
14. Exact Occupation Teamster
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Annie Lawrie Cook
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Sherman (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington } ss.
County of Clark }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 34 years, and that Mrs. Dennis (Midwife), who attended this birth now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laurie Cook Babbitt Best Signature

Vancouver, Washington 6208 B East 1st Place, McLoughlin Hts Address

Subscribed and sworn to before me this 3rd day of December, 19 46

(SEAL) L. L. Kinnell Notary Public, residing at Vancouver, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 12 1946 by John W. Wright Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 16 1946

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

763 227-039-133

430526

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430526
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County POWER (b) City ROCKLAND
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 0 years 0 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City LAVA Hot SPRINGS
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 26 yrs.

3. **RESIDENCE OF FATHER** (city, state) LAVA, Idaho

4. **FULL NAME OF CHILD** Ida Potter

5. Date of Birth of Child (Month, day, year) FEB. 27, 1913

6. Sex FEMALE

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** John Willard Potter
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Downey (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Martha Lucinda Allen
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rockland (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) ~~At time of birth~~ and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11 A. M. on the date and at the place stated above, and that personal particulars were furnished by Martha Lucinda Potter (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date Feb. 8, 1947

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 34 years, and that Sarah (First name) Lasley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Martha Lucinda Potter Signature

Lava Hot Springs, Idaho P. O. Address

Subscribed and sworn to before me this 8th day of February, 1947

(SEAL) [illegible], Notary Public, residing at Lava Hot Springs Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 14, 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 14 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

349-114-037-349

430533

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 430533
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Owyhee (b) City Bruneau
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: At Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 33 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County Owyhee
   (c) City Bruneau
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 67 yrs.

3. **RESIDENCE OF FATHER** (city, state) Bruneau, Ida.

4. **FULL NAME OF CHILD** Clayton Andrew Turner

5. Date of Birth of Child (Month, day, year) Mar. 14, 1913

6 Sex M

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William I Turner
11. Color or Race
12. Age at time of THIS birth 40 yrs.
13. Birthplace Bruneau, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business Cattle Raiser

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Agnes Turmes
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Yankton, South Dakota (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 33 years, and that Docter J.C. Bartlett (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary A. Turner. Signature

P. O. Address

Subscribed and sworn to before me this 15 day of February, 1947.

(SEAL) Ina E. Hall Notary Public, residing at Boise Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 17 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 18 1947
NOV 27 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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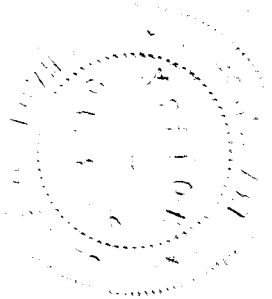


552-214-042-577

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 133335
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin (b) City Filer
(c) Street Address or R.F.D. No. none
(d) Name of Hospital or Maternity Home: Was Country born
(e) Mothers stay BEFORE delivery: In THIS county years around 2 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin
(c) City Filer
(d) Street Address or R.F.D. No. unknown
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Filer Idaho

4. FULL NAME OF CHILD Valentine Hanebell Nebeker

5. Date of Birth of Child (Month, day, year) Feb. 14, 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Charles Franklin Nebeker
11. Color or Race white
12. Age at time of THIS birth around 28 yrs.
13. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sylvia Anne Eggbert
17. Color or Race white
18. Age at time of THIS birth about 31 yrs.
19. Birthplace unknown Utah (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Oregon
County of Baker } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 34 years, and that unknown (First name) (Last name) who attended this birth unknown (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

NOTARY PUBLIC FOR OREGON
MY COMMISSION EXPIRES SEPTEMBER 12, 1947

Valentine Hanebell Nebeker Signature
1910 - 15th St. Baker, Oregon P. O. Address

Subscribed and sworn to before me this 6th day of March 1947

(SEAL) E. R. Curfman, Notary Public, residing at Baker, Ore.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 12 1947 by E. John W. Wright Registrar

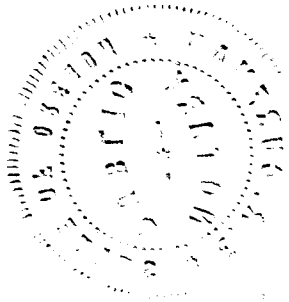
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



844 216 042 · 792

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436346
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. #2
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. #2
(e) How long has MOTHER lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state) same

4. FULL NAME OF CHILD MARY HAZEL HUMPHREY

5. Date of Birth of Child (Month, day, year) March 16, 1913

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Edwin Thomas Humphrey
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Lebo (City or town) Kansas (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Belle Gibson
17. Color or Race White
18. Age at time of THIS birth 32 yrs.
19. Birthplace Queneme, (City or town) Kansas (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic ~~used to prevent Ophthalmia Neonatorum~~ - Don't know
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's OWN signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Twin Falls }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 66 years of age, that I have known this person for 34 years, and that Clara (First name) Schwinn (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located), further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Belle Humphrey Signature
Route #2 Kimberly, Idaho P. O. Address

Subscribed and sworn to before me this 22nd day of May, 1947.

(SEAL)

Martha A. Watson Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on MAY 29 1947 by John W. Wright Registrar

MAY 31 1947
JUN 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

168-126 035-967

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436347
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County NEZ PERCE (b) City AGATHA
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: PARENTS HOME
   X (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County NEZ PERCE
   (c) City AGATHA
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? LIFE yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** FRANCIS-DON JOHNSTON

5. Date of Birth of Child (Month, day, year) August 26, 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** ALFRED ELMO JOHNSTON
11. Color or Race WHITE
12. Age at time of THIS birth 35 yrs.
13. Birthplace MARSHALL TOWN (City or town) IOWA (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELSIE GLADYS ROGERS
17. Color or Race WHITE
18. Age at time of THIS birth 25 yrs.
19. Birthplace MOSCOW (City or town) IDAHO (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of child, who was BORN ALIVE (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by ELSIE (First name) JOHNSTON (Last name) who is related as MOTHER (Mother, etc.)

25. X Attendant's **OWN** signature Lou Hoskin ~~M.D.~~ Midwife Address Camas Wash Date 4-17-1947

State of Wash
County of Clark } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this 21st day of May, 1947

(SEAL)

Notary Public, residing at Camas Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAY 29 1947 by Johnwright, Registrar

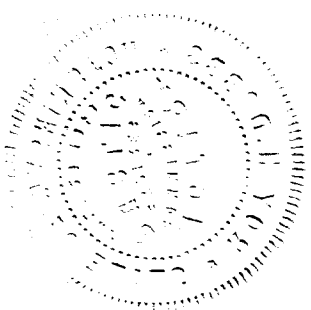
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAY 31 1937

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



751-109 018-751

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 436377
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Clearwater (b) City Elk River
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county * years months 3 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Clearwater
   (c) City Elk River
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 3 yrs

3. **RESIDENCE OF FATHER** (city, state) Idaho

4. **FULL NAME OF CHILD** Homer Harold Peasley

5. Date of Birth of Child (Month, day, year) Jan. 9th, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Delos F. Peasley
11. Color or Race White
12. Age at time of THIS birth 31 yrs.
13. Birthplace Clintonville (City or town) Wis. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Vida A. Peasley now Cummings
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Matoon (City or town) Wis. (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living Yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was _____ (Born alive, stillborn) at _____ M. on the date and at the place stated above, and that personal particulars were furnished by _____ (First name) _____ (Last name) who is related as _____ (Mother, etc.)

25. Attendant's **OWN** signature _____ M.D. Midwife _____ Address _____ Date _____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 34 years, and that Doctor Sealy (First name) _____ (Last name), who attended this birth connot be located. (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Vida A. Peasley now Vida A. Cummings Signature

202 E. Baldwin Address

Subscribed and sworn to before me this 4th day of June, 19 47.

(SEAL) Frank A. Leigh, Notary Public, residing at Spokane, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 10 1947 by John W Wright, Registrar

JUN 1 1 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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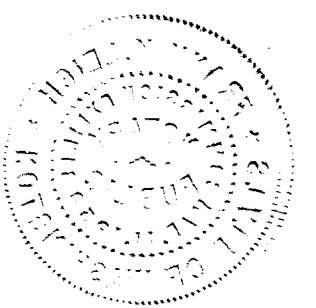


813-215-028-165

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 437800
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth).
(a) County Kootenai (b) City Harrison
(c) Street Address or R.F.D. No. no street home
(d) Name of Hospital or Maternity Home: Gen Del
She was born at own home.
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Harrison
(d) Street Address or R.F.D. No. no street no. or R.F.D.
(e) How long has MOTHER lived in Idaho? 22 yrs.

3. RESIDENCE OF FATHER (city, state) Harrison Ida.

4. FULL NAME OF CHILD Alice Hellen Yates.

5. Date of Birth of Child (Month, day, year) April 15, 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? ~~no~~ yes

now remarried Ada R. Vimpany

FATHER OF CHILD

10. FULL NAME Harry Luther Yates. is dead

11. Color or Race White

12. Age at time of THIS birth 22 yrs.

13. Birthplace Colifax Washington (City or town) (State or foreign country)

14. Exact Occupation Meat cutter or Butcher.

15. Industry or Business none.

MOTHER OF CHILD

16. FULL MAIDEN NAME Ada Ramona Jones.

17. Color or Race White

18. Age at time of THIS birth 18 yrs.

19. Birthplace Seneca Missouri. (City or town) (State or foreign country)

20. Exact Occupation House wife.

21. Industry or Business none.

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child first born (b) Born alive and now living yes.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Dr. Rigger is Dead. I remember that first name. Date

State of Oregon
County of Clackamas } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 34 years, and that now married Alice Hellen Stuckey (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Ada Ramona Vimpany Signature

My Commission Expires February 2, 1948

P.O. Address

Subscribed and sworn to before me this 24th day of June, 1947

(SEAL) Maude Potts Notary Public residing at Lewis

My Commission Expires February 2, 1948

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 30 1947 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

154-227034-155

437815

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Minidoka (b) City Milner
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: At Home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
IN **THIS** county / years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Milner
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 26 yrs.
(f) Mother's mailing address Milner, Idaho

3. RESIDENCE of FATHER (city, state) Milner, Idaho

4. FULL NAME OF CHILD Louise Amanda Anderson

5. Date of Birth (Month, day year) Sept. 27, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Carl Anderson
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Jensen
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace Copenhagen (City or town) Denmark (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead None (d) Stillborn None
24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by Carl Anderson (First name) (Last name), who is related to this child as Father (Mother, etc.)
26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)
25. Attendant's **OWN** signature ..... M.D. (D.O., Midwife, etc.) and address Date

State of Wyoming
County of Big Horn } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Carl Anderson, being first duly sworn, say that I am Related (Related to (or) acquainted with) Louise Amanda Anderson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Minter (Name of attendant at birth), who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Carl Anderson Signature
Byron, Wyo. P. O. Address

Subscribed and sworn to before me on this 1st day of ~~XXXX~~ July 1947
(SEAL) J. A. D'Amico Notary Public, residing at Byron, Wyoming

My Commission expires March 20, 1948

DATE RECEIVED 7/7/47

John W Wright REGISTRAR

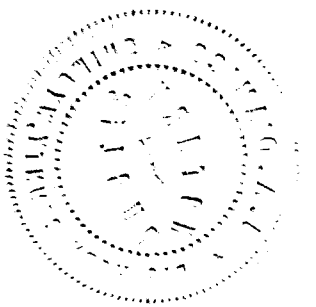
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 7 19

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



439384

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 439384
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Caldwell
(c) Street Address or R.F.D. No. 4th & Dearborn
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 4 years 5 months 15 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Caldwell
(d) Street Address or R.F.D. No. 4th & Dearborn
(e) How long has MOTHER lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Caldwell, Idaho

4. FULL NAME OF CHILD Agnes Momberg

5. Date of Birth of Child (Month, day, year) November 19, 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Justus W. Momberg.
11. Color or Race American-White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Felsberg (City or town) Germany (State or foreign country)
14. Exact Occupation Meat Cutter
15. Industry or Business Meat Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mabel Ellen Hogan
17. Color or Race English-White
18. Age at time of THIS birth 32 yrs.
19. Birthplace London (City or town) England (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Justus (First name) W. Momberg (Last name) who is related as Father (Mother, etc.)

25. Attendant's OWN signature Dr. John W. Gue (Deceased) M.D. Mrs. Emma Gurwell (Deceased) Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 69 years of age, that I have known this person for 33 years, and that Dr. John W. (First name) Gue (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Justus W. Momberg Signature
Box 273 -- Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 15 day of August, 1947 Idaho
(SEAL) Mabel S Clore Notary Public, residing at Caldwell
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 18 1947 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 19 1947
FEB 14 1972

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

296-2 18-044-997 442173

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442173
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Washington (b) City Meadows
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: none
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 20 years, months, days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Washington
   (c) City Meadows
   (d) Street Address or R.F.D. No. Meadows, Idaho
   (e) How long has **MOTHER** lived in Idaho? 25 yrs.

3. **RESIDENCE OF FATHER** (city, state) Meadows, Idaho

4. **FULL NAME OF CHILD** Eleanor Lupincy Kroll
   Eleanor Lupincy Kroll

5. Date of Birth of Child (Month, day, year) Sept 18, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** August Victor Kroll
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Denmark (City or town) (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lupincy Evangeline Rigdon
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Meadows, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum unknown
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 12:30 P. M. on the date and at the place stated above, and that personal particulars were furnished by myself, Lupincy Evangeline Rigdon (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Unable to sign account of advanced age. M.D. Address Date

AFFIDAVIT

State of California
County of Solano } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 34 years, and that Sierra Nevada Rigdon (my Mother,) (First name) (Last name) who attended this birth Meadows, Idaho (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lupincy Evangeline Kroll Signature

139 Mountain View, Vallejo Calif. P. O. Address

My Commission Expires November 29, 1947

Subscribed and sworn to before me this 23rd day of September, 1947.

(SEAL) R. A. Wallace Notary Public, residing at Vallejo, Calif

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 26 1947 by John W. Wright Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 26 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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147-102-016-857 442206

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442206
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Cassia (b) City Malta
(c) Street Address or R.F.D. No. —
(d) Name of Hospital or Maternity Home: none
(e) Mothers stay BEFORE delivery: In THIS county 14 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Cassia
(c) City Malta
(d) Street Address or R.F.D. No. —
(e) How long has MOTHER lived in Idaho? 14 yrs.

3. RESIDENCE OF FATHER (city, state) Malta, Ida.

4. FULL NAME OF CHILD Samuel Arthur Allphen

5. Date of Birth of Child (Month, day, year) Feb. 2, 1913.

6 Sex M. 7. Twin or Triplet — If so—born 1st, 2nd, 3rd 5th 8. No. months of Pregnancy Reg. 9. Legitimate? Yes.

FATHER OF CHILD

10. FULL NAME Samuel T. Allphen
11. Color or Race White 12. Age at time of THIS birth 36 yrs.
13. Birthplace Pineville (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. FULL MAIDEN NAME Lucy Hepworth
17. Color or Race White 18. Age at time of THIS birth 26 yrs.
19. Birthplace Springdale (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none.
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.) Mrs. Tom Smith - deceased.

25. Attendant's OWN signature M.D. Midwife Address Dr. Sator - now deceased Date

State of Idaho
County of Cassia } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 34 years, and that Dr. C. J. Sator (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Lucy Hepworth Allphin [illegible] Signature
Dec. [illegible] P. O. Address

Subscribed and sworn to before me this 23 day of September, 1947

(SEAL) Henry W. Turker, Notary Public, residing at Burley, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 25 1947 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

SEP 25 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

494-MC-025-213 RECEIVED OCT 10 1947 DIVISION OF VITAL STATISTICS

442217

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 442217
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County IDAHO (b) City POCATELLO
(c) Street Address or R.F.D. No. HARRISON ST
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 10 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State POCATELLO (b) County IDAHO
(c) City HARRISON ST
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 6 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD EDWARD RICHARD DRUZBA

5. Date of Birth of Child (Month, day, year) JUNE 10, 1913

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. FULL NAME PERRY DRUZBA
11. Color or Race WHITE
12. Age at time of THIS birth 36 yrs.
13. Birthplace CZECHOSLOVAKIA (City or town) (State or foreign country)
14. Exact Occupation RAILROAD SHOPS
15. Industry or Business TOOLMAKER

MOTHER OF CHILD

16. FULL MAIDEN NAME JULIA KALIVODA
17. Color or Race WHITE
18. Age at time of THIS birth 33 yrs.
19. Birthplace ~~POCATELLO, IDAHO~~ CZECHOSLOVAKIA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of New York
County of Schenectady } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for — years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Druzba Signature
1034 Cutler St. P. O. Address

Subscribed and sworn to before me this 6th day of October, 1947

(SEAL) Pauline R Serafino, Notary Public, residing at Schenectady

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

#363 Commission Expires 3/30/48

Received for filing on OCT 10 1947 by John H. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

OCT 11 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

639-107-028-142 443669

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443669
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County KOOTENAI (b) City RATHDRUM
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 6 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County KOOTENAI
   (c) City RATHDRUM
   (d) Street Address or R.F.D. No.
   (e) How **long has MOTHER** lived in Idaho? 1½ yrs.

3. **RESIDENCE OF FATHER** (city, state) 1½ yrs

4. **FULL NAME OF CHILD** FRANK ARLE OLIN

5. Date of Birth of Child (Month, day, year) Jan. 7, 1913

6. Sex MALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** HARVEY ROY OLIN
11. Color or Race WHITE
12. Age at time of THIS birth 38 yrs.
13. Birthplace ROUNDHEAD, WIS (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ELIZABETH ADKINS
17. Color or Race WHITE
18. Age at time of THIS birth 38 yrs.
19. Birthplace MOUNT OLIVET KENTUCKY (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of } ss.
County of }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature
P. O. Address

Subscribed and sworn to before me this 4th day of November 1947.

(SEAL) , Notary Public, residing at Everett Wash

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on NOV 26 1947 by , Registrar

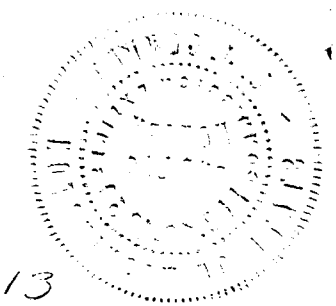
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

NOV 24 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

Dupl of 1913 - 11513

154-116-022-395 443687

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443687
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City Sarilda
(c) Street Address or R.F.D. No. Ashton RFD #1
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay BEFORE delivery: In THIS county 3 years 4 months 10 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Egin (b) County Fremont
(c) City
(d) Street Address or R.F.D. No. St. Anthony R. #3
(e) How long has MOTHER lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Egin, Idaho

4. FULL NAME OF CHILD Ernest Clifford Anderson

5. Date of Birth of Child (Month, day, year) 16 March 1913

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 7 1/2

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Clifford Ernest Anderson
11. Color or Race white
12. Age at time of THIS birth 22 yrs.
13. Birthplace Gunnison, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Livingston
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Fountain Green, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 34 years, and that Dr. (First name) Eby (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Ethel Livingston Anderson Signature
Rexburg Idaho P. O. Address

Subscribed and sworn to before me this 24 day of November, 1947
(SEAL) D. W. Foswell, Notary Public, residing at Rexburg.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on NOV 29 1947 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 1 1947
JAN 27 1976

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report ~~any birth which~~ has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-228-030-619

4436 95

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 443695
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lemhi (b) City Salmon
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lemhi
   (c) City Salmon
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) Salmon, Idaho

4. **FULL NAME OF CHILD** Helen Jessie Sellars

5. Date of Birth of Child (Month, day, year) 1/28/13

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Lloyd J. Sellars
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Central City, Nebraska (City or town) (State or foreign country)
14. Exact Occupation Common laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Jennie Farmer
17. Color or Race White
18. Age at time of THIS birth 18 yrs.
19. Birthplace Waldon, Colo. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of Washington
County of Benton } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 34 years, and that Frank L. Wright (First name) (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jennie Farmer Sellars Signature

Rt #2 Kennewick P. O. Address

Subscribed and sworn to before me this 2nd day of Dec 1947

(SEAL) L E Johnson, Notary Public, residing at Kennewick

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on DEC 4 1947 by Johnson W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DEC 5 1947

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

819223040842

445029

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 445029
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Hope Hospital
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Same

4. FULL NAME OF CHILD Lillian Ethel Harris

5. Date of Birth of Child (Month, day, year) June 23, 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John Chris Harris
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Lancashire, Eng (City or town) (State or foreign country)
14. Exact Occupation Miner
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Huska
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Lipto Tepla Ivashnova Hungary (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Step-father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 63 years of age, that I have known this person for 34 years, and that Dr. Mowery (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

William C. Cooper Signature
1012 N 13 st Boise P. O. Address

Subscribed and sworn to before me this 22 day of December, 1947

(SEAL) [signature], Notary Public, residing at Boise Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 12/22/47 by John W. Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 24 1956

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

955-005-1005-367 447714 447714

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447714
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Benewah (b) City Santa
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Benewah
   (c) City Santa
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) Santa, Ida.

4. **FULL NAME OF CHILD** Melba Leone Renfro

5. Date of Birth of Child (Month, day, year) July 5, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clark Renfro
11. Color or Race White
12. Age at time of THIS birth 37 yrs.
13. Birthplace Marion Co, (City or town) Iowa (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Blanche Coplen
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Argus, (City or town) Indiana (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 34 years, and that Elizabeth Renfro (First name) (Last name), who attended this birth is deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Blanche Renfro Signature

PARKDALE, OREGON Address

Subscribed and sworn to before me this 6 day of February 1948

(SEAL) Mabel S. Boe, Notary Public, residing at Parkdale

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My Comm. exp. Feb. 15 1950

Received for filing on FEB 9 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

794-[illegible]123-003-000 447724

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447724
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Banoch (b) City Pocatello
   (c) Street Address or R.F.D. No. North 2nd St.
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Banoch
   (c) City Pocatello
   (d) Street Address or R.F.D. No. North 2nd St.
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state) Pocatello, Idaho

4. **FULL NAME OF CHILD** Sotirios (Sam) Gimas

5. Date of Birth of Child (Month, day, year) Feb. 23, 1913

6. Sex male

7. Twin or Triplet single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mo.

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Zesses Gimas
11. Color or Race white
12. Age at time of THIS birth 45 yrs.
13. Birthplace Sanarina, Macedonia Greece (City or town) (State or foreign country)
14. Exact Occupation Railroad Section Foreman
15. Industry or Business Railroading

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maria--last name unknown
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Livadi, Macedonia Greece (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 1:38 P.M. on the date and at the place stated above, and that personal particulars were furnished by Stefanos Natsis (First name) (Last name) who is related as midwife (Mother, etc.)

25. Attendant's **OWN** signature x Steve Nachos M.D. Midwife Address 68½ West Second South, Salt Lake, Utah Date Feb. 7 1948

AFFIDAVIT

State of Utah } ss.
County of Salt Lake }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the midwife (Mother, etc.) of the person whose name appears in Item 4, above, that I am now [illegible] years of age, that I have known this person for 35 years, and that Sotirios (Sam) Gimas (First name) (Last name), that it was I who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Steve Nachos Signature

68½ west 2nd So. P. O. Address

Subscribed and sworn to before me this 4th day of February, 1948

(SEAL) [illegible], Notary Public, residing at Salt Lake City

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 14 1948 by [illegible] Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

STATE OF UTAH :
: ss.
COUNTY OF SALT LAKE :

I, the undersigned, being first duly sworn say that I am the midwife of the person whose name appears on the attached Certificate of Birth in item 4 thereof; and that I am now 65 years of age and have known the said Sotirios (Sam) Gimas since birth; and that I, at the time of his birth, was living in the same house with his mother; and that the child arrived a few days earlier than expected; and that no doctor or midwife other than myself was present; that I personally delivered the child in the capacity of midwife, and no doctor was called for treatment of the mother after birth of the child.

I further state that the facts on the birth certificate hereunto attached are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1939 SESSION LAWS OF IDAHO.

x Stena Noechel
Affiant

P.O. Address 68½ west 2nd so. Salt Lake City, Utah

Subscribed and sworn to before me this 11th day of February, 1948.

J Arthur Bailey
Notary Public

FEB 14 1948

STATE OF UTAH :
: ss.
COUNTY OF SALT LAKE :

I, the undersigned, being first duly sworn say that I am the midwife of the person whose name appears on the attached Certificate of Birth in Item 4 thereof; and that I am now _____ years of age and have known the said Sotirios (Sam) Gimas since birth; and that I, at the time of his birth, was living in the same house with his mother; and that the child arrived a few days earlier than expected; and that no doctor or midwife other than myself was present; that I personally delivered the child in the capacity of midwife, and no doctor was called for treatment of the mother after birth of the child.

I further state that the facts on the birth certificate hereunto attached are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1939 SESSION LAWS OF IDAHO.

_____
Affiant

P.O. Address _____

Subscribed and sworn to before me this 14 day of _____, 1948.

_____
Notary Public

844-120-004-841 447751

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 447751
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Dingle
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Mr. + Mrs. Albert E. Humburg
(e) Mothers stay BEFORE delivery: In THIS county 30 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Dingle
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Dingle, Ida.

4. FULL NAME OF CHILD Albert Max Humburg

5. Date of Birth of Child (Month, day, year) April 20, 1913

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Albert Edward Humburg
11. Color or Race white
12. Age at time of THIS birth 30 yrs.
13. Birthplace Paris, Idaho (City or town) (State or foreign country)
14. Exact Occupation Rancher
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jeanette Quayle
17. Color or Race white
18. Age at time of THIS birth 31 yrs.
19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's OWN signature [signature] M.D. ~~Midwife~~ Address Pocatello Date 7/13/48

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Feb. 24, 1948 by John H. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 25 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

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DELAYED

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • STATEHOUSE • BOISE, IDAHO 83720

State File No. 1913-448077

TYPE/PRINT IN PERMANENT BLACK INK

REGISTRANT (PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)	MILDRED VENNETTA DEE MEACHAM
2. DATE OF BIRTH (Month, Day, Year)	AUGUST 19, 1913
3. TIME OF BIRTH	
4. SEX	FEMALE
5. CITY, TOWN, OR LOCATION OF BIRTH	LAGO
6. COUNTY OF BIRTH	BANNOCK
7. BIRTHPLACE (Enter Name of Place, Street and Number)	HOME

MOTHER

8. MOTHER'S MAIDEN NAME (First, Middle, Last)	Julia Marie Haynes
9. DATE OF BIRTH (Month, Day, Year)	
10. BIRTHPLACE (State or Foreign Country)	Utah

FATHER

11. FATHER'S NAME (First, Middle, Last)	Edward Meacham
12. DATE OF BIRTH (Month, Day, Year)	
13. BIRTHPLACE (State or Foreign Country)	Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. ►

14. SIGNATURE OF REGISTRANT	Mildred Burke
15a. RESIDENCE — STATE	Idaho
15b. COUNTY	Caribou
15c. CITY, TOWN, OR LOCATION	Grace
15d. STREET AND NUMBER	637 Bench View Dr.
15e. MAILING ADDRESS (If same as residence, enter Zip Code only)	83421

NOTARY (PLACE SEAL HERE)

16. SUBSCRIBED AND SWORN TO BEFORE ME ON	January 15th 2008
17. SIGNATURE OF NOTARY	► J Bilia Smith
18. NOTARY COMMISSION EXPIRES	Apr. 26th 2010

NOTARY PUBLIC STATE OF NEVADA County of Clark J. G. BILIA-SMITH My Appointment Expires Apr. 26, 2010

APPLICANT — DO NOT WRITE IN THIS AREA

SUPPORTING RECORD 1.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Cerificate of Baptism and Confirmation	LDS Church	Sep. 4,1921	confirmed Sep. 4, 1921

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Aug. 19, 1913	Lago, Idaho	Julia Haynes	J Ed. Mecham

SUPPORTING RECORD 2.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Certificate of Blessing	LDS Church	Jan.11,1914	blessed Nov. 2, 1913

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Aug. 19, 1913	Lago, Idaho	Julia Haynes	Edward Meacham

SUPPORTING RECORD 3.

TYPE OF DOCUMENT	BY WHOM ISSUED AND SIGNED	DATE ISSUED	DATE ORIG. ENTRY
Own child's hospital birth certificate	Caribou County Hospital, Soda Springs, Idaho	Nov. 6,1944	child born Nov. 6, 1944

DATE OF BIRTH	BIRTH PLACE	FULL NAME OF MOTHER	NAME OF FATHER
Aug. 19, 1913	Lago, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIF. (SEAL)

I hereby certify that no prior birth certificate has been found in the Vital Statistics Unit for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

STATE REGISTRAR	EVIDENCE REVIEWED BY	DATE FILED
[signature]	► Kathryn Cook	JAN 28 2008

APPLICANT — GO TO PAGE TWO

HWH-0610A 1/89

K

00721

12/27/07

State of Idaho

DELAYED CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH & WELFARE • VITAL STATISTICS • STATEHOUSE • BOISE, IDAHO 83720

TYPE/PRINT IN PERMANENT BLACK INK

(PAGE TWO)

State File No. 1913-44807

REGISTRANT

(PERSON WHO'S BIRTH IS BEING REGISTERED)

1. REGISTRANT'S FULL NAME AT BIRTH (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)
MILDRED VENNETTA DEE MEACHAM	AUGUST 19, 1913

3. TIME OF BIRTH	4. SEX	5. CITY, TOWN, OR LOCATION OF BIRTH	6. COUNTY OF BIRTH
	FEMALE	LAGO	BANNOCK

7. BIRTHPLACE (Enter Name of Place, Street and Number)

HOME

APPLICANT — COMPLETE AS MUCH OF PAGE TWO AS POSSIBLE

INFORMATION FOR MEDICAL AND HEALTH USE ONLY (Will Not Appear on Certified Copies)

MOTHER

FATHER

23. OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.)	24. RACE — American Indian, Black, White, Japanese, etc. (Specify below)	25. EDUCATION (Check ONLY the HIGHEST level COMPLETED)
23a. ☐ No ☐ Yes (Specify):	24a.	25a. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5
23b. ☐ No ☐ Yes (Specify):	24b.	25b. ELEMENTARY OR HIGH SCHOOL 0 1 2 3 4 5 6 7 8 9 10 11 12 — COLLEGE YEARS 1 2 3 4 5

PREGNANCY HISTORY (Complete each section)

LIVE BIRTHS (Do not include this child)	OTHER BIRTHS/TERMINATIONS (Include stillbirths, miscarriages, and induced terminations)
26a. Now living: Number ____ ☐ None	26b. Now dead: Number ____ ☐ None
26c. DATE OF LAST LIVE BIRTH (Month, Year)	26d. Number ____ ☐ None
	26e. DATE OF LAST OTHER BIRTH OR TERMINATION (Mo., Yr.)

27. BIRTH WEIGHT (Specify unit)	28a. PLURALITY – (Specify single, twin, triplet, etc.)	28b. IF NOT SINGLE BIRTH–Born (Specify first, second, third, etc.)	29. IS MOTHER MARRIED? (At birth, conception, or any time between) ☐ Yes ☐ No

30a. DATE LAST NORMAL MENSES BEGAN (Month, Day, Year)	30b. CLINICAL ESTIMATE OF GESTATION (Weeks)	31a. MONTH OF PREGNANCY PRENATAL CARE BEGAN – (Specify 1st, 2nd, etc.)	31b. PRENATAL VISITS – Total Number (If none, so state)

32. MOTHER TRANSFERRED PRIOR TO DELIVERY? If yes, enter name and address of facility transferred from:
☐ Yes ☐ No ☐ Unknown

33. INFANT TRANSFERRED? If yes, enter name and address of facility transferred to:
☐ Yes ☐ No ☐ Unknown

34. IF OUT-OF-HOSPITAL BIRTH, WAS IT PLANNED TO BE OUT-OF-HOSPITAL?
☐ Yes ☐ No

APGAR SCORE 1 min.	APGAR SCORE 5 min.	36. WAS SAMPLE COLLECTED FOR NEWBORN METABOLIC SCREENING TESTS (Including PKU)?	37. WAS SYPHILIS SEROLOGY PERFORMED FOR THIS PREGNANCY?	38. WAS AN APPROVED PROPHYLACTIC AGENT USED IN INFANT'S EYES?
35a.	35b.	☐ Yes ☐ No If "No", reason:	☐ Yes ☐ No	☐ Yes ☐ No ☐ No, Religious Objection

39a. MEDICAL RISK FACTORS FOR THIS PREGNANCY (Check all that apply)

- Anemia (Hct. < 30/Hgb. < 10) ... 01 ☐
- Cardiac disease ... 02 ☐
- Acute or chronic lung disease ... 03 ☐
- Diabetes ... 04 ☐
- Genital herpes ... 05 ☐
- Hydramnios/Oligohydramnios ... 06 ☐
- Hemoglobinopathy ... 07 ☐
- Hypertension, chronic ... 08 ☐
- Hypertension, pregnancy-associated ... 09 ☐
- Eclampsia ... 10 ☐
- Incompetent cervix ... 11 ☐
- Previous infant 4000+ grams ... 12 ☐
- Previous preterm or small-for-gestational-age infant ... 13 ☐
- Renal disease ... 14 ☐
- Rh sensitization ... 15 ☐
- Uterine bleeding ... 16 ☐
- None ... 00 ☐
- Other _____ (Specify) ... 17 ☐

39b. OTHER RISK FACTORS FOR THIS PREGNANCY (Complete all items)

- Tobacco use during pregnancy ☐ Yes ☐ No
- Average number cigarettes per day _____
- Alcohol use during pregnancy ☐ Yes ☐ No
- Average number drinks per week _____
- Weight gained during pregnancy _____ lbs.

40. OBSTETRIC PROCEDURES (Check all that apply)

- Amniocentesis ... 01 ☐
- Electronic fetal monitoring ... 02 ☐
- Induction of labor ... 03 ☐
- Stimulation of labor ... 04 ☐
- Tocolysis ... 05 ☐
- Ultrasound ... 06 ☐
- None ... 00 ☐
- Other _____ (Specify) ... 07 ☐

41. COMPLICATIONS OF LABOR AND/OR DELIVERY (Check all that apply)

- Febrile (> 100°F, or 38°C) ... 01 ☐
- Meconium, moderate/heavy ... 02 ☐
- Premature rupture of membrane (> 12 hours) ... 03 ☐
- Abruptio placenta ... 04 ☐
- Placenta previa ... 05 ☐
- Other excessive bleeding ... 06 ☐
- Seizures during labor ... 07 ☐
- Precipitous labor (< 3 hours) ... 08 ☐
- Prolonged labor (> 20 hours) ... 09 ☐
- Dysfunctional labor ... 10 ☐
- Breech/Malpresentation ... 11 ☐
- Cephalopelvic disproportion ... 12 ☐
- Cord prolapse ... 13 ☐
- Anesthetic complications ... 14 ☐
- Fetal distress ... 15 ☐
- None ... 00 ☐
- Other _____ (Specify) ... 16 ☐

42. METHOD OF DELIVERY (Check all that apply)

- Vaginal ... 01 ☐
- Vaginal birth after previous C-section ... 02 ☐
- Primary C-section ... 03 ☐
- Repeat C-section ... 04 ☐
- Forceps ... 05 ☐
- Vacuum ... 06 ☐

43. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)

- Anemia (Hct. < 39/Hgb. < 13) ... 01 ☐
- Birth injury ... 02 ☐
- Fetal alcohol syndrome ... 03 ☐
- Hyaline membrane disease/RDS ... 04 ☐
- Meconium aspiration syndrome ... 05 ☐
- Assisted ventilation ≤ 30 min ... 06 ☐
- Assisted ventilation ≥ 30 min ... 07 ☐
- Seizures ... 08 ☐
- None ... 00 ☐
- Other _____ (Specify) ... 09 ☐

44. CONGENITAL ANOMALIES OF CHILD (Check all that apply)

- Anencephalus ... 01 ☐
- Spina bifida/Meningocele ... 02 ☐
- Hydrocephalus ... 03 ☐
- Microcephalus ... 04 ☐
- Other central nervous system anomalies (Specify) _____ ... 05 ☐
- Heart malformations ... 06 ☐
- Other circulatory/respiratory anomalies (Specify) _____ ... 07 ☐
- Rectal atresia/stenosis ... 08 ☐
- Tracheo-esophageal fistula/Esophageal atresia ... 09 ☐
- Omphalocele/Gastroschisis ... 10 ☐
- Other gastrointestinal anomalies (Specify) _____ ... 11 ☐
- Malformed genitalia ... 12 ☐
- Renal agenesis ... 13 ☐
- Other urogenital anomalies (Specify) _____ ... 14 ☐
- Cleft lip/palate ... 15 ☐
- Polydactyly/Syndactyly/Adactyly ... 16 ☐
- Club foot ... 17 ☐
- Diaphragmatic hernia ... 18 ☐
- Other musculoskeletal/integumental anomalies (Specify) _____ ... 19 ☐
- Down's syndrome ... 20 ☐
- Other chromosomal anomalies (Specify) _____ ... 21 ☐
- None ... 00 ☐
- Other _____ (Specify) ... 22 ☐

HWH-0610A (1/89)

00721

DUP OF 13-16290

JAN 2 8 2008

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE #2003-0019

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY BEATRIX COX (DECEASED)		2. Date Of Birth (month) 11 (day) 04 (year) 1913
	3. Sex: F	4. Place of Birth: (COEUR D ALENE HOSP?) a. County: KOOTENAI	b. City or Town of Birth: COEUR D'ALENE
FATHER	5. Full Name of Father: MAURICE M. COX		6. State or Country of Father's Birth: BUCKINGHAM, QUE, CANADA
MOTHER	7. Full Maiden Name of Mother: MARY BEATRICE FRANEY		8. State or Country of Mother's Birth: VAL DU MONTS, QUE, CANADA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	9. Signature of Registrant: Madonna J. Bingham (DAUGHTER)	10. Present Address of Registrant: 1438 KURTZ ST OCEANSIDE, CA 92054
NOTARY (Seal) Comm. exp. 12-01-01 →	Subscribed and sworn to before me on: 6 18, 2001 By: MADONNA J. BINGHAM.	11. Signature of Notary: [signature]	12. Notary Commission expires: OFFICIAL SEAL CHRISTI WAYMIRE NOTARY PUBLIC-CALIFORNIA COMM. NO. 1163888 SAN DIEGO COUNTY MY COMM. EXP. DEC. 1, 2001

APPLICANT – DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Thomas Church Coeur d'Alene, Idaho	Date Issued: Oct.18,1978	Date Orig. Entry: Bantized Nov.22, 1913
	Date of Birth: Nov.4,1913	Birth Place: Coeur D'Alene, ID	Full Name of Mother: Mary Kravey (Franey)	Name of Father: Maurice Cox	
SUPPORTING RECORD 2.	Type of Document: Daughter's Birth Record		By whom issued and signed: State of Washington	Date Issued: Feb.17,1969	Date Orig. Entry: child born Dec.16,1935
	Date of Birth: Age: 22yrs	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: U S Census record		By whom issued and signed: US Bureau od Census	Date Issued: Apr.2,1930	Date Orig. Entry: Apr. 2, 1930
	Date of Birth: Age: 16yrs	Birth Place: Idaho	Full Name of Mother: Mary Cox	Name of Father: Morris M. Cox	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	tlc Teresa L. Cleverly	MAR 21 2003

FORM HW 0610 $10.00 363611 9-30 98

Bingham

MAR 21 2003

667-109-028-419

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0155
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d Alene
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d Alene
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Albert Graf

5. Date of Birth of Child (Month, day, year) July 9, 1913

6. Sex male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** George Graf
11. Color or Race white
12. Age at time of THIS birth 26 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elizabeth Marasch
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Housework
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 10:15 P. M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature X (X) Cross by Mrs Mary Wagner M.D. Midwife Address Date
witnessed by Mrs E. F. Morgan

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 6 1948 by Laura W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 155. KMC 10/21/09

APR 7 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

261-206-025-753

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File DE48-0184
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Latah (b) City Troy
   (c) Street Address or R.F.D. No. 2
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Latah
   (c) City Troy
   (d) Street Address or R.F.D. No. 2
   (e) How long has **MOTHER** lived in Idaho? yrs.

3. **RESIDENCE OF FATHER** (city, state) Troy, Ida.

4. **FULL NAME OF CHILD** Ruth Grace Olivia Swanson

5. Date of Birth of Child (Month, day, year) Sept. 6-1913

6. Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Pete Swanson
11. Color or Race White
12. Age at time of THIS birth 58 yrs.
13. Birthplace Sweden (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Annie Agnes Peterson
17. Color or Race White
18. Age at time of THIS birth 29 yrs.
19. Birthplace Sweden (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of Idaho
County of Latah } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 35 years, and that Etta (First name) Toskey (Last name), who attended this birth was deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. J. B. Calene Signature

Troy Idaho P. O. Address

Subscribed and sworn to before me this 8 day of April, 1948

(SEAL) E. Bruche Notary Public, residing at Troy Idu

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 10, 1948 by John A Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 184. KMC 10/21/09

APR 10 1948

NOV 1 5 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

559-29-022-158

United States Department of Commerce Bureau of the Census

RECEIVED AUG 23 1948 DIVISION OF VITAL

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0622
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in at time of this birth)
   (a) County Fremont (b) City St Anthony
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: (at home)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years - months - days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City St. Anthony
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 7 yrs.

3. **RESIDENCE OF FATHER** (city, state) St Anthony Idaho

4. **FULL NAME OF CHILD** Lillian Marie [redacted] Neifert

5. Date of Birth of Child (Month, day, year) Oct. 19 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** David C. Neifert
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Knoxville (City or town) Iowa (State or foreign country)
14. Exact Occupation Supt. of City Schools
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Bessie Jane Jefferson
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Carey (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 71 years of age, that I have known this person for 34 years, and that Dr. Malott (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs D.C. Neifert (Bessie J.) Signature

Boise, Idaho - Route 2 Address

Subscribed and sworn to before me this 1st day of July, 1948

(SEAL) Randall Walker, Notary Public, residing at Boise, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on AUG 24 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 622. KMC 10/21/09

AUG 24 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

419-120
042-259

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0665
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Twin Falls (b) City Buhl
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at Home
(e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Buhl
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. **RESIDENCE OF FATHER** (city, state) Buhl, Ida.

4. **FULL NAME OF CHILD** Hughlon Carl Marchmonte

5. Date of Birth of Child (Month, day, year) May 20, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Merle Marchmonte
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Peoria, Ill. (City or town) (State or foreign country)
14. Exact Occupation Cement Finisher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Frances Kerley
17. Color or Race White
18. Age at time of THIS birth 17 yrs.
19. Birthplace Burke Tenn. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 35 years, and that Dr. C. F. McClusky (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. F. Marchmonte Signature
Boise Idaho P. O. Address

Subscribed and sworn to before me this 1st day of Sept 1948
(SEAL) Mabel Elefer, Notary Public, residing at Boise
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on August 31, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 665. KMC 10/21/09

AUG 6 1951

SEP 1 1948

AUG 1951

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

819-214
041-819

United States
Department of Commerce
Bureau of the Census

SEP 20 1948
DIVISION OF VITAL STATISTICS

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0747
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Teton (b) City Tetonia
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 4 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Teton
   (c) City Tetonia
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Ella May Hardwick, ~~Stephens~~

5. Date of Birth of Child (Month, day, year) 5/14/1913

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Henry Hardwick
11. Color or Race White
12. Age at time of THIS birth 41 yrs.
13. Birthplace Oxford (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ella May Jackson Hardwick
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Beaver City (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Washington
County of Snohomish } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 35 years, and that Mrs. Mary Priestley (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

My Comm. Exp. 7-8-49 Ella May Hardwick Swanson Signature
Box 128 Route 2 East Stanwood Wash. P. O. Address

Subscribed and sworn to before me this 16 day of August 1948

(SEAL) A Pendam, Notary Public, residing at Huntington Ore

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 21, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 747. KMC 10/21/09

SEP 21 1948

APR 9 1974

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

851-124-036-866

RECEIVED
SEP 23 1948
DIVISION OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0769
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Onieda (b) City Malad
   (c) Street Address or R.F.D. No. Route #2
   (d) Name of Hospital or Maternity Home: Born at this address
   (e) Mothers stay **BEFORE** delivery: Woodruff
   In **THIS** county 29 years 11 months 9 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Onieda
   (c) City Malad
   (d) Street Address or R.F.D. No. R.F.D. #2
   (e) How long has **MOTHER** lived in Idaho? 30 yrs.

3. **RESIDENCE OF FATHER** (city, state) Malad, Idaho

4. **FULL NAME OF CHILD** Gerald Merlin Yearsley

5. Date of Birth of Child (Month, day, year) 7-24-1913

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** James Heber Yearsley
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Ogden, Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Rosa Janet Howell
17. Color or Race White
18. Age at time of THIS birth 30 yrs.
19. Birthplace Portage, Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Alive (Born alive, stillborn) at 11 A.M. on the date and at the place stated above, and that personal particulars were furnished by Rosa J. Yearsley (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Deceased M.D. Midwife Address Date

State of Idaho
County of Onieda } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Rosanna Howell (First name) (Last name), who attended this birth Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Rosa J. Yearsley Signature
Malad Idaho R. No. 1 Box 172 P. O. Address

Subscribed and sworn to before me this 8 day of Sept. 1948

(SEAL) Jas. R. Jones Notary Public, residing at Malad Cy. Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 28 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 769. KMC 10/21/09

JUL 8 1964

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

319-122-022-855

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0814
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Fremont (b) City Ashton
   (c) Street Address or R.F.D. No. —
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years — months — days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Fremont
   (c) City Ashton
   (d) Street Address or R.F.D. No. —
   (e) How long has **MOTHER** lived in Idaho? 31 yrs.

3. **RESIDENCE OF FATHER** (city, state) Ashton, Idaho

4. **FULL NAME OF CHILD** Delbert Larsen

5. Date of Birth of Child (Month, day, year) August 22, 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Abel Felted Larsen
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mink Creek (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business —

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Christena Henderson
17. Color or Race White
18. Age at time of THIS birth 31 yrs.
19. Birthplace Garden Creek (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business —

22. Name prophylactic used to prevent Ophthalmia Neonatorum —
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho, County of Fremont } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 35 years, and that Dr (First name) Hummel (Last name), who attended this birth, Is Now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Abel Felted Larsen Signature

Ashton, Idaho P. O. Address

Subscribed and sworn to before me this 8 day of October, 1948

(SEAL) Paul P. Stone Notary Public, residing at Ashton, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 17, 1948 by John W Wright Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 814. KMC 10/21/09

OCT 12 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

669 - 203 023 - 395

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0853
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Lem (b) City Letha
   (c) Street Address or R.F.D. No. None
   (d) Name of Hospital or Maternity Home: Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 3 months 12 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Lem
   (c) City Letha
   (d) Street Address or R.F.D. No. None
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Letha, Ida.

4. **FULL NAME OF CHILD** Susie Louise Workman

5. Date of Birth of Child (Month, day, year) 11/3/13

6. Sex Female

7. ~~Twin or~~ ~~Triplet~~ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy None. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** John Workman
11. Color or Race White
12. Age at time of THIS birth 33 yrs.
13. Birthplace Carmona, Minnesota (City or town) (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Delia Lenstroth
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Preston, Minnesota (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of ____ County of ____ } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Delia Lenstroth Workman (Mother, etc.) of the person whose name appears in Item 4 above, that I am now 68 years of age, that I have known this person for 34 years, and that (Unknown) Dr. Clark, who attended this birth, Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

(First name) (Last name)

Delia Lenstroth Workman Signature

1014 Zenith St., Rupert, Ida. Address

Subscribed and sworn to before me this 15th day of October, 1948

(SEAL) J Harlow Freeman, Notary Public, residing at Jerome, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Oct 20, 1948 by John W Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 853. KMC 10/22/09

OCT 19 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

556-13-028-758 RECEIVED

NOV 4 1948

DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE48-0897
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Coeur d'Alene
   (c) Street Address or R.F.D. No. 1107 Government Way
   (d) Name of Hospital or Maternity Home: At home (address above)
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City Coeur d'Alene
   (d) Street Address or R.F.D. No. 1107 Government Way
   (e) How long has **MOTHER** lived in Idaho? 1 yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Edwin Herbert Newell

5. Date of Birth of Child (Month, day, year) 12-13-1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Chellapha George Newell
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace State of Iowa (City or town) (State or foreign country)
14. Exact Occupation Blacksmith
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Margaret Gehring Newell
17. Color or Race White
18. Age at time of THIS birth 21 yrs.
19. Birthplace Girard Kansas (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum ?
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of California
County of San Mateo } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 38 years, and that Dr. John Busby (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Margaret Newell Signature

510 N. San Raymundo, San Mateo Co. Address

MY COMMISSION EXPIRES 4-8-50

Subscribed and sworn to before me this 27th day of October, 1948.

(SEAL) Mary Hardy Reese, Notary Public, residing at Burlingame, San Mateo County

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 4, 1948 by John W. Wright, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 897. KMC 10/22/09

NOV 4 1948

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-105-006 RECEIVED 844 JAN 28 OF VITAL

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DE49- 1114

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bingham (b) City Shelley
(c) Street Address or R.F.D. No. 2
(d) Name of Hospital or Maternity Home: Parents Home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bingham
(c) City Shelley
(d) Street Address or R.F.D. No. 2
(e) How long has MOTHER lived in Idaho? 30 yrs.

3. RESIDENCE OF FATHER (city, state) Shelley, Ida

4. FULL NAME OF CHILD Wayne Clifton Hansen

5. Date of Birth of Child (Month, day, year) Mar. 5th 1913

6 Sex Male

7. Twin or Triplet No. If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Joseph Christain Hansen
11. Color or Race white
12. Age at time of THIS birth 41 yrs.
13. Birthplace Bloomington (City or town) Idaho (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Emma Humpherys
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Paris (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10 %
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Emma (First name) Hansen (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature Edwin Cutler M.D. ~~Midwife~~ Address Shelley Ida Date 4/7/45

State of ..... } ss.
County of ..... }

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the ..... (Mother, etc.) of the person whose name appears in Item 4, above, that I am now ..... years of age, that I have known this person for ..... years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

..... Signature

..... P. O. Address

Subscribed and sworn to before me this ..... day of ....., 19.....

(SEAL) ....., Notary Public, residing at .....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan 28, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1114. KMC 10/21/09

JAN 28 1949 -

Dup of 1913-15726

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to ~~such~~ date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the ~~purposes and uses prescribed in Chapter 2,~~ Title 38, Idaho Code Annotated, when such report is ~~accompanied by a~~ certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1913-15726

1212-114-014-613

DE49-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1216
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Canyon (b) City Caldwell
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: not in hospital
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years 8 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Canyon
   (c) City Caldwell
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? " yrs.

3. **RESIDENCE OF FATHER** (city, state) Caldwell

4. **FULL NAME OF CHILD** Verne Jay Baker

5. Date of Birth of Child (Month, day, year) May 14, 1913

6. Sex male

7. Twin or Triplet no — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Russell Baker
11. Color or Race white
12. Age at time of THIS birth about 30 yrs.
13. Birthplace (City or town) (State or foreign country)
14. Exact Occupation carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Julia Edith Waller
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Stillwater (City or town) Oklahoma (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum do not know
23. Number of children of this mother: (a) At time of birth and including this child 1st (b) Born alive and now living 1st

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Washington } ss.
County of Spokane }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 57 years of age, that I have known this person for 35 years, and that do not remember (First name) (Last name), who attended this birth can not be located (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia Edith Waller Beckmann Signature

Box 219 Route # 4, Spokane, Washington P. O. Address

Subscribed and sworn to before me this 20th day of January, 1949

(SEAL) Ella McNulty, Notary Public, residing at Spokane.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 4, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1216. KMC 10/21/09

MAY 26 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

MAR 4 1949

Corp. 1973 - 13464

DELAYED

795-225
005-349

RECEIVED
APP 25 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

DE49- 1374
State File No.
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH
STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Bannock (b) City Robin
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Parents home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BANNOCK
   (c) City ROBIN
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 48 yrs.

3. **RESIDENCE OF FATHER** (city, state) ROBIN-IDAHO

4. **FULL NAME OF CHILD** DONNA MARIE PRESLAR

5. Date of Birth of Child (Month, day, year) NOV 25 - 1913

6. Sex FEMALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LESLIE WILSON PRESLAR.
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace MARSH CENTER. IDAHO (City or town) (State or foreign country)
14. Exact Occupation FARMER.
15. Industry or Business FARMING.

MOTHER OF CHILD

16. **FULL MAIDEN NAME** ZOA CURTIS
17. Color or Race WHITE
18. Age at time of THIS birth 30 yrs.
19. Birthplace MAPLETON- ~~IDAHO~~ UTAH (City or town) (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business HOUSE WIFE.

22. Name prophylactic used to prevent Ophthalmia Neonatorum ARGYROL
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born Alive (Born alive, stillborn) at 10 A. M. on the date and at the place stated above, and that personal particulars were furnished by ZOA PRESLAR (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of California
County of Los Angeles } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 35 years, and that Mrs. Nancy Marley (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Zoa Preslar Signature

Robin, Idaho P. O. Address

Subscribed and sworn to before me this 10th day of February, 19 49

(SEAL) Blanche E. Salyard, Notary Public, residing at Inglewood, Calif.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on April 25, 1949 by W. L. Benson, Registrar

STATE FILE # CHANGED FROM 1374. KMC 10/22/09

APR 25 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13-18365

967-214-025-717

RECEIVED
MAY 7 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE49-1416
Local Reg. No.
Reg. Dist. No.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Winona
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: None-Born at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ____ years ____ months ____ days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Winona
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 15 yrs.

3. **RESIDENCE OF FATHER** (city, state) Winona, Idaho

4. **FULL NAME OF CHILD** Helen Marie Rogers

5. Date of Birth of Child (Month, day, year) Dec. 14th, 1913

6. Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 mos Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** David Tillman Rogers
11. Color or Race white
12. Age at time of THIS birth 36 yrs.
13. Birthplace Fort Supply (City or town) Oklahoma Territory (State or foreign country)
14. Exact Occupation Stockman
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eleanor H. Page
17. Color or Race white
18. Age at time of THIS birth 35 yrs.
19. Birthplace Warsaw, (City or town) Indiana (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum dont know
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 4- P.M. on the date and at the place stated above, and that personal particulars were furnished by Eleanor H. Page (First name) Rogers (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ Date ____

AFFIDAVIT

State of Idaho
County of Nez Perce } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 70 years of age, that I have known this person for 35 years, and that Dr. (First name) Taylor (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Eleanor H. Page Rogers Signature

426-7th St. Clarkston, Wash. P. O. Address

Subscribed and sworn to before me this 5th day of May, 1949

(SEAL) Fred D. Wooster, Notary Public, residing at Lewiston, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 9, 1949 by W. W. Benson, Registrar

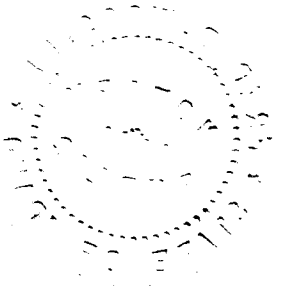
STATE FILE # CHANGED FROM 1416. KMC 10/22/09

MAY 9 1940

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



253-226-014-869

RECEIVED
MAY 26 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DE49-
State File No. 1491
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Canyon (b) City Emmett
(c) Street Address or R.F.D. No. None
(d) Name of Hospital or Maternity Home: At residence
(e) Mothers stay BEFORE delivery: In THIS county 23 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Emmett
(d) Street Address or R.F.D. No. None
(e) How long has MOTHER lived in Idaho? 23 yrs.

3. RESIDENCE OF FATHER (city, state) Emmett, Idaho

4. FULL NAME OF CHILD Nellie Fay Kelley

5. Date of Birth of Child (Month, day, year) Feb. 26, 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Joseph Andrew Kelley
11. Color or Race White
12. Age at time of THIS birth 53 yrs.
13. Birthplace (City or town) Iowa (State or foreign country)
14. Exact Occupation Machinist
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Jessie Horine
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace (City or town) Bozeman, (State or foreign country) Montana
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 36 years, and that Dr. B. O. Clark (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jessie Kelley Pearson Signature
Rte #2 Nyssa, Oregon P. O. Address

Subscribed and sworn to before me this 25th day of May, 1949

(SEAL) [signature], Notary Public, residing at Caldwell, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 31, 1949 by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1491. KMC 10/20/09

MAY 21 19[illegible]

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

291-104-025-864

RECEIVED
MAY 31 1949
DIVISION OF VITAL STATISTICS

DE49-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1498
Local Reg. No. 113
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Benewah (b) City Plummer
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Benewah
(c) City Plummer
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 38 yrs.

3. RESIDENCE OF FATHER (city, state) Plummer, Idaho

4. FULL NAME OF CHILD Leo Glenvile James Kraemer

5. Date of Birth of Child (Month, day, year) July 4, 1913

6 Sex male

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME Carl Mattias Kraemer
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Sauk Centre, Minn. (City or town) (State or foreign country)
14. Exact Occupation Banker Cashier
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Marcella Hodek
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Lowry, Minn. (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 1.30 A M. on the date and at the place stated above, and that personal particulars were furnished by Mary Marcella Hodek Kraemer (First name) (Last name) who is related as mother (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Shoshone } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for 35 years, and that Dr. H. Cusick (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

X Mary Marcella Hodek Signature
Wallace, Idaho P. O. Address

Subscribed and sworn to before me this 27th day of May, 1949

(SEAL) Marie Schermanson, Notary Public, residing at Wallace, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on May 31, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1498. KMC 10/21/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

271-207-006-669

RECEIVED JUN 16 1949 DIVISION OF VITAL STATISTICS

DE49- 1555

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1555
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items must be filled in at time of this birth)
   (a) County Bingham (b) City Rockford
   (c) ~~Street Address~~ or R.F.D. No. Blackfoot R#2
   (d) Name of Hospital or Maternity Home: at home residence
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 12 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bingham
   (c) City Rockford
   (d) ~~Street Address~~ or R.F.D. No. 2 Via Blackfoot
   (e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Rockford, Ida.

4. **FULL NAME OF CHILD** Helen Lucille Spani

5. Date of Birth of Child (Month, day, year) Dec 7, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Henry Spani
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Benton (City or town) Illinois (State or ~~foreign country~~)
14. Exact Occupation Carpenter + Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Violet June Worthen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Granger (City or town) Utah (State or ~~foreign country~~)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Oregon
County of Multn } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 55 years of age, that I have known this person for 35 (since Birth) years, and that Dr Joseph B. Davis (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Violet June Spani Signature
4630 SE 74 Ave Portland Or P. O. Address

Subscribed and sworn to before me this 16th day of June 1949, Notary Public, residing at Portland, Ore

(SEAL)

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.) My commission expires 9-30-52

Received for filing on June 22, 1949 by W L Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1555. KMC 10/22/09

JUN 22 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

X 487-205-035-385

RECEIVED
JUN 20 1949
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DE49- State File No. 1602
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Nez Perce (b) City Lenore
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home my own home
(e) Mother's stay BEFORE delivery: IN THIS county years 3 months 2 days 5

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lenore
(d) Street Address or R.F.D. No. 1
(e) How long has MOTHER lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Lenore Idaho

4. FULL NAME OF CHILD Frances Lois Dygert

5. Date of Birth of Child (Month, day, year) Nov 5 1913

6. Sex F. **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME John William Dygert
11. Color or Race White **12.** Age at time of THIS birth 30 yrs.
13. Birthplace Rockford Illinois (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Barbra Ella Stephens
17. Color or Race W **18.** Age at time of THIS birth 24 yrs.
19. Birthplace Cora (City or town) Kansas (State or foreign country)
20. Exact Occupation house Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho
County of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 40 years of age, that I have known this person for 35 years, and that Dr Stoneburner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Etta Dygert Signature
1303 17th st Lewiston Ida P. O. Address

Subscribed and sworn to before me this 14 day of June, 1949

(SEAL) K A Boyle Notary Public, residing at Lewiston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on June 30, 1949 by W M Benson, Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1602. KMC 10/22/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUN 30 1949

093 - 121 - 001 - 369

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DE49- State File No. 1611
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Ada (b) City Boise
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Ada
   (c) City Boise
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 17 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Theophilus James Williams

5. Date of Birth of Child (Month, day, year) March 21, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Theophilus T. Williams
11. Color or Race white
12. Age at time of THIS birth 44 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Elsie Idell Corey
17. Color or Race white
18. Age at time of THIS birth 17 yrs.
19. Birthplace Ada County, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Ada } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 53 years of age, that I have known this person for 36 years, and that Midwife (unknown) (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Elsie I. Taylor Signature

Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 6th day of July 19 49

(SEAL) Mabel [illegible] Notary Public, residing at Boise

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914 Idaho Code Annotated.)

Received for filing on July 6, 1949 by W. L. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1611. KMC 10/21/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-529-035-464

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. DE49-1670
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Nez Perce (b) City Lewiston
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Nez Perce
   (c) City Lewiston
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 18 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Millie Kathleen Ferguson

5. Date of Birth of Child (Month, day, year) Sept. 29, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Miles Ferguson
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Colorado (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mable Ruth Moudy
17. Color or Race white
18. Age at time of THIS birth 18 yrs.
19. Birthplace Middleton, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

State of Idaho } ss.
County of Ada }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 36 years, and that Unknown (First name) ____ (Last name), who attended this birth ____ (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mabel Ruth Wineland Signature
Rt. 1, Caldwell Idaho P. O. Address

Subscribed and sworn to before me this 26th day of July, 19 49

(SEAL) Mabel Freeman, Notary Public, residing at W. W. Benson

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 7-26-49 by ____, Registrar

STATE FILE # CHANGED FROM 1670. KMC 10/21/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JUL 26 1949

259-225-033-592 RECEIVED 9/4/49

DE49-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1702
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Madison (b) City rural
   (c) Street Address or R.F.D. No. Rexburg
   (d) Name of Hospital or Maternity Home: None
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 3 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Madison
   (c) City rural
   (d) Street Address or R.F.D. No. Rexburg
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Mollie Kerbs

5. Date of Birth of Child (Month, day, year) Dec 25 1913

6 Sex female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jacob Kerbs
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Russia (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Katherine Erbes
17. Color or Race White
18. Age at time of THIS birth 27 yrs.
19. Birthplace Russia (City or town) (State or foreign country)
20. Exact Occupation Farmer
21. Industry or Business Farmer

22. Name prophylactic used to prevent Ophthalmia Neonatorum none
23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 11 P.M. on the date and at the place stated above, and that personal particulars were furnished by Jacob Kerbs (First name) (Last name) who is related as father (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. ~~Midwife~~ Address Box # 8-Sumac Lane, Yakima, Wash. Date Dec. 20, 1948

State of Washington
County of ..... } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the sister (Mother, etc.) of the person whose name appears in Item 4, above, that I am now -42- years of age, that I have known this person for -35- years, and that my father, Jacob Kerbs as the only person who attended this birth cannot be located (First name) (Last name) (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Millie Zies Signature

..... P. O. Address

Subscribed and sworn to before me this 20th day of ~~October~~, December, 1948.

(SEAL) [signature], Notary Public, residing at Moxee City Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Aug 4, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1702. KMC 10/22/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

249-121-028-993

RECEIVED
SEP 6 1949
DIVISION OF VITAL STATISTICS

DE49-1824

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 1824
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kootenai (b) City Rathdrum
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Born at home
(e) Mothers stay BEFORE delivery: In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Rathdrum
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Rathdrum, Ida

4. FULL NAME OF CHILD Marvel Louis Smith

5. Date of Birth of Child (Month, day, year) Sept. 21, 1913

6 Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Perley Herman Smith

11. Color or Race White

12. Age at time of THIS birth 31 yrs.

13. Birthplace Coffeyville (City or town) Kansas (State or foreign country)

14. Exact Occupation Logger & Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Elsie Louisa Richmond

17. Color or Race White

18. Age at time of THIS birth 26 yrs.

19. Birthplace Lamont, Iowa. (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Washington
County of Franklin } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Aunt (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 56 years of age, that I have known this person for 35 years, and that Frank (First name) Henry (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Violet Campbell Signature
Kahlotus, Washington P. O. Address

Subscribed and sworn to before me this 31st day of August, 1949

(SEAL) H. Lewis, Notary Public, residing at Kahlotus, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 7, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1824. KMC 10/21/09

OCT 1 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

SEP 7 1949

753-122 032-814

RECEIVED
SEP 2 1949
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

DE49-1889
State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County ..... (b) City .....
   (c) Street Address or R.F.D. No. .....
   (d) Name of Hospital or Maternity Home: .....
   (e) Mothers stay **BEFORE** delivery: In **THIS** county years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County .....
   (c) City Kimoka
   (d) Street Address or R.F.D. No. .....
   (e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) 5 "

4. **FULL NAME OF CHILD** Roy H. Peters

5. Date of Birth of Child (Month, day, year) Dec 22 - 1913

6. Sex Male

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** James Patton Peters
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace Scott Co (City or town) Virginia (State or foreign country)
14. Exact Occupation Carpenter
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie L. Hammond
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Scott Co (City or town) Virginia (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Virginia
County of Scott } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 36 years, and that Dr. Bryan (First name) (Last name), who attended this birth is Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Hattie L. Peters Signature
Kingsport, Tenn. RH-7 P. O. Address

Subscribed and sworn to before me this 20 day of Sept, 1949.

(SEAL) C. L. McConnell, Notary Public, residing at Gate City, Va

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Sept 27, 1949 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 1889. KMC 10/22/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

294-229-006 27 RECEIVED

DE49-

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 2047

Local Reg. No.

Reg. Dist. No.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

1. PLACE OF BIRTH (All items at time of this birth)

(a) County Bingham (b) City Blackfoot

(c) Street Address or R.F.D. No.

(d) Name of Hospital or Maternity Home:

(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)

(a) State Idaho (b) County Bingham

(c) City Blackfoot

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 12 yrs.

3. RESIDENCE OF FATHER (city, state) Blackfoot, Idaho

4. FULL NAME OF CHILD Mary Marcella BruggenKamp

5. Date of Birth of Child (Month, day, year) June 29, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry BruggenKamp

11. Color or Race White **12.** Age at time of THIS birth 31 yrs.

13. Birthplace Carroll County (City or town) Iowa (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Mary Spanbauer

17. Color or Race White **18.** Age at time of THIS birth 27 yrs.

19. Birthplace Sister Bay (City or town) Wisconsin (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Jemhi } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 67 years of age, that I have known this person for Since birth years, and that Dr. Petrie (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Henry Bruggenkamp Signature

Mdy, Idaho P. O. Address

Subscribed and sworn to before me this 16th day of November, 1949

(SEAL) Frederick Hughes Snook Notary Public, residing at Salmon, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov 21, 1949 by W. L. Benson, Registrar.

STATE FILE # CHANGED FROM 2047. KMC 10/21/09

NOV 22 1949

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

962-212-033-155

DE49-

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 2067
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Madison (b) City Sugar City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mothers stay **BEFORE** delivery: Born in the U.S.
In **THIS** county 20 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Sugar City
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 5 yrs.

3. **RESIDENCE OF FATHER** (city, state) Sugar City, Idaho

4. **FULL NAME OF CHILD** Ila Roberts

5. Date of Birth of Child (Month, day, year) Aug. 13, 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Jesse Lloyd Roberts
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Rexburg, Idaho (City or town) (State or foreign country)
14. Exact Occupation School teacher
15. Industry or Business School teacher

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lillie Rachel Jensen
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace West Jordan Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 7

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name) who is related as ..... (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of ~~Idaho~~ Utah
County of Box Elder } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that Dr. Young (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Jesse L Roberts Signature
Tremonton, Utah P. O. Address

Subscribed and sworn to before me this 23 day of November 1949

(SEAL) R Stepper, Notary Public, residing at Tremonton, Ut

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

My Commission Expires Nov. 19, 1948

Received for filing on Nov 28, 1949 by W W Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

STATE FILE # CHANGED FROM 2067. KMC 10/21/09

NOV 2 P

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

312-115
025-249

RECEIVED
DEC 3 1949
DIVISION OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DE49- 2100 State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Idaho (b) City Grangeville
   (c) Street Address or R.F.D. No. 3
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 13 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Idaho
   (c) City Grangeville
   (d) Street Address or R.F.D. No. 3
   (e) How long has **MOTHER** lived in Idaho? 13 yrs.

3. **RESIDENCE OF FATHER** (city, state) same

4. **FULL NAME OF CHILD** Joseph Armstrong Cash

5. Date of Birth of Child (Month, day, year) Nov. 15, 1913

6. Sex Boy

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** John Adam Cash.
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Mt Vernon Ind. (City or town) (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ova Allene Smith
17. Color or Race White
18. Age at time of THIS birth 26 yrs.
19. Birthplace Mt. Vernon, Ind. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living. yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

State of Idaho
County of Idaho } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 62 years of age, that I have known this person for years, and that John Cash (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. John A. Cash. Signature
Grangeville Idaho P. O. Address

Subscribed and sworn to before me this 29th day of November, 1949.
(SEAL) Warren R Parks, Notary Public, residing at Grangeville Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 3, 1949 by W L Benson, Registrar

STATE FILE # CHANGED FROM 2100. KMC 10/22/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

RECEIVED
DEC 13 1949
DIVISION OF VITAL STATISTICS

DE49- 2115

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 2115
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County CUSTER (b) City MACKAY
   (c) Street Address or R.F.D. No. none
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 2 years 4 months 10 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County BUTTE
   (c) City ARCO
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. **RESIDENCE OF FATHER** (city, state) MACKAY, IDA.

4. **FULL NAME OF CHILD** WILMA MYRTLE BUTLER

5. Date of Birth of Child (Month, day, year) FEB. 20 1913

6. Sex FEMALE

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** WILLIAM DOUGLAS BUTLER
11. Color or Race white
12. Age at time of THIS birth 25 yrs.
13. Birthplace DAVENPORT, WASHINGTON (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMER

MOTHER OF CHILD

16. **FULL MAIDEN NAME** MOLLIE "C" RAGSDALE
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace FORT WORTH, TEXAS (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOUSEWIFE

22. Name prophylactic used to prevent Ophthalmia Neonatorum --
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name) who is related as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of CALIFORNIA
County of LOS ANGELES } ss.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 36 years, and that [illegible] DR. RICHARDSON (First name) (Last name) who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

HAZEL TECK
DAY—1263 Pine Ave., Long Beach - NITE
Notary Public in and for Los Angeles Co., Calif.
My Commission Expires Dec. 31, 1949

Mollie Ragsdale Butler Signature
1208 DOIDGE COURT, P. O. Address

Subscribed and sworn to before me this 9th day of DECEMBER, 1949

(SEAL) Hazel Teck. Notary Public, residing at LONG BEACH

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Dec 14, 1949 by W M Benson, Registrar

STATE FILE # CHANGED FROM 2115. KMC 10/21/09

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

294-120-022-437

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1913 DE50-0003
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Darwin Kidd			2. Date Of Birth (month) (day) (year): May 20, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Earl Jackson Kidd			7. State or Country of Father's Birth: Oxford, Alabama.
MOTHER	8. Full Maiden Name of Mother: Estella Maude MC Gavin			9. State or Country of Mother's Birth: Oxford, Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Darwin Kidd		11. Present Address of Registrant: 5654 Lauderdale St. Detroit 9, Michigan
NOTARY (Seal)	Subscribed and sworn to before me on: January 7 1950	12. Signature of Notary: George N. Shivers		13. Notary Commission expires: November 14 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Record	Thomas H. Murdoch Bishop of Ashton Ward	Jan. 4,1950	1921
Class* B	Date of Birth: May 20,1913 / Birth Place: Ashton	Full Name of Mother: Estella McGavin Kidd		Name of Father: Earl Jackson Kidd
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: E. O. Rich, Supt. Fremont Co.	Date Issued: Jan. 3,1950	Date Orig. Entry:
Class B	Date of Birth: May 20, 1913 / Birth Place: Ashton	Full Name of Mother: Estella McGavin Kidd		Name of Father: Earl Jackson Kidd
SUPPORTING RECORD 3.	Type of Document: Birth Cert. of child on file in this office. File No. 264030.	By whom issued and signed: Ralph R. Merrell, M. D.	Date Issued: 3-9-1938	Date Orig. Entry: 3-9-1938
Class B	Date of Birth: May 20, 1913 / Birth Place: Ashton	Full Name of Mother: Estella McGavin Kidd		Name of Father: Earl Jackson Kidd
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Senora M. Fadden	1-11-1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # CHANGED FROM [illegible]-3 ON 5/9/[illegible] KMC

JAN 11 1950

239-2210 V3-719

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-50-65
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Belva Wendolyn Stredder	2. Date Of Birth (month) Dec. (day) 12 (year) 1913
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Roseberry; a. County: Valley	b. City or Town of Birth: Roseberry
FATHER	6. Full Name of Father: John J Stredder	7. State or Country of Father's Birth: Rockland Idaho
MOTHER	8. Full Maiden Name of Mother: Flora Belle Parks	9. State or Country of Mother's Birth: Ireton Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Belva Wendolyn Stredder Rigg; 11. Present Address of Registrant: Grangeville Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: March 22 1950	12. Signature of Notary: S W Emmers; 13. Notary Commission expires: June 7 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	School Record	Jackson County Grade School	Dec. 6, 1920	-12-6-20
	Date of Birth / Birth Place: 7 yrs in 1920	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B.	Nampa High School	Iris Finch, Registrar	4-13-50	Entrance in High School
	Date of Birth / Birth Place: Dec. 12, 1913	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	College of Idaho	Bess Steunenberg, Registrar	3-14-50	9-9-32
	Date of Birth / Birth Place: Dec. 12, 1913 Roseberry, Idaho	Full Name of Mother	Name of Father: J. J. Stredder	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helfer	April 14, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM DE-50-65 TO DE50-65 12/19/2019

APR 28 1967

APR 14

OCT 8 1975

413-205-044-693

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 50-209
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Irmal Mackey			2. Date of Birth (month) September (day) 5th (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Midvale Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Clarence Albert Mackey			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Pearl May Williams			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: June 2 nd 1950		12. Signature of Notary: J. H. Goodnight	13. Notary Commission expires: May 10 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Physician's Record		By whom issued and signed: F. A. Schmitz, M.D.	Date Issued: 6/15/50	Date Orig. Entry: 9-5-13
Class* A	Date of Birth: 9-5-13	Birth Place: Midvale, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Family Bible Record		By whom issued and signed: Viewed by J. H. Goodnight, Notary Public	Date Issued: 8/9/50	Date Orig. Entry: 9/5/13
Class A	Date of Birth: 9-5-13	Birth Place: Midvale, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Benson		Evidence reviewed by: Wanda Evans	Date Filed: 8-11-50	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FILE # FROM DE-50-209 TO DE50-209

351-161-009-632

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-309
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilbur Alfred Ralph Leaf	2. Date Of Birth (month) July (day) 1 (year) 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Bonner	b. City or Town of Birth: Newport (Bonner Co.) Idaho
FATHER	6. Full Name of Father: Carl Werner Leaf	7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Hilda Olson	9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbur Leaf; 11. Present Address of Registrant: Blanchard Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sep 1 1950	12. Signature of Notary: Fulkin L Poirier; 13. Notary Commission expires: May 20 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Baptismal Certificate	By whom issued and signed: Alexis Andreen, Pastor	Date issued: 7/13/17	Date Orig. Entry: 7/13/17
	Date of Birth: 7/1/13; Birth Place:	Full Name of Mother: Hilda Olson	Name of Father: Werner Leaf	
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Sup't of Public Instruction Bonner County	Date issued: 9-30-50	Date Orig. Entry: Sept. 1931
	Date of Birth: July 1, 1913; Birth Place: New Port, Idaho	Full Name of Mother: Hilda Leaf	Name of Father: Werner Leaf	
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth: ; Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	Oct. 6, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

OCT 9 1950

Male

Sweden

955-122-017-462

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-378
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Philip Reno
2. Date Of Birth (month) June (day) 22 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Winsper, Idaho, Bear Lake
b. City or Town of Birth: Winsper

FATHER

6. Full Name of Father: Frank A. Reno
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Evalyn Mokler
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Philip Reno
11. Present Address of Registrant: 1585 S Holly Lakewood Colo

NOTARY (Seal)

Subscribed and sworn to before me on Nov 24 1950
12. Signature of Notary: Priscilla M. Scheuerman
13. Notary Commission expires: 10-10-1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	Rev. J. A. Jentges	11-9-50	10-31-13

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6-22-13	Winsper, Idaho	Evalyn Mokler	Frank A. Reno

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	J. C. Noback	11-17-50	4-18-36

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6-22-13	Winsper, Idaho	Evalyn Mokler	Frank A. Reno

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Carol Bennett	11-28-50

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 28 1950

JAN 28 1952

365-106-036-254

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De50-411
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Edward Cottle
2. Date of Birth (month) (day) (year): September 1st, 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Oneida
b. City or Town of Birth: Stone

FATHER

6. Full Name of Father: Thomas Henry Cottle
7. State or Country of Father's Birth: Plain City, Utah

MOTHER

8. Full Maiden Name of Mother: Alice Kemp
9. State or Country of Mother's Birth: Lewiston, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles Edward Cottle
11. Present Address of Registrant: 105 East 100 North, Malad City, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: December 6th 1950

12. Signature of Notary: Bill Fallis, Probate Judge
13. Notary Commission expires: January 8, 1950

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Arthur G. Willie	9-1-21	9-1-21

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9-1-13	Stone, Idaho	Alice Kemp	Thomas Henry Cottle

SUPPORTING RECORD 2.

Class A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Arthur G. Willie, Bishop	Dec. 15, 1950	Oct. 12, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sept 1, 1913	Stone, Idaho	Alice Kemp	Thomas Henry Cottle

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Joyce B. Folk	Dec. 28, 1950

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 29 1950

219-229-029-683

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 51-473
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Letah Winnifred Barnes
2. Date Of Birth (month) (day) (year): July 29 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Latah
b. City or Town of Birth: Near Potlatch

FATHER

6. Full Name of Father: Albert Daniel Barnes
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Ina Veldora Williams
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Letah Barnes Sleeth
11. Present Address of Registrant: N.1627 Normandie Spokane, Wash. SPOKANE, WASHINGTON

NOTARY (Seal)

Subscribed and sworn to before me on: December 2 1950
12. Signature of Notary: Alva Gordon
13. Notary Commission expires: June 19 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Family Bible Record	Mother and Father	7-29-13	7-29-13

Date of Birth	Birth Place	Full Name of Mother	Name of Father
7-29-13	Potlatch, Idaho	Ina Veldora Williams	Albert Daniel Barnes

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
School Record Superintendent of Schools	Latah County	1-18-51	1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6yrs	Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		1-24-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 25 1951

✓ 413-209-C6-239

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-485
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Wiebka Elizabeth Dalton
2. Date Of Birth (month) (day) (year): Oct 9 1913
3. Color or Race: white
4. Sex: F
5. Place of Birth a. County: Bingham
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: George Thomas Dalton
7. State or Country of Father's Birth: Sumersett, Ky.

MOTHER

8. Full Maiden Name of Mother: Theresia Anina Katherina Stroah
9. State or Country of Mother's Birth: Anchor, Ill.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella E. Harris
11. Present Address of Registrant: R. 3, Mansfield, Mo.

NOTARY (Seal)

Subscribed and sworn to before me on October 14, 1950
12. Signature of Notary: Velma Tester
13. Notary Commission expires: Sept 22, 1951.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Certificate of Baptism	Otto H. Behrens, Pastor	7-5-14	7-5-14

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 9, 1913	Idaho, American Falls	Theresia A. K. Stroak	Geo. Thomas Dalton

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Child's Birth Certificate	State of Missouri	11-5-42	12-11-31

Date of Birth	Birth Place	Full Name of Mother	Name of Father
18 yrs old at that time	Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

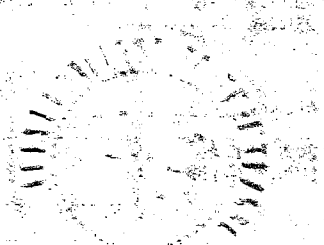
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fields	1-30-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form DPH 49067

JAN 30 1951



546-117-008-533

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-559
Local Reg. No.
Reg. Dist. No.

RECEIVED
Div. of Vital Statistics
Feb 22 1951

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thom, Wilbur Edwin	2. Date of Birth (month) Sept. (day) 17, (year) 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: a. County Boise, Idaho City, Idaho	b. City or Town of Birth: Idaho City, Idaho
FATHER	6. Full Name of Father: Thom, Jesse Custer	7. State or Country of Father's Birth: Quartzburg, Idaho
MOTHER	8. Full Maiden Name of Mother: Reedy, Minnie Ellatean	9. State or Country of Mother's Birth: Camas Prarie, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilbur Edwin Thom; 11. Present Address of Registrant: 16257 Valerio St. Van Nuys, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 19 1951	12. Signature of Notary: Amelia Justice; 13. Notary Commission expires: My Commission Expires Dec. 9, 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Baptismal Record	St. Michael's Parish, Boise	2-12-51	Apr. 11, 1925
	Date of Birth: Sept. 17, 1913; Birth Place: Idaho City, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	School Record	Boise Public Schools	2-14-51	1919
	Date of Birth: Sept 17, 1913; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Employment Record	Alhambra Foundry Co. Ltd	2-9-51	1944
	Date of Birth: Sept. 17, 1913; Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Also Notice of Separation from the U. S. Naval Service gives the date of birth as Sept. 17, 1913 in Idaho City Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fielder	2-27-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 2 1975

DEC 27 1951

DELAYED

343-113-022-766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-612
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eugene Parley Cutler
2. Date of Birth (month) (day) (year): Aug. 13 1913
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: Andrew Sheldon Cutler
7. State or Country of Father's Birth: 7 Sep. 1883 Lewiston Utah

MOTHER

8. Full Maiden Name of Mother: Lillian Carthaine Powers
9. State or Country of Mother's Birth: 2 June 1883 Hanover Va.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eugene P. Cutler
11. Present Address of Registrant: 200 W. M. Temple Salt Lake Utah

NOTARY (Seal)

Subscribed and sworn to before me on: 10 Mar. 1951
12. Signature of Notary: J M Jones Jr
13. Notary Commission expires: 23 Jan. 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	L. D. S. Church	3-9-51	10-1-1913

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 13, 1913	Ashton, Idaho	Lillie C. Powers	Andrew S. Cutler

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L. D. S. Church	3-9-51	May 6, 1922

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 13, 1913	Ashton	Lillie C. Powers	Andrew S. Cutler

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeman	3-13-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 13 1951

165-124-044-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-627
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norval Cicero Jones			2. Date of Birth (month) November (day) 24 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Harvey Cicero Jones			7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Mary Susan Saling			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Norval Cicero Jones	11. Present Address of Registrant: R.F.D.#3, Weiser, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on Bible Record, 19		12. Signature of Notary: James B Donart	13. Notary Commission expires: June 28 19 52

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: 11-24-1913	Date Orig. Entry: same
Class* A	Date of Birth / Birth Place: Nov. 24, 1913, Weiser, Idaho	Full Name of Mother: Mary Susan Saling	Name of Father: Harvey Cicero Jones	
SUPPORTING RECORD 2.	Type of Document: Child's birth certificate	By whom issued and signed: State file 278437	Date Issued: 4-3-39	Date Orig. Entry: same
Class B	Date of Birth / Birth Place: Nov. 24, 1913, Weiser, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H Eelen	3-19-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

391-104-023-843

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-647
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SAMUEL ASBURY CRANDELL	2. Date Of Birth (month) AUGUST (day) 4 (year) 1913
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth: OLA, IDAHO; a. County: GEM	b. City or Town of Birth: NEAR OLA, IDAHO
FATHER	6. Full Name of Father: DANIEL GRIMES CRANDELL	7. State or Country of Father's Birth: VIGO COUNTY INDIANA
MOTHER	8. Full Maiden Name of Mother: ALICE ETHEL HULL	9. State or Country of Mother's Birth: VIGO COUNTY INDIANA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Samuel A. Crandell; 11. Present Address of Registrant: 2817 So. 25th ST. TERRE HAUTE, IND.
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1951	12. Signature of Notary: Agnes C. Lehner; 13. Notary Commission expires: Jan 4 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Life Insurance Policy	Western and Southern Life Insurance Co.	2-12-51	Apr. 8, 1921
	Date of Birth: Aug. 4, 1913; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	School Record	Terre Haute, Ind Public School	2-7-51	1920-21
	Date of Birth: Aug. 4, 1913; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Honorable Discharge	Army of the United States		Feb. 10, 1941
	Date of Birth: Aug. 4, 1913; Birth Place: Ola, Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeder	3-24-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 26 1951

DEC 11 1996

215-216-040-269

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-679
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JULIA AURILLA KANNADY		2. Date Of Birth: (month) May (day) 16 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Shoshone	b. City or Town of Birth: Eagle
FATHER	6. Full Name of Father: George Henry Kannady		7. State or Country of Father's Birth: Hollow Well, Maine	
MOTHER	8. Full Maiden Name of Mother: Ida Aurilla Swiggart		9. State or Country of Mother's Birth: (Rural), Weeping Water, Nebr.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Julia Aurilla Kannady	11. Present Address of Registrant: 10 West 3rd Ave., Spokane, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 19 51	12. Signature of Notary: Robert B. Beard	13. Notary Commission expires: Sept 22 19 54	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued:	Date Orig. Entry: Aug. 1, 1922
Class* B	Date of Birth / Birth Place: May 16, 1913, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Employment Record	By whom issued and signed: Diamond Match Co., Spokane,	Date Issued: Wn.	Date Orig. Entry: June 13, 1938
Class B	Date of Birth / Birth Place: May 16, 1913, Eagle, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Spokane Public Schools	Date Issued: 3-22-51	Date Orig. Entry: May 1919
Class B	Date of Birth / Birth Place: May 16, 1913,	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION	Affidavit by mother gives date of birth as May 16, 1913, Eagle, Idaho			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Mabel Heeler	Date Filed: Apr. 3, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

1. Registrant's Full Name at Birth		2. Date of Birth (month) (day) (year)	
[illegible] AVRILLA KANNADY		May 16 1913	
3. Date of Birth	4. Place of Birth (Country)	5. Birth or Town of Birth	
APR 4 1951		Nagle	
6. Sex	7. Color		
White Female	Shoshone		
8. Full Name of Father		9. State or Country of Father's Birth	
George [illegible] Kannady		Hollow Well, Maine	
10. Full Maiden Name of Mother		11. State or Country of Mother's Birth	
Ida Aurilla Swiggart		(Rural), Peeping Water, Nebr.	
12. Signature of Registrant		13. Present Address of Registrant	
[illegible]		10 West 3rd Ave., Spokane, Wash.	
14. Signature of Mother		15. Notary Commission Expires	
[illegible]			

APPLICANT DO NOT WRITE BELOW THIS LINE

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible] Church		Aug. 1, 1922
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]			

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Employment Record	[illegible] Spokane, Wash.		[illegible]
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
May 16, 1913, [illegible], Idaho			

Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	May [illegible]
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]			

[illegible] Mother [illegible] Idaho

[illegible] certify that a prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the data as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	[illegible]	Apr. 1, 1951

[illegible]

815-114-002-259

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-703
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Claude Francis Harkins
2. Date Of Birth: (month) 3 (day) 14 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Carey

FATHER

6. Full Name of Father: Fred James Harkins
7. State or Country of Father's Birth: California

MOTHER

8. Full Maiden Name of Mother: Lillie Berry
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Claude Francis Harkins
11. Present Address of Registrant: Richfield, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 3 19 51
12. Signature of Notary: Leo B Brush
13. Notary Commission expires: July 6 19 53

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Insurance Policy	Mutu al Life Insurance Co.	May 30, 1929	
Class* B	Date of Birth / Birth Place: March 14, 1913, Carey, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	School Record	Blaine County Superintendent of Public Instruction	2-19, 1951	1922-23-24
Class B	Date of Birth / Birth Place: 10 yrs in 1922	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	April 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 9 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-855
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Kootenai (b) City Cataldo
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 19 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Cataldo
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 19 yrs.

3. **RESIDENCE OF FATHER** (city, state) Same

4. **FULL NAME OF CHILD** Beatrice Anna Girard

5. Date of Birth of Child (Month, day, year) May 19, 1913

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Elzear Girard
11. Color or Race White
12. Age at time of THIS birth 50 yrs.
13. Birthplace St. Luc de Matane, Que. Can. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mildred Marie Humes
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Grasons Mills, Missouri (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife ..... Address ..... Date .....

State of Idaho }
County of Shoshone } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 75 years of age, that I have known this person for 38 years, and that Mrs. Anna Whalen (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mildred Marie Girard ..... Signature
Wallace, Idaho ..... P. O. Address

Subscribed and sworn to before me this 16 day of MAY, 1951.

(SEAL) C. N. Thomas ..... Notary Public, residing at Silverton Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 5-23-51 by W. W. Benson, Registrar.

FEB 13 1973

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics, for the purposes and uses prescribed in Chapter 2, Title 39, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 28 1952

645-12-035-23S

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-910
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLARENCE FRANKLIN FINNELL
2. Date Of Birth (month) (day) (year): DEC 24th 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Nez Perce Co.
b. City or Town of Birth: Lapwai, Idaho

FATHER

6. Full Name of Father: Benjamin Franklin Finnell
7. State or Country of Father's Birth: Marshall, Missouri

MOTHER

8. Full Maiden Name of Mother: Maude Eualena Stevens
9. State or Country of Mother's Birth: Glencoe, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarence Franklin Finnell
11. Present Address of Registrant: Route 5, Wenatchee, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: May 12th 19 51
12. Signature of Notary: J. B. West
13. Notary Commission expires: May 2, 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by father	Benjamin Franklin Finnell	May 12, 1951	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 24, 1913, Idaho			
SUPPORTING RECORD 2. Class B	Affidavit by mother	Maude Finnell	May 18, 1951	
	Dec. 24, 1913, Lapwai, Idaho			
SUPPORTING RECORD 3. Class				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

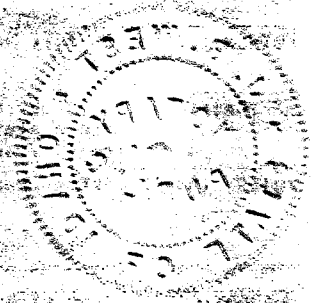
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Freeden	June 7, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 8 1951



893-24-039-539

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 31 1951

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-1193
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jeanette Hillhouse
2. Date Of Birth (month) August (day) 24 (year) 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Power; b. City or Town of Birth: Rockland, Idaho

FATHER

6. Full Name of Father: Franklin Benedict Hillhouse
7. State or Country of Father's Birth: Farmington, Utah

MOTHER

8. Full Maiden Name of Mother: Annie Martine Eliasen
9. State or Country of Mother's Birth: Perry, Box Elder County, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jeanette Coon
11. Present Address of Registrant: 242 Grant, American Falls, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 30, 1951
12. Signature of Notary: [illegible]
13. Notary Commission expires: Oct. 22, 1951

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Physician's record	V. G. Logan	2-14-1951	
Class* A	Date of Birth: 8-24-1913 / Birth Place: Rockland, Idaho	Full Name of Mother: Annie Hillhouse	Name of Father:	
SUPPORTING RECORD 2.	Insurance Policy	New York Life	6-1-51	
Class B	Date of Birth: 8-24-1913 / Birth Place: Rockland, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.				
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Aug. 31, 1951

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 14 1975

AUG 31 1951

AUG 31 1951

Registrar's Full Name of Birth: [illegible]

Date of Birth: August 24 1913

Sex: Male

Place of Birth: Rockland

Country: Power

Rockland, Idaho

Full Name of Father: Franklin Benedict Hillhouse

State or Country of Father's Birth: Farmington, Utah

Name of Mother: Annie Martine Hillsen

State or Country of Mother's Birth: Berry, Box Elder County, Utah

Signature of Registrar: [illegible]

Signature of Notary: [illegible]

Notary Commission expires: [illegible]

Type of Document: [illegible]

Date of Birth: Birth Place

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

Type of Document: [illegible]

Date of Birth: Birth Place

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

Type of Document: [illegible]

Date of Birth: Birth Place

Full Name of Mother

Date Issued

Date Orig. Entry

Name of Father

Registrar's Certification: [illegible]

Registrar

Evidence Reviewed

Date Filed

266-113-035-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
SEP 28 1951
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De51-2083
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Clifford Bowen	2. Date Of Birth (month) 3 (day) 13 (year) 13
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Nez Pierce	b. City or Town of Birth: Culdesac - Idaho
FATHER	6. Full Name of Father: Cagler W Bowen	7. State or Country of Father's Birth: Arkansaw
MOTHER	8. Full Maiden Name of Mother: Joneamie Glean	9. State or Country of Mother's Birth: La Grande Ore
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond C Bowen; 11. Present Address of Registrant: Wallula Wash
NOTARY (Seal)	Subscribed and sworn to before me on: August 27 1951	12. Signature of Notary: Charles T Morbeck; 13. Notary Commission expires: April 27 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Annie T. Sisung	Date issued:	Date Orig. Entry: 8-27-51
Class* B	Date of Birth: 3-13-13	Birth Place: Culdesac, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: C. W. Bowen	Date issued:	Date Orig. Entry: 3-12-13
Class B	Date of Birth: 3-12-13	Birth Place: Culdesac, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Columbia High School, Casey,	Date issued: Washington	Date Orig. Entry: 9-8-31
Class B	Date of Birth: March 3, 1913, Idaho	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

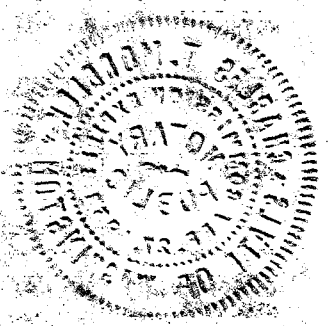
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	9-28-51

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



SEP 28 1951

297 - 210
013 - 799

RECEIVED
NOV 13 1951
DIVISION OF VITAL STATISTICS

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De51-2207
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Camas (b) City Hill City
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery: In THIS county years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Camas
(c) City Hill City
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Hill City, Ida

4. FULL NAME OF CHILD Bessie Mae Biswell

5. Date of Birth of Child (Month, day, year) May 10, 1913

6 Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Henry Novel Biswell
11. Color or Race White
12. Age at time of THIS birth 39 yrs.
13. Birthplace ~~Hill~~ Clinton (City or town) Illinoise (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lissie Caroline Grindstaff
17. Color or Race White
18. Age at time of THIS birth 37 yrs.
19. Birthplace Barren (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Gooding } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 74 years of age, that I have known this person for 38 years, and that Mary (First name) Williams (Last name), who attended this birth Is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Lissie Biswell Signature
P. O. Address

Subscribed and sworn to before me this 10 day of Nov. 1951
(SEAL) [signature], Notary Public, residing at Gooding Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Nov. 13, 1951 by W. W. Benson, Registrar

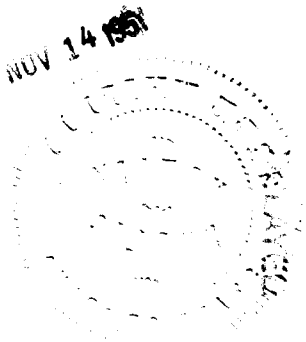
Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



494-126 RECEIVED
038-776 NOV 26 1951

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

(Be sure the information is as of date of birth of THIS child.)

State File No. De51-2236
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Kootenai (b) City Harrison
   (c) Street Address or R.F.D. No. (Rural)
   (d) Name of Hospital or Maternity Home: - -
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 5 years 11 months ? days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Kootenai
   (c) City (Rural), Harrison
   (d) Street Address or R.F.D. No. (Rural)
   (e) How long has **MOTHER** lived in Idaho? 5 11/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Harrison, Idaho

4. **FULL NAME OF CHILD** ANTON DIMICO

5. Date of Birth of Child (Month, day, year) Apr. 26, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Dimico
11. Color or Race White
12. Age at time of THIS birth 43 yrs.
13. Birthplace Santa Croce del Sannio, Italy (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Gioia
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Santa Croce del Sannio, Italy (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4. (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. / Midwife — Address — Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Idaho
County of Kootenai } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 77 years of age, that I have known this person for 38 years, and that Mrs. Mary Damiano, the midwife, (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Dimico Signature

Box 443, Harrison, Idaho P. O. Address

Subscribed and sworn to before me this 21st day of November, 1951.

(SEAL) Francesco Damiano, Notary Public, residing at Harrison Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

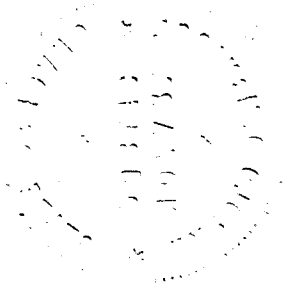
Received for filing on Nov. 26, 1951 by W. W. Benson, Registrar

Form DPH-51130

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.



DELAYED

NOV 26 19

3574 - 225
008 - 266

United States Department of Commerce Bureau of the Census

JAN 21 1952 (Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2374
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Boise (b) City Horseshoe Bend
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: In our own home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 16 years 9 months 21 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Boise
   (c) City Horseshoe Bend
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 16 yrs.

3. **RESIDENCE OF FATHER** (city, state) Horseshoe Bend Ida.

4. **FULL NAME OF CHILD** Ruth Evelyn LeMaster

5. Date of Birth of Child (Month, day, year) 11-25-1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Franklin Clyde LeMaster
11. Color or Race White
12. Age at time of THIS birth 25 yrs.
13. Birthplace Caldwell Idaho (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Cigar Maker

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Laura Howard
17. Color or Race White
18. Age at time of THIS birth 16 yrs.
19. Birthplace Garden Valley Ida. (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

State of Washington
County of Snohomish } ss.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for life years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Laura Holley Signature
Rt # 3 Box 210 — Everett, Wn. P. O. Address

Subscribed and sworn to before me this 16 day of January 19 52

(SEAL) G. Reeves, Notary Public, residing at Everett

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on Jan. 21, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

MAY 25 1965

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

JAN 22 1952

JAN 25 1952

DELAYED

155-219-003-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2417
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verba Jensen	2. Date of Birth (month) Feb (day) 19 (year) 1913
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Chesterfield Bannock	b. City or Town of Birth: Chesterfield
FATHER	6. Full Name of Father: Benjiman Denmark Jensen	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth Tolman	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verba Jensen Jones; 11. Present Address of Registrant: 2225 W. Capitol Ave West Sacramento Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 28. 19 52	12. Signature of Notary: Doris Arundel; 13. Notary Commission expires: Oct. 9. 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date issued: Mch 28, 1913	Date Orig. Entry:
	Date of Birth: Feb. 19, 1913	Birth Place: Chesterfield, Idaho	Full Name of Mother: Clara E. Tolman	Name of Father: Ben D. Jensen
SUPPORTING RECORD 2. Class B	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date issued: Oct. 17, 1921	Date Orig. Entry:
	Date of Birth: Feb. 19, 1913	Birth Place: Chesterfield, Idaho	Full Name of Mother: Clara E. Tolman	Name of Father: Ben D. Jensen
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Eeden	Feb. 4, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth (a. County)
6. City or Town of Birth

FATHER

7. Full Name of Father
8. State or Country of Father's Birth

MOTHER

9. Full Maiden Name of Mother
10. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on

Signature of Registrant
Signature of Notary
Present Address of Registrant
Notary Commission expires

SUPPORTING RECORD 1

Type of Document: Certificate of Blessing
Date of Birth, Birth Place: Feb. 17, 1913, Chesterfield, Idaho
By whom issued and signed: L. D. S. Church
Full Name of Mother: Clara L. Tolman
Date Issued: Mch 28, 1913
Date Orig. Entry
Name of Father: Ben D. Jensen

SUPPORTING RECORD 2

Type of Document: Certificate of Baptism
Date of Birth, Birth Place: Feb. 17, 1913, Chesterfield, Idaho
By whom issued and signed: L. D. S. Church
Full Name of Mother: Clara L. Tolman
Date Issued: Oct. 17, 1921
Date Orig. Entry
Name of Father: Ben D. Jensen

SUPPORTING RECORD 3

Type of Document
Date of Birth, Birth Place
By whom issued and signed
Full Name of Mother
Date Issued
Date Orig. Entry
Name of Father

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Henson
Evidence reviewed by
Date Filed: Feb. 1, 1952

*Class A Records are those made and dated before the Registrar's [illegible]
Class B Records are those made after the fourth birthday but are [illegible]

FORM BRH 40057

899-213-001-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

RECEIVED IDAHO
JAN 12 1952
DIVISION OF VITAL STATISTICS

State File No. De52-2422
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paquita Yriondo	2. Date of Birth (month) September (day) 13 (year) 1913
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: IDAHO; a. County: ADA	b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: RAMON YRIONDO	7. State or Country of Father's Birth: SPAIN
MOTHER	8. Full Maiden Name of Mother: SEGUNDA MARURI	9. State or Country of Mother's Birth: SPAIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paquita Y. Montgomery; 11. Present Address of Registrant: 1529 N. Ogden Drive Los Angeles 46, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: January 8 1952	12. Signature of Notary: Eugene L. Hines; 13. Notary Commission expires: My Commission Expires May 20, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Segunda M. Villarino	Date issued: 1-8-52	Date Orig. Entry:
Class* B	Date of Birth: Sept. 13, 1913; Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Carmen M. Gabica	Date issued: 1-2-1952	Date Orig. Entry:
Class B	Date of Birth: Sept. 13, 1913; Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Francis Stanton Montgomery St. Vincent's Hospital, Los Angeles, Calif.	Date issued: 4-12-1933	Date Orig. Entry:
Class B	Date of Birth: Sept. 13, 1913; Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

Also, hospital record at St. Vincent's Hospital, Los Angeles, Calif. gives the date of birth as Sept. 13, 1913, in Idaho, this record was made March 1936

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Feb. 5, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 1

DELAYED CERTIFICATE OF BIRTH

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De52-2022
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year) 1913
	3. Color or Race 4. Sex 5. Place of Birth (Accounty)	Delivery of Code of Birth NOISE
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY (seal)	Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission Expires

APPLICATION FOR ADDITIONAL BIRTH THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Segunda L. Villarino	Date Issued: 1-6-32	Date Orig. Entry
	Date of Birth, Birth Place: Sept. 13, 1913, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Carmen M. Cabica	Date Issued: 1-2-1932	Date Orig. Entry
	Date of Birth, Birth Place: Sept. 13, 1913, Boise, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Sr. Vincent's Hospital, Los Angeles, Calif.	Date Issued: 1-12-1933	Date Orig. Entry
	Date of Birth, Birth Place: Sept. 13, 1913,	Full Name of Mother	Name of Father	

Class 1 B

QUALIFICATION INFORMATION

Also, Hospital record at Sr. Vincent's Hospital, Los Angeles, Calif. gives the date of birth as Sept. 13, 1913, in Idaho, this record was made March 1933.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Feb. 5, 1932

Class 1 Records are those made and sated before the Registrant's fourth birthday
Class 2 Records are those made after the fourth birthday but are at least a year old.

Form DPH 40067

238-21-02-914

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED FEB 29 1952 DIVISION OF VITAL STATISTICS

State File No. De52-2503
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Elsie Schlenker
2. Date of Birth (month) (day) (year): Feb. 17 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Power
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: Henry Schlenker
7. State or Country of Father's Birth: Russia

MOTHER

8. Full Maiden Name of Mother: Mathilde Rauquest
9. State or Country of Mother's Birth: Roumania

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elsie Eisler
11. Present Address of Registrant: Sheridan, Ore. Box 431

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 26 1952
12. Signature of Notary: Clifford E. Nelsen
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires May 3, 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	J. C. Schwabenland, Pastor		Apr. 20, 1913
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 17, 1913, American Falls, Idaho	Mathilda Rauquest	Henry Schlemker	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued	Date Orig. Entry: Feb. 17, 1913
Class A	**Date of Birth / Birth Place**: Feb. 17, 1913, American Falls, Idaho	**Full Name of Mother**	**Name of Father**	
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin F. Nelsen	Feb. 29, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File Number 2-2503
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race | 4. Sex | 5. Place of Birth | 6. County | 6. City or Town of Birth

FATHER

7. Full Name of Father
8. State or Country of Father's Birth

9. Full Maiden Name of Mother
10. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant
12. Signature of Registrant
13. Notary Commission expires
14. Signature of Notary

NOTARY PUBLIC

SUPPORTING RECORD 1.

Type of Document: Certificate of Birth
By whom issued and signed: [illegible] Schmabenhaus, Pastor
Date Issued
Date Orig. Entry: Apr. 20, 1913
Date of Birth | Birth Place | Full Name of Mother | Name of Father

SUPPORTING RECORD 2.

Type of Document: Bible Record
By whom issued and signed: Family Bible
Date Issued
Date Orig. Entry: Feb. 17, 1913
Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class A

SUPPORTING RECORD 3.

Type of Document
By whom issued and signed
Date Issued
Date Orig. Entry
Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class

QUALIFYING INFORMATION

FEB 29 1952

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by
Date Filed: Feb. 29, 1952

Class A Records are those made and dated before the [illegible]
Class B Records are those made after the [illegible]

434 - 111 - 037 - 434

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

MAR 11 1952

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De52-2541
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County OWYHEE (b) City BRUNEAU
   (c) Street Address or R.F.D. No. ROUTE 1
   (d) Name of Hospital or Maternity Home: AT HOME
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County OWYHEE
   (c) City BRUNEAU
   (d) Street Address or R.F.D. No. ROUTE 1
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.

3. **RESIDENCE OF FATHER** (city, state) BRUNEAU IDAHO

4. **FULL NAME OF CHILD** GUY JESSE McMILLIN

5. Date of Birth of Child (Month, day, year) MARCH-11, 1913

6. Sex M

7. Twin or Triplet NO If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? YES

FATHER OF CHILD

10. **FULL NAME** JESSE EDWARD McMILLIN
11. Color or Race W
12. Age at time of THIS birth 32 yrs.
13. Birthplace NEBRASKA (State or foreign country)
14. Exact Occupation RANCHER
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** SARAH LUCINDA McMILLIN
17. Color or Race W
18. Age at time of THIS birth 27 yrs.
19. Birthplace MISSOURI (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

AFFIDAVIT

State of WASHINGTON } ss.
County of YAKIMA }

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 65 years of age, that I have known this person for 38 years, and that DR. BARTLETT (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Sarah Lucinda McMillin Signature
BOX 365 - NACHES WASH. P. O. Address

Subscribed and sworn to before me this 28th day of FEB. 1952

(SEAL) Notary Public, residing at Naches Wash

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

Received for filing on March 12, 1952 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

MAR 11 1975

MAR 13 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

386-214-610-76

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

RECEIVED
APR 2 1952
DIVISION OF VITAL STATISTICS

State File No. De52-2610
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Margaret Lyon			Date of Birth (month) Jan (day) 14 (year) 1913	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Ucon Idaho Bonneville	b. City or Town of Birth	
FATHER	6. Full Name of Father: Charles William Lyon			7. State or Country of Father's Birth: Vernal Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Mary Pope Lyon			9. State or Country of Mother's Birth: Garden city Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah Margaret Lyon Barclay		11. Present Address of Registrant: 1353 E Clay Laurel	
NOTARY (Seal)	Subscribed and sworn to before me on: March 20 1952	12. Signature of Notary: [illegible]		13. Notary Commission expires: July 10 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 3-20-52	Date Orig. Entry: May 6, 1913
Class* A	Date of Birth: Jan. 14, 1913	Birth Place: Ucon, Idaho	Full Name of Mother: Sarah Pope	Name of Father: Charles Lyon
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L. D. S. Church	Date Issued: 2-21-52	Date Orig. Entry: Aug. 1, 1931
Class B	Date of Birth: Jan. 14, 1913	Birth Place: Ucon, Idaho	Full Name of Mother: Sarah Pope	Name of Father: Charles Lyon
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Sarah Pope Lyon	Date Issued: 2-21-52	Date Orig. Entry:
Class B	Date of Birth: Jan. 14, 1913	Birth Place: Ucon, Idaho	Full Name of Mother: Sarah Pope Lyon	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Apr. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 3 1962

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race / 4. Sex / 5. Place of Birth / 6. County	7. City or Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	1. Hereby declare upon oath that the above [illegible] are true to the [illegible] and belief.	10. Signature of Registrant / 11. Present Address of Registrant
NOTARY (Seal)	1. Subscribed and sworn to before me on [illegible]	12. Signature of Notary / 13. Notary Commission expires [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: May [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: Certificate of Baptism	By whom issued and signed: [illegible]	Date Issued: 2-21-32	Date Orig. Entry: Aug. 1, 1931
Class [illegible]	Date of Birth: Jan. 11, 1913	Birth Place: Teon, Idaho	Full Name of Mother: Sarah Pope	Name of Father: Charles Lyon
SUPPORTING RECORD 3	Type of Document: Affidavit of Mother	By whom issued and signed: Sarah Pope Lyon	Date Issued: 2-21-32	Date Orig. Entry:
Class [illegible]	Date of Birth: Jan. 11, 1913	Birth Place: Teon, Idaho	Full Name of Mother: Sarah Pope Lyon	Name of Father:

CERTIFICATE INFORMATION

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
T. W. Hanson	[signature]	Apr. 1, 1932

*Class A Records are those made and dated before the Registrant's [illegible]
Class B Records are those made after the [illegible]

843-129-009-363

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 7 1952
DIVISION OF VITAL STATISTICS

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2627
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Arden Bertine Hickman
2. Date of Birth (month) (day) (year): March 29 1913
3. Color or Race:
4. Sex:
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Westmond

FATHER

6. Full Name of Father: Albert Henery Hickman
7. State or Country of Father's Birth: U. S. A.

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Holmes
9. State or Country of Mother's Birth: U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Robb A. Pearson
11. Present Address of Registrant: Rt # 2

NOTARY (Seal)

Subscribed and sworn to before me on: April 4, 1952
My comm. exp. July 19, 1954
12. Signature of Notary: Lucy G. Powers
13. Notary Commission expires: July 19 19 54

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Family Bible		March 29, 1913
	Date of Birth: March 29, 1913,	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	School Record	Coeur d'Alene High School		Sept. 1927
	Date of Birth: March 29, 1913, Westmond, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3. Class B	Church Record, Baptised	By whom issued and signed: Coeur d'Alene, Idaho First Baptist Church	Date Issued	Date Orig. Entry: March 29, 1925
	Date of Birth: 3-29-13 12 yrs old	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Hayden	Apr. 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR: 1. Registrar's Full Name of Birth — Arden Bertine Nickman

Person whose birth is being registered: 2. Date of Birth (month) (day) (year) — March 29, 1913

3. Color or Race — 4. Sex — 5. Place of Birth — Idaho — Weathmond

6. Full Name of Father — Albert Henry Nickman

FATHER: 7. State or Country of Father's Birth — U. S. A.

MOTHER: 8. Full Maiden Name of Mother — Mary Ellen Holmes

9. State or Country of Mother's Birth — U. S. A.

APR 8 1952

AFFIDAVIT: 1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

2. Signature of Registrant — [illegible]

11. Present Address of Registrant — [illegible]

NOTARY: 1. Described and sworn to before me on [illegible] — [illegible]

12. Signature of Notary — [illegible]

13. Notary Commission expires — July 19 [illegible]

SUPPORTING RECORD 1: Type of Document — Birth Record

Date of Birth: March 29, 1913 — Birth Place: Idaho

APPLICANT — DO NOT WRITE BELOW THIS LINE

By whom issued and signed — [illegible]

Full Name of Mother

Date Issued — [illegible]

Date Orig. Entry — [illegible]

Name of Father

SUPPORTING RECORD 2: Type of Document — School Record

Date of Birth: March 29, 1913 — Birth Place: Weathmond, Idaho

By whom issued and signed — Cedar Ridge High School

Full Name of Mother

Date Issued — [illegible]

Date Orig. Entry — [illegible]

Name of Father

SUPPORTING RECORD 3: Type of Document — Church Record, Baptisms

Date of Birth: [illegible] — Birth Place: [illegible]

By whom issued and signed — First Baptist Church

Full Name of Mother

Date Issued — [illegible]

Date Orig. Entry — March 29, 1913

Name of Father

QUALIFICATION: [illegible]

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

(seal)

State Registrar — [illegible]

Evidence reviewed by — [illegible]

Date Filed — Apr. 7, 1952

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

863-125-014-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 2678
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William George Hockberger		2. Date Of Birth (month) Dec. (day) 25, (year) 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho, Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Hugo Hockberger		7. State or Country of Father's Birth: Chicago, Ill.
MOTHER	8. Full Maiden Name of Mother: Anna Schrage		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William G. Hockberger	11. Present Address of Registrant: Billings, Montana
NOTARY (Seal)	Subscribed and sworn to before me on: April 21, 1952 19	12. Signature of Notary: [signature]	13. Notary Commission expires: May 7, 1953

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Certificate of Baptism	By whom issued and signed: Church of St. Paul, Nampa, Idaho	Date issued:	Date Orig. Entry: Jan. 4, 1914
	Date of Birth: Dec. 25, 1913	Birth Place: Caldwell, Idaho	Full Name of Mother: Anna Schrage	Name of Father: Hugo Hockberger
SUPPORTING RECORD 2. Class B	Type of Document: School Record	By whom issued and signed: Caldwell High School	Date issued:	Date Orig. Entry: Sept. 1926
	Date of Birth: Dec. 25, 1913,	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class	Type of Document:	By whom issued and signed:	Date issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 21, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 22 1952

REGISTRAR: 1. Registrant's Full Name of Birth (Person whose Birth is being registered)

2. Date of Birth (month) (day) (year): Dec. 25, 1913

3. Color or Race: [illegible]

4. Sex: [illegible]

5. Place of Birth (Month): [illegible]

6. City or Town of Birth: Caldwell

FATHER: 6. Full Name of Father: [illegible]

7. State or Country of Father's Birth: Chicago, Ill.

MOTHER: 8. Full Maiden Name of Mother: [illegible]

9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT: I, [illegible] declare upon oath that the [illegible] documents are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]

11. Present Address of Registrant: Billings, Montana

NOTARY: Cut of Pen and sworn to before me on Apr 21, 1952

12. Signature of Notary: [illegible]

13. Notary Commission expires: May 7, 19[illegible]

SUPPORTING RECORD 1.

Type of Document: [illegible]

APPLICANT: DO NOT WRITE BELOW THIS LINE

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: Jan. [illegible], 1914

Class: [illegible]

Date of Birth: Birth Place: Dec. 25, 1913, [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 2.

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Class: [illegible]

Date of Birth: Birth Place: Dec. 25, 1913,

Full Name of Mother: [illegible]

Name of Father: [illegible]

SUPPORTING RECORD 3.

Type of Document: [illegible]

By whom issued and signed: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Class: [illegible]

Date of Birth: Birth Place: [illegible]

Full Name of Mother: [illegible]

Name of Father: [illegible]

QUALIFYING INFORMATION: [illegible]

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: Apr. 21, 1952

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth [illegible] but are at least 5 years old.

[illegible]

693-223-027-818

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2709
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARIE WILSON
2. Date Of Birth (month) (day) (year): AUGUST 23 1913
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: EDEN, IDAHO — JEROME
b. City or Town of Birth: EDEN, IDAHO

FATHER

6. Full Name of Father: JOHN ARTHUR WILSON
7. State or Country of Father's Birth: OKLAHOMA

MOTHER

8. Full Maiden Name of Mother: BESSIE MAE HAYS
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marie Wilson Gibbons
11. Present Address of Registrant: 526 ROOSEVELT DRIVE, GRAND COULEE, WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: April 22 1952
12. Signature of Notary: Donald V. Leaton
13. Notary Commission expires: June 10 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record
By whom issued and signed: Bible viewed by John M. Barker Notary Public
Date Issued: Apr. 10, 1952
Date Orig. Entry: Aug. 23, 1913
Date of Birth: Aug. 23, 1913
Birth Place: Eden, Idaho
Full Name of Mother:
Name of Father:
Class*: A

SUPPORTING RECORD 2.

Type of Document: School Record
By whom issued and signed: Buhl Public Schools
Date Issued: Apr. 10, 1952
Date Orig. Entry:
Date of Birth: Aug. 23, 1913
Birth Place: Eden, Idaho
Full Name of Mother:
Name of Father:
Class: B

SUPPORTING RECORD 3.

Type of Document: Child's birth certificate
By whom issued and signed: State of Oklahoma
Date Issued:
Date Orig. Entry: 3-25-45
Date of Birth: 31½ years
Birth Place: Eden, Idaho
Full Name of Mother:
Name of Father:
Class: B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel F. Feeler
Date Filed: Apr. 24, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 25 1952

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year)
3. Color or Race
4. Sex
5. Place of Birth a. County b. City or Town of Birth
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

APPLICANT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant
12. Signature of Notary
13. Notary Commission Expires

SUPPORTING RECORD 1

Type of Document: Bible Record
Date of Birth: [illegible] 23, 1912
Birth Place: [illegible]
Date Issued: Apr. 10, 1952
Date Orig. Entry: Aug. 23, 1913
Name of Father:

SUPPORTING RECORD 2

Type of Document: School Record
Date of Birth: Aug. 23, 1913
Birth Place: [illegible]
Date Issued: Apr. 10, 1952
Date Orig. Entry:
Name of Father:

SUPPORTING RECORD 3

Type of Document: Bible Record
Date of Birth: 1 years
Birth Place: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date Filed: Apr. 24, 1952

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

693-215
002-869

RECEIVED
JUL 3 1952
DIVISION OF VITAL STATISTICS

United States Department of Commerce
Bureau of the Census

(Before the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-2978
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Tamarack
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: at home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 7 years 3 months 25 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Tamarack
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 8 yrs.

3. **RESIDENCE OF FATHER** (city, state) Tamarack, Ida.

4. **FULL NAME OF CHILD** Violet Syringe Williams

5. Date of Birth of Child (Month, day, year) Nov. 15, 1913

6. Sex Female

7. Twin or Triplet Single If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Wesley Sherman Williams
11. Color or Race White
12. Age at time of THIS birth 40 yrs.
13. Birthplace Indiana (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Emma Horn
17. Color or Race White
18. Age at time of THIS birth 35 yrs.
19. Birthplace Red Oak, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Silver nitrate
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 1:00 A. M. on the date and at the place stated above, and that personal particulars were furnished by Maude (First name) Williams (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature W. W. Benson M.D. ~~Midwife~~ Address Cambridge, Idaho Date 6/ 27/52

AFFIDAVIT

State of
County of } ss.

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) , Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on July 7, 1952 by W. W. Benson, Registrar

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JUL 7 1952

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

262-214-043-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D52- 3114
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lillian Maria Elizabeth Koski
2. Date Of Birth (month) (day) (year): Dec. 14 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho b. City or Town of Birth: Long Valley / McCall

FATHER

6. Full Name of Father: Andrew Gust Koski
7. State or Country of Father's Birth: Alma, Wyoming

MOTHER

8. Full Maiden Name of Mother: Saima Maria Elizabeth Johnson
9. State or Country of Mother's Birth: Rocksprings, Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Hattes
11. Present Address of Registrant: 1050 W. 5th, Ogden

NOTARY (Seal)

Subscribed and sworn to before me on July 5 1952

12. Signature of Notary: William H. Fleisher
13. Notary Commission expires: June 16 1954

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(translated by Alex. Muhonen) Baptismal record	Finnish Church, by Mrs. J. W. Eloheimo, Pastor	7/12/14	Baptized on July 12, 1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 14, 1913	McCall, in Long Valley Idaho	Saima Maria Elisabeth Koski	Anders Kustaa (Kosli)

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Grandmother	Lizzie Make	7/21/52	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 14, 1913	McCall, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	August 13, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Health Welfare
Division of Vital Statistics
Boise, Idaho

State File No. 62-[illegible]
Local Reg. No.
Reg. Dist. No.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex Place of Birth (county)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission expires

AUG 13 1952

DOCUMENT RECORD 1	Type of Document (translated by Alex. Johnson) Baptismal Record		By whom issued and signed Elizabeth Fauron, by Mrs. J. S. Johnson, Pastor	Date Issued 7/12/14	Date Orig. Entry Baptized on July 12, 1914
	Date of Birth	Birth Place McFall,	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document Affidavit by Grandmother		By whom issued and signed Lizzie Hake	Date Issued 7/31/52	Date Orig. Entry
Class	Date of Birth Dec. 14, 1913	Birth Place McFall, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3	Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (Seal)	1. Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract		
	State Registrar W. W. Lenson	Evidence Reviewed by Edna Hamilton	Date Filed August 13, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 4906

819-226-030-674

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3243
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ALETHA FERN HARRIMAN
2. Date of Birth (month) (day) (year): AUG. 26 1913
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County Lemhi; b. City or Town of Birth: MAY

FATHER

6. Full Name of Father: SAMUEL TILDEN HARRIMAN
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: MARGARET EMMA WIDNER
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Aletha Sturdivan
11. Present Address of Registrant: 816 CENTER POINT ROAD

NOTARY (Seal)

Subscribed and sworn to before me on: 9-17 19 52
12. Signature of Notary: [illegible]
13. Notary's Commission expires: July 4 19 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible Record			Aug. 26, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 26, 1913			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
McKinley High School record - School -	Independent Schhol Dist., Clyde Parker, Supt.,	9/2/52	Sept 1928 to June 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 26, 1913			S. T. Harriman

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Ltr from John Hancock Mutual Life Ins. Co. Boston 17, Massachusetts	William J. Stelzer, Asst. Sec.	9/9/52	Policies issued Feb. 28, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 26, 1913	May, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 15, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEPARTMENT OF HEALTH

SEP 1-6 1952

CHILD'S NAME	1. Name of child (Type or print) First: Mary Middle: Ann Last: Harriman
FATHER	2. Date of birth (Month) Aug. (Day) 26 (Year) 1915
	3. Place of birth (If not in hospital, give street address)
	4. City or town of birth Twin Falls
	5. County of birth Twin Falls
	6. Full name of father William J. Harriman
	7. Age at last birthday 37
	8. Birthplace (State or foreign country) Idaho
MOTHER	9. Full maiden name Mary Ann Stolarz
	10. Age at last birthday 32
	11. Birthplace (State or foreign country) Idaho
AFFIDAVIT	12. Informant's mailing address 1 mile ins. Co. Pocatello, Idaho
	13. Signature of informant Mary Ann Harriman
	14. Relationship to child Mother
	15. Signature of person preparing this report Mary Ann Harriman
	16. Official title Mother
	17. Date signed Aug. 29, 1952
	18. Name of physician or midwife in attendance at birth Wm. J. Stolarz, M.D.
	19. Date received by local registrar Aug. 29, 1952
	20. Registered number 1915
	21. Signature of local registrar Wm. J. Stolarz, Asst. Sec.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

State Reg. No. 1915

Local Reg. No.

Reg. dist. No.

MARY ANN HARRIMAN

MAY

MISSOURI

MISSOURI

Wm. J. Stolarz, M.D.

Aug. 29, 1915 May, Idaho

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence received by	Date filed
W. B. Jones	Edna Hamilton	Sept. 16, 1952

*Class A Records are those made and data certified in the strictest form of truth.
Class B Records are those made either on information not all of which are at least 2 years old.

PHYSICIAN'S OR MIDWIFE'S CERTIFICATE	Type of Document	Birth Place	Date Issued
	Class A	Aug. 26, 1915	Aug. 26, 1952
	Class B		
SUPPLEMENTAL RECORD	Type of Document	Date of Birth Birth Place	Date Issued
	Class A	Aug. 26, 1915	Sept 1952 to June 1953
	Class B		
SUPPLEMENTAL RECORD	Type of Document	Date of Birth Birth Place	Date Issued
	Class A	Aug. 26, 1915	Sept. 1952
	Class B		

Type of Document: Birth Certificate
Issued From Joint Records of Bannock County, Idaho and Madison County, Idaho

Type of Document: Midtiley High School - School record -
Issued From Independent School Dist., Clyde Parker, Supt.

Type of Document: Birth Certificate
Issued From Bannock County, Idaho

Name of Father: William J. Stolarz
When Issued: Sept. 16, 1952
By Whom Issued: Wm. J. Stolarz, Asst. Sec.

Name of Father: S. T. Harriman
When Issued: 9/5/52
By Whom Issued: William J. Stolarz, Asst. Sec. 9/5/52

Name of Mother: Mary Ann Stolarz
When Issued: Sept. 16, 1952
By Whom Issued: Wm. J. Stolarz, Asst. Sec.

Name of Mother: Mary Ann Stolarz
When Issued: Sept. 16, 1952
By Whom Issued: Wm. J. Stolarz, Asst. Sec.

438-212031-941

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3258
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lena Bessie Mc Hone
2. Date Of Birth (month) (day) (year): August - 12 - 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Lewis
b. City or Town of Birth: Grear

FATHER

6. Full Name of Father: James Bunyon Mc Hone
7. State or Country of Father's Birth: ~~Ida~~ Kansas

MOTHER

8. Full Maiden Name of Mother: Ora Alice Ruark
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lena M. Spencer
11. Present Address of Registrant: 51-East 67th Place Vancouver, Wash

NOTARY (Seal)

Subscribed and sworn to before me on ~~September~~ October 11 1952

12. Signature of Notary: Ruth J. Beasley
13. Notary Commission expires: Jan. 22 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census record of 1920	Roy V. Peel	7/30/52	Jan. 1, 1920
Class* B	Date of Birth: 6 yrs old / Birth Place: Idaho	Full Name of Mother: Ora A. McHone	Name of Father: James B. McHone	
SUPPORTING RECORD 2.	Type of Document: Letter from Dept of Public Instruction, Kansas Re school record and birth	By whom issued and signed: Idell School Dist. No. 40 W. L. Rambo, County Supt.	Date Issued: 5/6/52	Date Orig. Entry: June 1919
Class B	Date of Birth: Aug. 12, 1913 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Drivers License	By whom issued and signed: Kansas Motor Vehicle Bureau	Date Issued: Nov1, 1937	Date Orig. Entry: Nov. 1, 1937
Class B	Date of Birth: 24 yrs old / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

Also Affidavit by Aunt Bessie Swegle stating that registrant was born at Greer, Idaho on August 12, 1913, and signed before a Notary public.
Also letter from County Superintendent of Public Instruction stating that registrant was fifteen on graduation from elementary school in 1929.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 18, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 1939-
Local Reg. No.
Reg. Dist. No.

1. Name of child's full name at birth

2. Sex

3. Color or Race

4. Date of Birth

5. Full Name of Father

6. Maiden Name of Mother

7. Birthplace of Father

8. Birthplace of Mother

9. Color or Race of Father

10. Color or Race of Mother

11. State or Country of Father's Birth

12. State or Country of Mother's Birth

13. Occupation of Father

14. Occupation of Mother

15. Industry

16. Industry

17. Present Address of Applicant

18. Relationship

19. Signature of Applicant

20. Signature of Registrar

21. Notary Commission Expires

SUBSCRIBED and sworn to before me on

SEP 25 1962

Section 1.

Date of Birth (Month, Day, Year)

Type of Document

Certificate of Birth

Date Issued

Date Orig. Entry

Section 2.

Date of Birth (Month, Day, Year)

Full Name of Mother

Maiden Name

Type of Document

Delayed Birth Certificate

Date Issued

Date Orig. Entry

Section 3.

Date of Birth (Month, Day, Year)

Full Name of Mother

Maiden Name

Type of Document

Certificate of Birth

Date Issued

Date Orig. Entry

Section 4.

Date of Birth (Month, Day, Year)

Full Name of Mother

Maiden Name

Type of Document

Certificate of Birth

Date Issued

Date Orig. Entry

Section 5.

Date of Birth (Month, Day, Year)

Full Name of Mother

Maiden Name

Type of Document

Certificate of Birth

Date Issued

Date Orig. Entry

**Section

296-220
005-236

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52-3264
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benewah
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benewah
d. STREET ADDRESS (If rural, give location): Rural

3. CHILD'S NAME (Type or print)
a. (First): Ruby
b. (Middle): Esther
c. (Last): Brown

4. SEX: F

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Sept 20 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): M.
c. (Last): Brown

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 yrs YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Finland

11a. USUAL OCCUPATION: Lumberman

11b. KIND OF BUSINESS OR INDUSTRY: saw mill

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mabel
b. (Middle): F
c. (Last): Blonquist

13. COLOR OR RACE: W

14. AGE (At time of this birth): 25 yrs. YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Whitman County, Wash.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 1
b. How many OTHER children were born alive but are now dead?: 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship): J. A. Nelson — Attending Physician

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. A. Nelson

18c. ADDRESS: Deloca Ward

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: Aug 21 - 1952

19. DATE REC'D BY LOCAL REG.: Sept. 19, 1952

20. REGISTRAR'S SIGNATURE: W.W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 36 WEEKS

22b. WEIGHT AT BIRTH: 8 LBS. 8 OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]

Approximate date: —

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: Argyrol 5% -

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

SEP 19 1952

(a) Pregnancy: Complications of none

(b) Labor: Complication none

— Induced? —

(c) State all operations for delivery none

(d) Did baby have any:

(1) Congenital Malformation? no

Describe: —

(2) Birth Injury? no

Describe: —

(e) Signature of Physician:

L. A. Nelson

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Esther Brown
2. Date Of Birth: (month) 9 (day) 20 (year) 1913
3. Color or Race: white
4. Sex: F
5. Place of Birth: a. County: Benewah County; b. City or Town of Birth: Sanders

FATHER

6. Full Name of Father: Joseph M. Brown
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Mabel F. Blomquist
9. State or Country of Mother's Birth: Whitman County, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby Esther St. George
11. Present Address of Registrant: Fernwood, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: September 16 19 52
12. Signature of Notary: Irene Tobias
13. Notary Commission expires: October 10 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class*_____

SUPPORTING RECORD 2.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class_____

SUPPORTING RECORD 3.

Type of Document | By whom issued and signed | Date Issued | Date Orig. Entry

Date of Birth | Birth Place | Full Name of Mother | Name of Father

Class_____

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]	2. Date of Birth (month) (day) (year): [illegible] 20 [illegible] 1913
	3. Color or Race: White	4. Sex: [illegible]
	5. Place of Birth: [illegible] County	6. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Father's Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: [illegible] County, Washington
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible], Idaho
NOTARY (Seal)	12. Signature of Notary: [illegible]	13. Notary Commission Expires: October 13 19 55

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class*				
SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed

*Class A Records are those made and based before the Registrant's Fourth Birthday.
Class B Records are those made after the Fourth Birthday but [illegible] [illegible]

Form DPH 45067

817-225-044-419

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3307
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jeanette Pearl Hagans
2. Date Of Birth (month) (day) (year): July 25th 1913
3. Color or Race: White
4. Sex:
5. Place of Birth a. County: Washington County
b. City or Town of Birth: Mann's Creek, Idaho

FATHER

6. Full Name of Father: Ernest Axton Hagans
7. State or Country of Father's Birth: Kirksville, Mo.

MOTHER

8. Full Maiden Name of Mother: Winifred Gertude Marr
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jeanette P. Hagans
11. Present Address of Registrant: 1127 E.2nd., St., Weiser

NOTARY (Seal)

Subscribed and sworn to before me on July 25, 1952. 19___

12. Signature of Notary: Charles E. Jackson
13. Notary Commission expires: 11-28 19 55 Idaho

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record			July 25, 1913
Class* A	Date of Birth: July 25, 1913 / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Census Record	Roy V. Peel	9/29/52	April 1, 1930
Class B	Date of Birth: 16 yrs old / Birth Place: Idaho	Full Name of Mother: Winifred G. Hagans	Name of Father: Ernest A. Hagans	
SUPPORTING RECORD 3.	School record- High School	Class A. School Dist. No. 431 Agnes Allan, Clerk	7/24/52	Sept. 3, 1928
Class B	Date of Birth: July 25, 1913 / Birth Place	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. 2652-[illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth: Jeanette Pearl Hayes
2. Date of Birth (month) (day) (year): July 25th 1913
3. Color or Race: White
4. Sex
5. Place of Birth (a) County: Washington County
6. City or Town of Birth: Mann's Creek, Idaho

Parents

6. Full Name of Father: Ernest Axton Hayes
7. State or Country of Father's Birth: Kirksville, Mo.

MOTHER

8. Full Maiden Name of Mother: Winifred Gertrude Marr
9. State or Country of Mother's Birth: Michigan

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: 1127 E. 2nd., St., Weiser
12. Signature of Notary
13. Notary Commission expires: Idaho

Subscribed and sworn to before us on July 26, 1952.

OCT 6

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD

Type of Document: Bible Record
Date of Birth, Birth Place: July 25, 1913
By whom issued and signed:
Full Name of Mother:
Date Issued: July 26, 1913
Date Orig. Entry:
Name of Father:

Class A

SUPPORTING RECORD

Type of Document: Census Record
Date of Birth, Birth Place: 16 yrs old
By whom issued and signed: Roy V. Peel
Full Name of Mother: Winifred G. Hayes
Date Issued: 9/29/52
Date Orig. Entry: April 1, 1930
Name of Father: Ernest A. Hayes

Class B

SUPPORTING RECORD

Type of Document: School records High School
Date of Birth, Birth Place: July 25, 1913
By whom issued and signed: Glenn A. School Dist. No. 431 Agnes Allan, Clerk
Full Name of Mother:
Date Issued: 7/24/52
Date Orig. Entry: Sept. 5, 1930
Name of Father:

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. R. Hansen
Evidence reviewed by: [illegible]
Date Filed: Oct. 3, 1952

*Class A Records are those made and dated [illegible]
Class B Records are those made after the [illegible]

962-222-003-194

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52- 3316
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Maxine Robison
2. Date Of Birth (month) (day) (year): Nov. 22, 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Bancroft

FATHER

6. Full Name of Father: Ray Holmes Robison
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Blanche Elizabeth Armstrong
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Maxine Robison Hunt
11. Present Address of Registrant: 254 Sorenson Pocatello, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 3, 1952
12. Signature of Notary: Arthur B. Olsen
13. Notary Commission expires: Jan. 1, 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record of birth			Nov. 22, 1913

Class* A

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 22, 1913			

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Ray Holmes Robison	9/30/52	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 22, 1913	Bancroft, Idaho	Blanche Elizabeth Armstrong	Ray Holmes Robison

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W.W.Benson	Edna Hamilton	Oct. 7, 1952

K

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Ueb2-5316
Local Reg. No.
Regd. Dist. No.

REGISTRANT

1. Registrant's Full Name at Birth: Margaret Maxine Robison
2. Date of Birth (month) (day) (year): Nov. 22, 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: Bannock
6. County: Bancroft
7. State or Country of Father's Birth: Iowa
8. Full Name of Father: Ray Holmes Robison
9. State or Country of Mother's Birth: Iowa
10. Full Maiden Name of Mother: Blanche Elizabeth Armstrong

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: 254 Sorenson, Pocatello, Idaho

NOTARY

Subscribed and sworn to before me on October 3, 1952

12. Signature of Notary: [signature]
13. Notary Commission expires: Jan. 1, 1955

OCT 7 1952

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record of birth			Nov. 22, 1913
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Nov. 22, 1913			

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Ray Holmes Robison	5/30/52	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Nov. 22, 1913 Bancroft, Idaho	Blanche Elizabeth Armstrong	Ray Holmes Robison	

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Date of Birth / Birth Place	Full Name of Mother	Name of Father	

Class

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Hanson	[signature]	Oct. 7, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form 298 [illegible]

45-111-015-213

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De52 3424
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PERRY GERALD DEATON
2. Date of Birth (month) (day) (year): MARCH 11 1913
3. Color or Race: White
4. Sex: MALE
5. Place of Birth: a. County: CARIBOU
b. City or Town of Birth: SODA SPRINGS

FATHER

6. Full Name of Father: ALBERT BYRON DEATON
7. State or Country of Father's Birth: NORTH CAROLINA

MOTHER

8. Full Maiden Name of Mother: LILLIE OPAL BALLARD
9. State or Country of Mother's Birth: NORTH CAROLINA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Perry Gerald Deaton
11. Present Address of Registrant: 1829 DURANT Avenue OAKLAND, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on October 27 1952

12. Signature of Notary: Gertrude Hellman
13. Notary Commission expires: My Commission expires July 3, 1956

Subscribed and sworn to before me this ... day of ... 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Census record of 1920	Department of Commerce Roy V. Peel	8-20-52	Jan. 1, 1920
Class* B	Date of Birth: 7 yrs old	Birth Place: Idaho	Full Name of Mother: Lily Deaton	Name of Father: Albert B. Deaton
SUPPORTING RECORD 2.	School record	Joint Class "A" School Dist. No. 150 by Ezra H. Moore, Superintendent	6/28/52	Entered High Sch. Sept. 1928
Class B	Date of Birth: Mar. 11, 1913	Birth Place: Soda Springs,	Full Name of Mother:	Name of Father: A. B. Deaton
SUPPORTING RECORD 3.	Application for insurance	Modern Woodmen of America Witnessed by H. R. Jones	Date Issued:	Date Orig. Entry: June 3, 1929
Class B	Date of Birth: Mar. 11, 1913	Birth Place: Soda Springs	Full Name of Mother: Lillie O. Deaton	Name of Father: Albert B. Deaton

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Nov. 3, 1952

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 4 1952

653-207-025255

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De53-4
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County IDAHO (b) City KAMIAH
   (c) Street Address or R.F.D. No. I
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county ~~31~~ years 10 months 20 days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State IDAHO (b) County IDAHO
   (c) City KAMIAH
   (d) Street Address or R.F.D. No. I
   (e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. **RESIDENCE OF FATHER** (city, state) KAMIAH, IDAHO

4. **FULL NAME OF CHILD** LUELLA MARIE OETKEN

5. Date of Birth of Child (Month, day, year) OCTOBER 7, 1913

6 Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** EDWARD OETKEN
11. Color or Race WHITE
12. Age at time of THIS birth 29 yrs.
13. Birthplace MILFORD, NEBRASKA (City or town) (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business FARMING

MOTHER OF CHILD

16. **FULL MAIDEN NAME** GRACE ANNA BEENDERS
17. Color or Race WHITE
18. Age at time of THIS birth 31 yrs.
19. Birthplace MILFORD, NEBRASKA (City or town) (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business HOME

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Oregon
County of Deschutes } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the FATHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 68 years of age, that I have known this person for 38 years, and that MRS. MAUDE HOLLINGSHEAD (First name) (Last name), who attended this birth IS NOW DECEASED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Edward Oetken Signature
1345 Davenport Bend Oregon Address

Subscribed and sworn to before me this 2 day of Jan, 1953
(SEAL) [signature], Notary Public, residing at Bend Ore
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Notary Public for Oregon
My Commission Expires [illegible]

Received for filing on Jan. 7, 1953 by W. W. Benson, Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

Form DPH-51130

JAN 8 1953

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

415-126-010-415

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 137
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Lester Davis
2. Date of Birth (month) Nov. (day) 26 (year) 1913
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Bonneville; b. City or Town of Birth: Iona

FATHER

6. Full Name of Father: Thomas Wright Davis
7. State or Country of Father's Birth: Cardie-Wales

MOTHER

8. Full Maiden Name of Mother: Mary Ann Bertram Davis
9. State or Country of Mother's Birth: Sheldon - Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas Lester Davis
11. Present Address of Registrant: Iona, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 24 1953
12. Signature of Notary: C. R. Crowley
13. Notary Commission expires: Feb. 3rd 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record of family births	Bible and copy of record examined by C. R. Crowley, Notary Public	2/6/53	Nov. 26, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 26, 1913			

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Mary Ann Bertram Davis	1/24/53	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 26, 1913	South of Iona, Bonneville, Co.	Mary Ann Bertram Davis	

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 10, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Reg. No.

Reg. Dist. No.

Department of [illegible]
Division of Vital [illegible]
Boise, Idaho

REGISTRAR	1. Registrant's Full Name of Birth: Thomas Lester Davis	2. Date of Birth (month) (day) (year) [illegible]
Person whose birth is being registered	3. Color or Race: [illegible]	4. Sex: [illegible] Place of Birth: [illegible]
		5. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: Thomas Wright Davis	7. State or Country of Father's Birth: CARDIE - [illegible]
MOTHER	8. Full Maiden Name of Mother: Mary Ann Bertram Davis	9. State or Country of Mother's Birth: Shel Dott - Illinois
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]		By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Nov. 26, 1913
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					
SUPPORTING RECORD 2	Type of Document: [illegible]		By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					
SUPPORTING RECORD 3	Type of Document: [illegible]		By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Class					
CERTIFYING [illegible]					

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Rene Hamilton	Feb. 16, 1953

*Class 1 Records are those made and dated before the registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday but are at least [illegible].

FORM DPH [illegible]

159-214-039-692

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-164
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Danalda Lorena Jerke		2. Date Of Birth (month) April (day) 14 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: Near American Falls
FATHER	6. Full Name of Father: Friederich Jerke		7. State or Country of Father's Birth: McIntosh County, North Dakota
MOTHER	8. Full Maiden Name of Mother: Dora Fischer		9. State or Country of Mother's Birth: South Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Danalda Lorena Miller	11. Present Address of Registrant: Fredonia, North Dakota
NOTARY (Seal)	Subscribed and sworn to before me on: January 28 1953	12. Signature of Notary: Eleanor Behrendt	13. Notary Commission expires: 5-20 1955

Notary Public, Yellowstone County, State of Montana.

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: viewed by N. M. Anderson Family Bible, Judge, County	Date issued: Court	Date Orig. Entry: Apr. 14, 1913
Class* A	Date of Birth: Apr. 14, 1913,	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: School Record		By whom issued and signed: Sup't of Schools LaMoure County, N. Dakota Dakota	Date issued:	Date Orig. Entry: June 1933
Class B	Date of Birth: Apr. 14, 1913	Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt		By whom issued and signed: Helen Mayer	Date issued: 2-16-52	Date Orig. Entry:
Class B	Date of Birth: April 1913	Birth Place: Near American Falls, Idaho	Full Name of Mother: Dora Fischer	Name of Father: Friederich	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Feeder	Feb. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

FEB 17 1953

REGISTRARS (Person, Name, Birth Laboratory, Registered)

1. Name of Birth [illegible]

2. Date of Birth (month) April (day) 14 (year) 1913

3. Color or Race [illegible] 4. Sex Female

5. Place of Birth (County) Power

Quality or Town of Birth Near American Falls

FATHER

6. Full Name of Father [illegible]

7. State or Country of Father's Birth McIntosh County, North Dakota

MOTHER

8. Full Maiden Name of Mother [illegible]

9. State or Country of Mother's Birth South Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant [illegible]

11. Present Address of Registrant Fredonia, North Dakota

NOTARY (Seal)

Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary [illegible]

13. Notary Commission expires [illegible] 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Bible Record

By whom issued and signed: [illegible] Family Bible, Judge, County Court

Date Issued: Apr. 14, 1913

Date of Birth: Apr. 14, 1913

Birth Place

Full Name of Mother

Name of Father

Class A

SUPPORTING RECORD 2.

Type of Document: School Record

By whom issued and signed: Court of Schools, Lacure County, N. Dakota Dakota

Date Issued: June 1933

Date of Birth: Apr. 14, 1913

Birth Place

Full Name of Mother

Name of Father

Class B

SUPPORTING RECORD 3.

Type of Document: Affidavit by aunt

By whom issued and signed: Glen Mayer

Date Issued: 2-10-[illegible]

Date Orig. Entry

Date of Birth: April 1913

Birth Place: Near American Falls, [illegible]

Full Name of Mother

Name of Father: [illegible]

Class B

QUALIFIED INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]

Evidence reviewed by: [illegible]

Date Filed: Feb. 16, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but prior to [illegible] years old.

Form [illegible]

313-125-026-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 426
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmo Josiah Call
2. Date of Birth (month) (day) (year): Jan. 25 1893
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Jefferson
b. City or Town of Birth: Rigby

FATHER

6. Full Name of Father: Josiah Call
7. State or Country of Father's Birth: Boulder Co. Utah

MOTHER

8. Full Maiden Name of Mother: Dove Facer
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmo Josiah Call
11. Present Address of Registrant: Moscow, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 14. 1953
12. Signature of Notary: O.W. Schroeder
13. Notary Commission expires: Nov. 17. 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge	United States Army	Feb. 6, 1919	Enlisted on Nov. 19, 1917

Date of Birth	Birth Place	Full Name of Mother	Name of Father
when enlisted 24 yrs old	Rigby, Idaho		

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record of Baptism	L. D. S. Church, James A. Parker Bishop	3/19/53	Baptized on March 31, 1901

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 25, 1893	Rigby, Idaho	Dove Facer Call	Josiah Call

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for insurance	The Northwestern Mutual Life Insurance Company, Milwaukee	10/26/25	Oct. 26, 1925

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 25, 1893	Rigby, Idaho		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 27, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Department of Health
Division of Vital Statistics
Boise, Idaho

APR 2[illegible]

REGISTRARY	1. Full Name at Birth	2. Date of Birth (month) (day) (year)	
Person whose Birth is being registered	3. Color or Race	4. Sex	5. Place of Birth
	6. Full Name of Father	7. Date of Birth	8. Place of Father's Birth
MOTHER	9. Full Maiden Name of Mother	10. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Honorable Discharge	United States Navy	Feb. 6, 1910	Registered on Nov. 18, 1917
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]			
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Church Record of Baptism	[illegible]		March 31, 1919
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	Jan. 25, 1893 [illegible]	[illegible]	[illegible]	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Application for Insurance	The Northwestern Mutual Life Insurance Company, Milwaukee	[illegible]	Feb. 26, 1925
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	[illegible] 1893 [illegible]			
QUALIFIED INFORMATION				

REGISTRAR'S CERTIFICATION (SEAL)

I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that documents or evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Office Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	April 27, 1923

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

289-108-035-715

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-436
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rolly Claude Shipley
2. Date of Birth (month) (day) (year): March 8, 1913
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Idaho Nez Perce
b. City or Town of Birth: Culdesac

FATHER

6. Full Name of Father: Claude Leonard Shipley
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Lillie Gans
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rolly Claude Shipley
11. Present Address of Registrant: Route 4, Nampa, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 21 1953
12. Signature of Notary: Mary Schmitt
13. Notary Commission expires: Feb. 10 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by attendant at birth	Irene Quinby	Apr. 24, 1953	
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
March 8, 1913, Culdesac, Idaho	Lillie Gans	Claude Leonard Shipley	

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Record	Family		Mch 8, 1913
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Mch. 8, 1913,			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Claude Leonard Shipley	Apr. 21, 1953	
Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
Mch 8, 1913, Culdesac, Idaho	Lillie Gans Shipley		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Apr. 29, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT	1. Registrant's Full Name of Birth: Bolly Claude Shipley	2. Date of Birth: March 8, 1913
	3. Sex: white	4. Sex: male
	5. Place of Birth (County): Nez Perce	Ability or Town of Birth: Culdesac
FATHER	6. Full Name of Father: Claude Leonard Shipley	7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Lillie Gans	9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bolly Claude Shipley
		11. Present Address of Registrant: Route 4, Nampa, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1953	12. Signature of Notary: [illegible]
		13. Notary Commission expires: Feb. 10 1957

APPLICANT — CO NOT [illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by attendant at birth	By whom issued and signed: Irene [illegible]	Date Issued: Apr. 24, 1953
	Date of Birth: March 8, 1913	Full Name of Mother: [illegible]	Name of Father: [illegible] Shipley
SUPPORTING RECORD 2	Type of Document: Family Record	By whom issued and signed: [illegible]	Date Issued: Aug 6, 1953
	Date of Birth: Mch. 8, 1913	Full Name of Mother: [illegible]	Name of Father:
SUPPORTING RECORD 3	Type of Document: Affidavit by father	By whom issued and signed: Claude Leonard Shipley	Date Issued: Apr. 21, 1953
	Date of Birth: Mch 8, 1913	Full Name of Mother: Lillie Gans Shipley	Name of Father:

QUALIFYING INFORMATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson	Evidence Officer: [illegible]	Date Filed: Nov. 29, 1953

Class 1 Records are those made and dated before the Registrar's Court Birthday.
Class 2 Records are those made after the fourth Birthday, [illegible] Class 3 Records are [illegible]

597-207-005-751

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-448
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY GEORGIANNA NIXON — Mary Georgianna Nixon	2. Date Of Birth (month) Sept. (day) 7 (year) 1913
	3. Color or Race:	4. Sex: Fem
	5. Place of Birth a. County: Farm Benewah	b. City or Town of Birth: NEAR TENSED IDAHO
FATHER	6. Full Name of Father: Albert Ward Nixon	7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Esther Peavy	9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Ross Crabb
		11. Present Address of Registrant: Tekoa, Wn. Star Route
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 9 1953	12. Signature of Notary: John A. Denco
		13. Notary Commission expires: Sept. 20 1953

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Albert W. Nixon	Date issued: Feb. 9, 1953	Date Orig. Entry:
Class* B	Date of Birth: Sept. 7, 1913, Birth Place: Tensed, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Esther Nixon	Date issued: Feb. 9, 1953	Date Orig. Entry:
Class B	Date of Birth: Sept. 7, 1913, Birth Place: Tensed, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: Sacred Heart Mission DeSmet, Idaho	Date issued: Baptized	Date Orig. Entry: Oct. 5, 1913
Class A	Date of Birth: Sept. 7, 1913, Birth Place: Coeur d'Alene	Full Name of Mother: Reservation, Esther Peavy	Name of Father: Albert Nixon	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mary Fielder	May 1, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Date Filed

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Persons whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (B, Sex)	4. Place of Birth (Birth)
		5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	Hereby certify upon oath that the [illegible] are true to the [illegible]	10. Signature of Registrant	11. Present Address of Registrant
NOTARY (Seal)	Subscribed [illegible]	12. Signature of Notary	13. Notary Commission expires

MAY 1 1953

APPLICATE DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Father	By whom issued and signed: [illegible]	Date Issued: Feb. 9, 1953
	Date of Birth: Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Feb. 9, 1953
	Date of Birth: Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document: Baptismal [illegible]	By whom issued and signed: [illegible]	Date Issued: Baptized Oct. 5, 1911
	Date of Birth: Birth Place	Full Name of Mother	Name of Father
	Sept. 7, 1912, [illegible]	[illegible]	Albert Nixon
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior [illegible] certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	By whom reviewed by: [illegible]	Date Filed: May 1, 1953

*Class A Records are those made and filed before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

413-223-040-462

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-505
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Irene Macki		2. Date of Birth (month) (day) (year): Sept 23 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Enaville, Idaho
FATHER	6. Full Name of Father: Jack Emil Macki		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Helma Maria Doktor		9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Arthur Jokela	11. Present Address of Registrant: 1408 Sanford
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1953	12. Signature of Notary: Clara D Randolph	13. Notary Commission expires: May 19 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: County Board of Education	Date Issued: Census of 1921	Date Orig. Entry
Class* B	Date of Birth: 8yrs old; Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life	Date Issued	Date Orig. Entry: Jan. 14, 1929
Class B	Date of Birth: 16 yrs old; Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Insurace Policy	By whom issued and signed: Metropolitan Life	Date Issued	Date Orig. Entry: May 18, 1931
Class B	Date of Birth: 18 yrs old; Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel H. Freeburn	May 19, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAY 19 1953

REGISTRANT (Person Whose Birth Is Being Registered)

1. Registrant's Full Name at Birth
2. Date of Birth (month) (day) (year) 25 1913
3. Color or Race
4. Sex
5. Place of Birth (County)
6. Duty or Cost of Birth

FATHER

6. Full Name of Father
7. State or Country of Father's Birth

MOTHER

8. Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

10. Before Declare under oath that the above statements are true to the best of my knowledge and belief.
11. Signature of Registrant
12. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on 19 [illegible]
12. Signature of Notary
13. Notary Commission expires 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	[illegible]	Census of 1921	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]			

Class

RECORD B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	[illegible]		[illegible]

Date of Birth	Birth Place	Full Name of Mother	Name of Father
15 yrs old	Idaho		

Class

RECORD C

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	[illegible]		May 13, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Idaho		

Class

QUALIFICATION PRESENTATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. [illegible]	[illegible]	May 19, 1953

*Class A Records are those made and [illegible] Fourth Birthday.
Class B Records are those made [illegible] and are at least 5 years old.

386210-028-343

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53 512
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Agnes May Thomas			2. Date of Birth (month) Oct. (day) 10 (year) 1913
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Coeur d'Alene, Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Ray E. Thomas			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Ethel Leona Culler			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Agnes May Thomas		11. Present Address of Registrant: 809 Front, Coeur d'Alene
NOTARY (Seal)	Subscribed and sworn to before me on: 4th of May 19 53	12. Signature of Notary: M E Trenbeath		13. Notary Commission expires: 12/1/53 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A *	Type of Document: * (See Below) Attending Physician's record	By whom issued and signed		Date Issued	Date Orig. Entry
	Date of Birth: Oct. 10. 1913	Birth Place: Coeur d'Alene	Full Name of Mother: Ethel L. Culler	Name of Father: Ray E. Thomas	
SUPPORTING RECORD 2. Class	Type of Document: Over Records	By whom issued and signed		Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Kootenai School Census Record By,	By whom issued and signed: County Board of Education, by Annabelle Iverson, Supt.		Date Issued: May 12, 1953 May 14, 53	Date Orig. Entry: Sept. 26, 1922
	Date of Birth: 8 yrs old	Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION Class A*	* Agnes May Thomas born before registration I was the Attnd. Physician Reviewed by J. M. Elliott M.D				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton		Date Filed: May 21, 1953	

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

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Form DPH 49067

DECEASED

317-225-28-899

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-545
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Mary Carlton
2. Date of Birth: (month) Dec. (day) 25, (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: ~~Spirit Lake~~ Spirit Lake Idaho

FATHER

6. Full Name of Father: Roy Winchell Carlton
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Jessie Estelle Hirse
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth C. Scott
11. Present Address of Registrant: 940 Buchanan St. Corvallis, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: May 28 1953
12. Signature of Notary: E. H. Bailey
13. Notary Commission expires: Feb. 14 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Cradle Roll Certificate	United Presbyterian Bible School		Oct. 22, 1914
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Dec. 25, 1913,			
SUPPORTING RECORD 2. Class B	School Census	County Board of Education Kootenai County	census of	Sept. 23, 1920
	6 yrs old			
SUPPORTING RECORD 3. Class B	Affidavit by father & mother	Roy Winchell Carlton Jessie Estelle Carlton	May 19, 1953	
	Dec. 25, 1913, Spirit Lake, Idaho	as above		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Melvin Fielder	June 1, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IOWA

FEB 28 1991

DELAYED

466-204-022-796

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 11 1953

DIVISION OF VITAL STATISTICS

State File No. De53 866
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Uffelman			2. Date Of Birth (month) July (day) 4th (year) 1913	
	3. Color or Race: A-W	4. Sex: Female	5. Place of Birth a. County: Idaho Fremont	b. City or Town of Birth: St. Anthony	
FATHER	6. Full Name of Father: Geo Jacob Uffelman			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Katherine Propp			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lydia Barrett	11. Present Address of Registrant: Yakima Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: July 20th 1953		12. Signature of Notary: J. C. Parsons	13. Notary Commission expires: July 10, 1954 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: F. Brennecke, Pastor	Date Issued: Baptized	Date Orig. Entry: July 20, 1913
Class* A	Date of Birth: July 4, 1913	Birth Place: Sugar City, Idaho	Full Name of Mother: Katherine Propp	Name of Father: Geo. Jacob Uffelman	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Jacob Uffelman	Date Issued: 9/2/53	Date Orig. Entry:
Class B	Date of Birth: July 4, 1913	Birth Place: Fremont County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 11, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DIVISION OF VITAL STATISTICS

RECEIVED SEP 11 1952

DEPARTMENT OF PUBLIC HEALTH

STATE OF CALIFORNIA

CERTIFICATE OF BIRTH

STATE FILE NO.

1. Name of child (If not born in hospital, give street address or location)

2. Date of birth

3. Sex

4. Place of birth

5. Name of Father

6. Maiden name of Mother

7. Birthplace of Father

8. Birthplace of Mother

9. Name and address of person reporting birth

10. Date accepted for registration

11. Signature of Registrar

12. Date signed

13. Number of this certificate

I hereby certify that a live birth occurred on the date stated above, at the place specified, and to the parents named.

14. Signature of Attending Physician or Midwife

15. Address

16. Date signed

17. Name of Hospital or Institution

18. Address

19. Date admitted

20. Length of residence in hospital or institution

21. Usual residence of mother: (Street address, city or town, county, state)

22. Length of residence at usual residence

23. Was mother married, widowed, or divorced?

24. Date of marriage

25. Total number children born to this mother including present birth

26. Number children now living including this birth

27. Number other children dead

28. Was birth legitimate?

29. Color or race

30. Age of father at last birthday

31. Age of mother at last birthday

32. Occupation of father (Kind of work done during most of working life, even if retired)

33. Industry or business

34. Occupation of mother (Kind of work done during most of working life, even if retired)

35. Industry or business

36. Number of previous stillbirths

37. Number of previous live births now dead

38. Number of previous live births now living

39. Was any physician or midwife in attendance during pregnancy?

40. Number of prenatal visits

41. Date of first prenatal visit

42. Date of last prenatal visit

43. Was baby living at 24 hours?

44. If baby died before 24 hours, specify hours, days, or months

45. Was baby born dead?

46. Was baby breathing normally at birth?

47. Was baby injured at birth?

48. Was baby born out of wedlock?

49. Was baby born in hospital?

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855-128
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Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De53-912
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Glendle
b. (Middle): Dorus
c. (Last): Hendricks

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [X] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) 28 (Year) 1948

FATHER OF CHILD

7. FULL NAME
a. (First): Oral
b. (Middle): Dorus
c. (Last): Hendricks

8. COLOR OR RACE: White

9. AGE (At time of this birth): 20 YEARS

10. BIRTHPLACE (State or foreign country) (City or town): Deseret Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Leona
b. (Middle): Jones
c. (Last): Davis

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or town): Milford Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? None
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E L Davis
18c. ADDRESS: Ashton Idaho

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED: Sept 10 1953

19. DATE REC'D BY LOCAL REG.: Sept. 28, 1953

20. REGISTRAR'S SIGNATURE: W. W. Benson

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS:

22b. WEIGHT AT BIRTH LBS. OZS.:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work) SEP 28 1953

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

349-127-018-349

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. D53-913
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wallace Elmer Currin
2. Date of Birth: (month) May (day) 27 (year) 1913
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County CLEARWATER; b. City or Town of Birth WEIPPE

FATHER

6. Full Name of Father: John Henry Currin
7. State or Country of Father's Birth: Oregon Feb 27, 1859

MOTHER

8. Full Maiden Name of Mother: Julia Belle Currin
9. State or Country of Mother's Birth: Kansas June 7, 1876

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wallace Currin
11. Present Address of Registrant: 439 6th St Clarkston, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on Aug 25 1953

12. Signature of Notary: Opa M. Davis
13. Notary Commission expires: 2-15 1955

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Midwife who attended birth	Hattie Campbell	8/25/53	May 27, 1913
Class* A	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 27, 1913 Weippe, Idaho	Julia Belle Currin	John Henry Currin	
SUPPORTING RECORD 2.	Insurance Policy	Equitable Life Insurance Co.	Sept. 23, 1953	
Class B	May 27, 1953, Weippe, Idaho			
SUPPORTING RECORD 3.	School Record	Charles Francis Adams High School, Clarkston, Idaho	Sept. 23, 1953	
Class B	May 27, 1913, Weippe, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Sept. 28, 1953

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECEASED

993-22-016-843

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JAN 25 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 54-50
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilla Kathryn Rice		2. Date of Birth (month) Jan. (day) 21 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: Cassia; b. City or Town of Birth: Malta
FATHER	6. Full Name of Father: Roscoe Sherman Rice		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Agnes Hutchison Rice		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hilla Rice Stapleton	11. Present Address of Registrant: Nezperce, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 25, 1953	12. Signature of Notary: Fred A. Vogel	13. Notary Commission expires: Oct. 3, 1953

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Roscoe S. Rice	Date Issued: June 29, 1953	Date Orig. Entry
Class* B	Date of Birth / Birth Place: Jan. 21, 1913, Malta, Idaho	Full Name of Mother: Agnes Hutchinson	Name of Father: Roscoe S. Rice	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Agnes Rice	Date Issued: June 29, 1953	Date Orig. Entry
Class B	Date of Birth / Birth Place: Jan. 21, 1913, Malta, Idaho	Full Name of Mother: Agnes Hutchison	Name of Father: Roscoe Sherman Rice	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: 1-7-46	Date Orig. Entry
Class B	Date of Birth / Birth Place: Jan. 21, 1913, Malta, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mary H. Feder	1-25-54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 14 1954

JAN 26 1954

Department of Public Health
Division of Vital Statistics

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

(Person whose birth is being registered)

1. Birth: Jan. 21, 1913
2. Color: Race
3. Sex: Female
4. Place of Birth: Idaho
5. County: Blaine
6. City or Town of Birth: Malta

FATHER

7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: Idaho

MOTHER

9. Full Maiden Name of Mother: Agnes Hutchison
10. State or Country of Mother's Birth: Idaho

CERTIFICATE

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

11. Present Address of Registrant: Malta

NOTARY

Subscribed and sworn to before me on [illegible] 19[illegible]

12. Signature of Notary

13. Notary Commission expires [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1	Affidavit by father	Roscoe S. Rice	June 25, 1953	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Jan. 21, 1913, Malta, Idaho	Agnes Hutchison	Roscoe S. Rice	
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by mother	Agnes Rice	June 25, 1953	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Jan. 21, 1913, Malta, Idaho	Agnes Hutchison	Roscoe Sherman Rice	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class B	Jan. 21, 1913, Malta,			
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATE (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Date Registrar | Evidence reviewed by | Date Filed

234-209-001-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JAN 7 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-65
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mildred Scharlott Stuart
2. Date of Birth: (month) March (day) 9 (year) 1913
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth: a. County: N. 19th St Ada
b. City or Town of Birth: Boise Idaho U.S.A.

FATHER

6. Full Name of Father: Henry Claude Stuart
7. State or Country of Father's Birth: Missouri U.S.A.

MOTHER

8. Full Maiden Name of Mother: Cynthia Amanda Smith
9. State or Country of Mother's Birth: Idaho Falls Idaho U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mildred S. Stowell
11. Present Address of Registrant: East Springfield N.Y.

NOTARY (Seal)

Subscribed and sworn to before me on January 5th 1954

12. Signature of Notary: Wm. C. Geo
NOTARY PUBLIC IN THE STATE OF NEW YORK
HERKIMER COUNTY NOTARY PUBLIC No. 18
COMMISSION EXPIRES MARCH 30, 1955

13. Notary Commission Expires 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Life Insurance Policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 9/20/15	Date Orig. Entry: 9/20/15
	Date of Birth: Three years of age next birthday	Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit		By whom issued and signed: N. S. Smith, uncle	Date Issued: 1/28/54	Date Orig. Entry:
	Date of Birth: 3/9/13	Birth Place: Boise, Idaho	Full Name of Mother: Cynthia Amanda Smith	Name of Father: Henry Claude Stuart	
SUPPORTING RECORD 3. Class	Type of Document:		By whom issued and signed:	Date Issued:	Date Orig. Entry:
	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Opal Peterson	1/29/54

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Health
Division of Vital Statistics
Boise, Idaho

State Fire No. _____
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth (a) County (b) City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Fatherse Birth	
MOTHER	8. Maiden Name of Mother	9. State or Country of Mothers Birth	
AFFIDAVIT	I, [illegible] upon oath that the [illegible] are true to the [illegible] and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	[illegible] sworn to before me on [illegible] 19 [illegible]	12. Signature of Notary	13. [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Life Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 9/30/[illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
	Age next birthday			
SUPPORTING RECORD 2.	Type of Document: Affidavit	By whom issued and signed: [illegible] S. Smith, uncle	Date Issued: 1/[illegible]	
	Date of Birth: Birth Place	Full Name of Mother: [illegible] Amanda Smith	Name of Father: Henry [illegible]	
Class B	[illegible]			
SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Recall): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible] W. [illegible]	Opal Peterson	1/29/[illegible]

Class A Records [illegible]
Class B Records [illegible]

55-6-153-039-465

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
NOV 23 1953
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 131
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: PAUL NEWMAN			2. Date of Birth (month) MARCH (day) 22 (year) 1913
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth: AMERICAN FALLS Power Idaho	b. City or Town of Birth: AMERICAN FALLS Ida.
FATHER	6. Full Name of Father: MORGAN NEWMAN			7. State or Country of Father's Birth: LAWTON KY. Floyd Co.
MOTHER	8. Full Maiden Name of Mother: JANE JONES			9. State or Country of Mother's Birth: JACOBS KY. CARTER CO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Newman		11. Present Address of Registrant: Clark Fork Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 19, 1953	12. Signature of Notary: Clarence Reed		13. Notary Commission expires: June 17, 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census record	By whom issued and signed: M. Claire Howe, Supt. of Schools Pend'Oreille County Census Rec.	Date Issued: Census December 16, 1953	Date Orig. Entry: of May 1921
Class* B	Date of Birth: Mar. 22, 1913	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued:	Date Orig. Entry: Separation date July 20, 1947
Class B	Date of Birth: Mar. 22, 1913	Birth Place: American Falls, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: 2/4/54	Date Orig. Entry: Census of Jan. 1, 1900
Class B	Date of Birth: 6 yrs old	Birth Place: Idaho	Full Name of Mother: Jane and	Name of Father: Morgan Newman
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Feb. 17, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 18 1954

389-11-009-386

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
MAR 29 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 237
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lloyd Oscar Christeson			2. Date of Birth (month) February (day) 11 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint	
FATHER	6. Full Name of Father: Elijah Carl Christeson			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Bertha Alice Lyons			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lloyd O. Christeson	11. Present Address of Registrant: No. 2705 Stone Spokane, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 27, 1954		12. Signature of Notary: Howard J. Christeson	13. Notary Commission expires: March 10 1954	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Springdale Consolidated Schools Ralph W. Pugh, Supt, Dist. 192	Date Issued: 9/25/51	Date Orig. Entry: School Census of 1919	
Class* B	Date of Birth: Feb. 11, 1913	Birth Place: Sandpoint, Idaho	Full Name of Mother: Bertha Lyons Christeson	Name of Father: E. C. Christeson	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Northwestern Life Ins. Co.	Date Issued:	Date Orig. Entry: Feb. 6, 1946	
Class B	Date of Birth: Feb. 11, 1913	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Employment record	By whom issued and signed: General Services Administration Federal Records Center, St. Louis, Mo.	Date Issued:	Date Orig. Entry: Sept. 29, 1942	
Class B	Date of Birth: Feb. 11, 1913	Birth Place: Sandpoint, Idaho	Full Name of Mother: Bertha Alice Lyons	Name of Father: Elijah Carl Christeson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Edna Hamilton	Date Filed: Mar. 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
MAR 29 1954

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF VITAL STATISTICS

APPLICATION FOR CERTIFICATE OF BIRTH

REGISTRAR'S NO. _____ STATE FILE NO. _____

1. Name of child: (First) Marilyn (Middle) Alice (Last) Lyons

2. Date of birth: (Month) February (Day) 21 (Year) 1913

3. Place of birth: (City) Boise (County) Ada

4. Sex: Female

5. Color or race: White

6. Full name of father: Ralph Orval Christensen

7. Birthplace of father: Idaho

8. Full maiden name of mother: Zella Irene Lyons

9. Birthplace of mother: Idaho

10. Present address of applicant: 2705 Stone Spokane, Wash.

11. Relationship of applicant to child: Mother

12. Signature of applicant: Zella Irene Christensen

13. Address of applicant: 2705 Stone Spokane, Wash.

14. Subscribed and sworn to before me on: February 25, 1954

15. Notary Commission expires: March 10, 1954

O. K. [illegible]

Date of Issue: Mar. 30, 1954

Date Filed

Issued by: [illegible]

Validated reviewed by: Ira Hamilton

Mar. 30, 1954

Date issued

Date Reg. Dist. Num.

Name of Father

Name of Mother

Date of Birth Birth Place

Feb. 21, 1913 Boise

Type of Business: Housewife

Usual Occupation of Father: Salesman

Usual Occupation of Mother: Housewife

Color or Race: White

Number of Children Previously Born to This Mother: 2

Number of Children Now Living: 2

Number of Children Born Alive but Now Dead: 0

Date Last Child Born Alive or Still Born: Feb. 21, 1913

Date Last Child Died: Feb. 21, 1913

Date Married: Feb. 8, 1909

Married Where: Boise, Ada, Idaho

Married How Long: 45 years

Married Ages: 10

Married Years: 45

Married Months: 10

Married Days: 21

Married Hours: 0

Married Minutes: 0

Married Seconds: 0

Married Milliseconds: 0

Married Microseconds: 0

Married Nanoseconds: 0

Married Picoseconds: 0

Married Femtoseconds: 0

Married Attoseconds: 0

Married Zeptoseconds: 0

Married Yoctoseconds: 0

Married Rontoseconds: 0

Married Quectoseconds: 0

Married Quettaseconds: 0

Married Ronnaseconds: 0

Married Yottaseconds: 0

Married Zettaseconds: 0

Married Exaseconds: 0

Married Petaseconds: 0

Married Teraseconds: 0

Married Gigaseconds: 0

Married Megaseconds: 0

Married Kiloseconds: 0

Married Hectoseconds: 0

Married Decaseconds: 0

Married Deciseconds: 0

Married Centise

38-122-016 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

APR 5 - 1954

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-273
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: GEORGE SCHAUB			2. Date Of Birth (month) Nov (day) 23 (year) 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Yale, Idaho
FATHER	6. Full Name of Father: Henry Schaub			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Katherine Schaub			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Schaub		11. Present Address of Registrant: Lyman, Nebraska R2
NOTARY (Seal)	Subscribed and sworn to before me on: April 3d 19 54	12. Signature of Notary: J. T. Dimmel		13. Notary Commission expires: Sept. 25, 1959 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage License	By whom issued and signed: Morrill County State of Nebraska		Date Issued: Feb. 27, 1937	Date Orig. Entry
Class* B	Date of Birth: 23 yrs old	Birth Place: Yale, Idaho	Full Name of Mother: Katherine Schaub	Name of Father: Henry Schaub	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Union National Life Insurance Company		Date Issued: 3-28-46	Date Orig. Entry
Class B	Date of Birth: Nov. 23, 1913	Birth Place: Yale, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Superintendent of Public Instruction, Gering, Nebraska		Date Issued: entered	Date Orig. Entry: July 1924
Class B	Date of Birth: Nov. 23, 1913	Birth Place: Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: W. W. Benson	Date Filed: April 5, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 6 1954

666-226-003 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

MAR 19 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-280
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Louise Woffington

2. Date of Birth (month) January (day) 26 (year) 1913

3. Color or Race: White

4. Sex: female

5. Place of Birth a. County: Bannock

b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: John Spriggs Woffington

7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Willie Myers

9. State or Country of Mother's Birth: Kentucky

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida Louise Schoenweather (Mrs. Kenneth W. Schoenweather)

11. Present Address of Registrant: 1121 Dean Avenue San Jose California

NOTARY (Seal)

Subscribed and sworn to before me on March 17 1954 - Santa Clara County

12. Signature of Notary: Elaine Knudtson

13. Notary Commission expires: My commission expires Jan 25, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Mrs. Willie Woffington	March 16,	1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1913	Pocatello, Idaho		

Class* B

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Father	Mr. John Spriggs Woffington	March 16,	1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1913			

Class B

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employment Record	H & L Block Company San Francisco, Calif.	employed	1937--1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1913,	Pocatello, Idaho		

Class B

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fieldon	Apr. 6, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Local Reg. No. _____

Reg. Dist. No. _____

APR 18 1954

APR 6 1954

REGISTRANT

1. Name of Child (Person whose birth is being registered)

2. Date of Birth (month) (day) (year)

3. Color or Race (a) Sex (b) Place of Birth (c) County (d) City or Town of Birth

FATHER

4. Full Name of Father

5. State or Country of Father's Birth

MOTHER

6. Full Maiden Name of Mother

7. State or Country of Mother's Birth

AFFIDAVIT

I hereby certify that the above statements are true to the best of my knowledge and belief.

8. Signature of Registrant

9. Present Address of Registrant

10. Signature of Notary

11. Notary Commission Expires

Subscribed and sworn to before me on _____ 19 _____

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	[illegible]			

SUPPORTING RECORD 2.	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	[illegible]	[illegible]	[illegible]	
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Jan. 23, 1913			

SUPPORTING RECORD 3.	Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
	Employment Record	[illegible] Clock Company [illegible]	[illegible]	[illegible]
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class	Jan. 20, 1917, [illegible]			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	Apr. 6, 1954

*Class A Records are those made and on file before the registrant's [illegible]

*Class B Records are those made after the [illegible] of at least [illegible] years old.

219-108-00V-583

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-291
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rulon Rao Bartschi
2. Date of Birth: (month) June (day) 8 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Idaho — a. County: Bear Lake — b. City or Town of Birth: Nounan, Idaho

FATHER

6. Full Name of Father: Charles Bartschi
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Bertha Wyler
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: R. R. Bartschi
11. Present Address of Registrant: Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 12, 1954
12. Signature of Notary: Margaret Lawrence
13. Notary Commission expires: Feb. 4, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Record	L. D. S. Church	4/8/54	Baptized on July 17, 1921
Class* B	Date of Birth / Birth Place: June 8, 1913 Nounan, Idaho	Full Name of Mother: Bertha Wyler	Name of Father: Charles Bartschi	
SUPPORTING RECORD 2.	Type of Document: No. 250893 Child's birth Certificate/	By whom issued and signed: Bureau of Vital Statistics	Date Issued: Filed on Jan. 31, 1937	Date Orig. Entry: Child born on Jan. 8, 1937
Class B	Date of Birth / Birth Place: 23 yrs old Nounan, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Application for Insurance	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: May 18, 1937	Date Orig. Entry
Class B	Date of Birth / Birth Place: June 8, 1913, Nounan, Idaho	Full Name of Mother	Name of Father	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel P. Edson
Date Filed: April 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

Local Reg. No.
Reg. Dist. No.

APR 13 1954

REGISTRANT

1. Name at Birth: Rolos Rene Bartschi
2. Date of Birth (month) (day) (year): June 8 1914
3. Color or Race: White; Sex: Male; Place of Birth: Idaho; County: Bear Lake; Town of Birth: Nounan, Idaho

FATHER

4. Full name of father: Charles Bartschi
5. State or Country of Father's Birth: Switzerland

MOTHER

6. Full Maiden Name of Mother: Bertha Ogler
7. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: Boise, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 12, 1954

12. Signature of Notary: [signature]
13. Notary Commission expires: Feb. 4, 19 56

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document: Baptismal Record
By whom issued and signed: L. D. S. Church
Date Issued: 4/8/54
Date Orig. Entry: Baptized on July 17, 1921
Date of Birth: Birth Place
Full Name of Mother
Name of Father
Class B

SUPPORTING RECORD 2

Type of Document: Child's birth Certificate/ No. 260802
By whom issued and signed: Bureau of Vital Statistics
Date Issued: Filed on Jan. 21, 1937
Date Orig. Entry: Chiln Born on Jan. 5, 1937
Date of Birth: 23 yrs old Birth Place: Nounan, Idaho
Full Name of Mother
Name of Father
Class B

SUPPORTING RECORD 3

Type of Document: Application for Insurance
By whom issued and signed: Generic Life Insurance Co. Aug 13, 1937
Date Issued
Date Orig. Entry
Date of Birth: June 3, 1913, Birth Place: Nounan, Idaho
Full Name of Mother
Name of Father
Class B

QUALIFYING INFORMATION

REGISTRAR CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Name Registrar: [signature]
Evidence reviewed by: [signature]
Date Filed: April 13, 1954

Class A-Record [illegible]
Class B-Record [illegible]

159-21-39-819

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-355
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Eulalia Perry		2. Date Of Birth (month) (day) (year): February 11, 1913
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Power; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: George Elmer Perry		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Florence Ida Hartley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna P. Thorne	11. Present Address of Registrant: Murtaugh, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary	13. Notary Commission expires _____ 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: Andrew May, Bishop L.D.S. Church at Rockland	Date Issued: May 4, 1913	Date Orig. Entry: May 4, 1913
Class* A	Date of Birth: Feb. 11, 1912	Birth Place: Rockland	Full Name of Mother: Ida Hartley	Name of Father: Elmer Perry
SUPPORTING RECORD 2.	Type of Document: Cert. of Baptism and Confirmation	By whom issued and signed: Andrew May, Bishop L.D.S. Church, Rockland	Date Issued: June 12, 1921	Date Orig. Entry: June12, 1921
Class B	Date of Birth: Feb. 11, 1912	Birth Place: Rockland	Full Name of Mother: Ida Hartley	Name of Father: Elmer Perry
SUPPORTING RECORD 3.	Type of Document: Statement of attending physician	By whom issued and signed: V. G. Logan, M.D,	Date Issued: Mar. 12, 1954	Date Orig. Entry:
Class B	Date of Birth: Feb. 11, 1913	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Opal Peterson	Date Filed: May 3, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's full name at birth		2. Date of birth (month) (day) (year)
(Person whose birth is being registered)			February 11, 1913
	3. Usual or last residence	4. Sex	5. Place of birth (county)
		Female	Power
FATHER	6. Full name of father		7. State or Country of Father's Birth
			Idaho
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
			Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
			Swanson, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires
	19		19

DO NOT WRITE BELOW THIS LINE — FOR USE OF STATE DEPARTMENT OF PUBLIC HEALTH ONLY

SUPPORTING RECORD 1.	Type of Document: Certification of Birth	MAY 3 1954	
	Date of Birth: Feb. 11, 1913	Birth Place: Rockland	
	Full Name of Mother: Ida Hartley	By whom issued and signed: Mary E. Bishop, Deputy Clerk of Rockland	Date Issued: May 3, 1913
	Name of Father: Elmer Perry		Date Orig. Entry: May 4, 1913
SUPPORTING RECORD 2.	Type of Document: Certification		
	Date of Birth: Feb. 11, 1913	Birth Place: Rockland	
	Full Name of Mother: Ida Hartley	By whom issued and signed: Audrey Mae Bishop, Deputy Clerk of Rockland	Date Issued: June 14, 1954
	Name of Father: Elmer Perry		Date Orig. Entry: June 14, 1954
SUPPORTING RECORD 3.	Type of Document: Certification		
	Date of Birth: Feb. 11, 1913	Birth Place: Rockland	
	Full Name of Mother: Ida Hartley	By whom issued and signed: V. L. Bishop, M.D.	Date Issued: Feb. 11, 1913
	Name of Father:		Date Orig. Entry: Feb. 11, 1913

QUALIFYING INFORMATION

CERTIFICATION: I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. Benson	Opal Peterson	May 3, 1954

Delay Registration — Those made and dated after the Registrar's fourth birthday but before the end of the first 8 years.
Delay Registration — Those made after the fourth birthday but before the end of the first 8 years.

365-228-009-245

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
APR 7 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JUN 4 - 1954
Division of Vital Statistics

State File No. De54- 461
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dorothy Margery Lovgren	2. Date of Birth (month) Aug. (day) 28 (year) 1913	
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: a. County Idaho Bonners	b. City or Town of Birth: Copeland	
FATHER	6. Full Name of Father: Ludvig Franz Lovgren	7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Beda Suvajarvi	9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dorothy Douglass	11. Present Address of Registrant: 886 Riverside Bend, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: April 3 1954	12. Signature of Notary: Elmer Schuhen	13. Notary Commission expires: April 4 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census	By whom issued and signed: Office of Superintendent Bend Public Schools	Date issued: census of	Date Orig. Entry: 1931
Class* B	Date of Birth: 18 yrs old; Birth Place:	Full Name of Mother:	Name of Father: Ludvig Lovgren	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Ludvig Lovgren	Date issued: Mch 17, 1954	Date Orig. Entry:
Class B	Date of Birth: Aug. 28, 1913; Birth Place: Copeland, Idaho	Full Name of Mother:	Name of Father: Ludvig Lovgren	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: State of Oregon	Date issued: 1-23-43	Date Orig. Entry:
Class B	Date of Birth: 29 yrs old; Birth Place: Copeland, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Fedon	June 4, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED

JUN 4 1954

DELAYED

815-211-009-6 53

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUN 25 1954
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-530
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Naomi Ellen Hanson		2. Date of Birth (month) May (day) 11 (year) 1913
	3. Color or Race: white	4. Sex	5. Place of Birth a. County: Sandpoint, Ida. Bonner; b. City or Town of Birth
FATHER	6. Full Name of Father: Emil Hanson		7. State or Country of Father's Birth: Neenah, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Oschgan		9. State or Country of Mother's Birth: Mosinee, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi E. Ellen Hanson	11. Present Address of Registrant: 3926 Wassaw St. Seattle, Wn.
NOTARY (Seal)	Subscribed and sworn to before me on: June 21 1954	12. Signature of Notary: Wallace R Wilson	13. Notary Commission expires: Oct 16 1957

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Bonner County Class "A" School District, Sandpoint, Idaho	Date Issued: Sept 1919	Date Orig. Entry
Class* B	Date of Birth: May 11, 1913	Birth Place	Full Name of Mother: Mrs. Mary Hanson	Name of Father
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Mary Hanson	Date Issued: June 12, 1954	Date Orig. Entry
Class B	Date of Birth: May 11, 1913, Sandpoint, Idaho	Birth Place	Full Name of Mother: Mary Hanson	Name of Father
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Emil Hanson	Date Issued: June 12, 1954	Date Orig. Entry
Class B	Date of Birth: May 11, 1913, Sandpoint, Idaho	Birth Place	Full Name of Mother	Name of Father: Emil Hanson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Helen	June 25, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

RECEIVED
JUN 25 1954

DEPARTMENT OF HEALTH
DIVISION OF HEALTH
STATE OF IDAHO

CONSTRUCT	1. Registrar's Full Name and Address	2. Date of Birth: Month / Day / Year
	Emil Allen Hanson	May 11 1913
	3. Color or Race of Sex: White	4. Place of Birth: Sandpoint, Ida. Bonner
FATHER	5. Full Name of Father: Emil Hanson	7. State or Country of Father's Birth: Neenah, Wisconsin
	6. Full Maiden Name of Mother	9. State or Country of Mother's Birth: Kosinee, Wisconsin
	10. Signature of Registrant	11. Present Address of Registrant: 3926 Wassaw St. Seattle, Wa.
	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1	Type of Document: School Record	By whom issued and signed: Bonner County Class "A" School Dist. Sandpoint, Idaho	Date Issued: Sept 1919
	Date of Birth: May 11, 1913	Full Name of Mother: Mrs. Mary Hanson	Name of Father
SUPPORTING RECORD 2	Affidavit by Mother	Mary Hanson	June 12, 1954
	Date of Birth: May 11, 1913, Sandpoint, Idaho	Full Name of Mother: Mary Hanson	Name of Father
SUPPORTING RECORD 3	Type of Document: Affidavit by Father	By whom issued and signed: Emil Hanson	Date Issued: June 12, 1954
	Date of Birth: May 11, 1913, Sandpoint, Idaho	Full Name of Mother	Name of Father: Emil Hanson
QUALIFYING INFORMATION			

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Registrar	Evidence reviewed by	Date filed
W. W. Hanson		June 25, 1954

784-225-005

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 6 - 1954
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-6905
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Lucille Phillips		2. Date Of Birth (month) July (day) 25 (year) 1913
	3. Color or Race	4. Sex	5. Place of Birth a. County: b. City or Town of Birth: Plummer Idaho.
FATHER	6. Full Name of Father: Peter Glen Phillips		7. State or Country of Father's Birth: Wis.
MOTHER	8. Full Maiden Name of Mother: Olive May Bostwick		9. State or Country of Mother's Birth: Detroit, Minn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna L. Cox	11. Present Address of Registrant: 818 E. 39th Ave.
NOTARY (Seal)	Subscribed and sworn to before me on: July 2 1954	12. Signature of Notary: M. L. Sawens	13. Notary Commission expires: 12-26 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Christening Certificate	By whom issued and signed: Rev. Erma W. Wells	Date Issued: Apr. 17, 1927	Date Orig. Entry
Class* B	Date of Birth: July 25, 1913 / Birth Place	Full Name of Mother: Olive Phillips	Name of Father: Peter G. Phillips	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Olive M. Phillips Aumack	Date Issued: July 2, 1954	Date Orig. Entry
Class B	Date of Birth: July 25, 1913, Plummer, Idaho / Birth Place	Full Name of Mother: Olive May Bostwick	Name of Father: Peter G. Phillips	
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: North Central High School Spokane 17, Washington	Date Issued: from 1-30-38 to 6-15-1932	Date Orig. Entry
Class B	Date of Birth: July 25, 1913 / Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

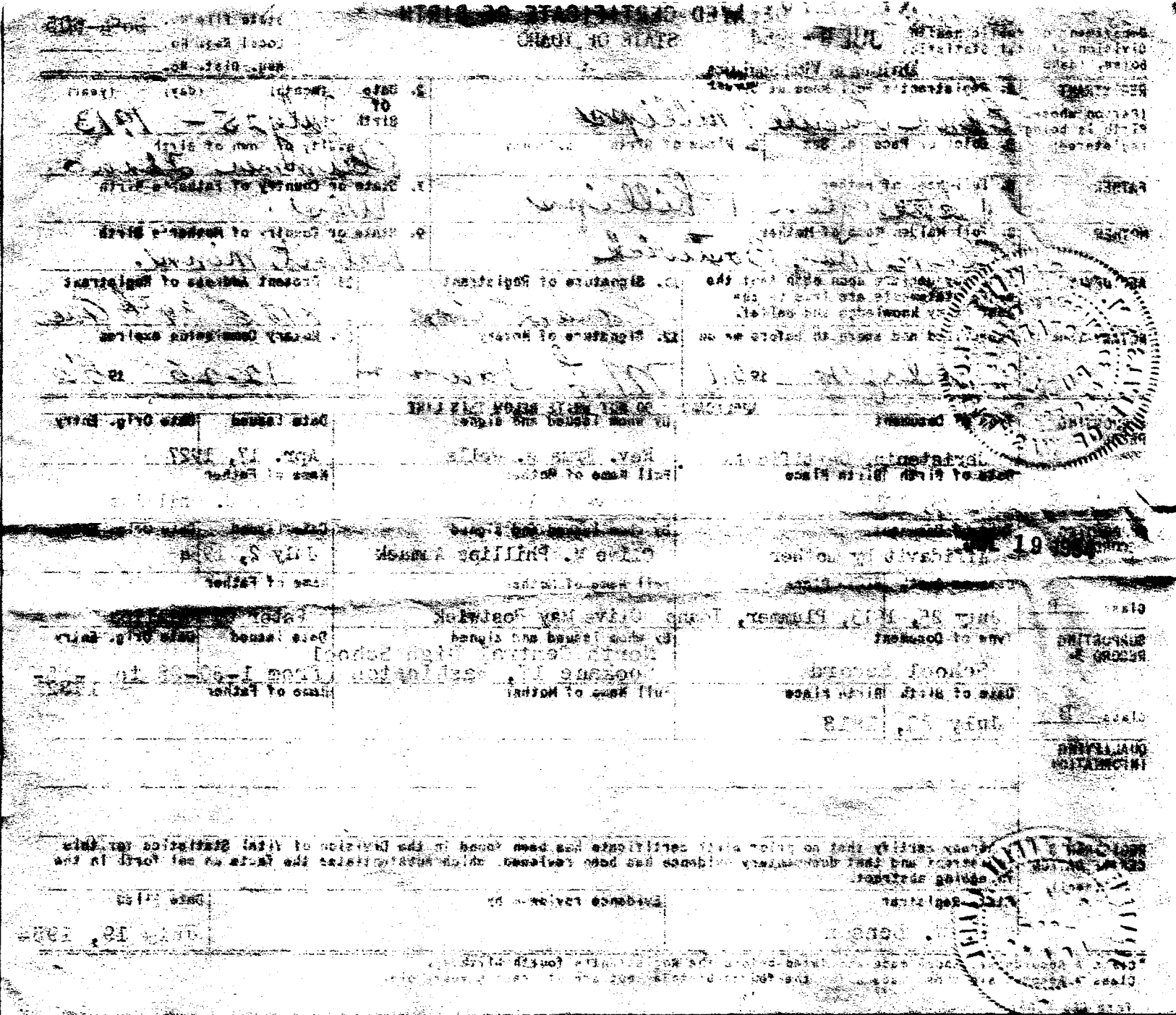
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson		July 19, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



745-127-003-719

RECEIVED
JUL 20 1954
Division of Vital Statistics

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-610
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Bannock (b) City Grace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay BEFORE delivery: In Hosp. or Mat. Home ____ days. IN THIS county 9 years ____ month ____ days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Grace,
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 51 yrs.
(f) Mother's mailing address Grace

3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Halden Parke Gunnell

5. Date of Birth (Month, day, year) 11-27-1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Archibald Baxter Gunnell
11. Color or Race Am
12. Age at time of THIS birth 36 yrs.
13. Birthplace Wellsville Utah. (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Parke
17. Color or Race Am
18. Age at time of THIS birth 35 yrs.
19. Birthplace Salt Lake City Utah (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) July 20, 1954 (Date received) (b) W. W. Benson (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's OWN signature Ellis Kay Lee M.D. (D.O., Midwife, etc.)
and address Soda Springs Date 8-6-54

State of ____ } ss.
County of ____ }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, ____, being first duly sworn, say that I am ____ (Related to (or) acquainted with) ____ (Name of person on certificate above) as ____ (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that ____ (Name of attendant at birth), who attended said birth ____ (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

____ Signature

____ P. O. Address

Subscribed and sworn to before me on this ____ day of ____, 19____

(SEAL) ____ Notary Public, residing at ____

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

JUL 21 1954

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

U. S. P. H. S.
Federal Security Agency

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De54 689
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
   (a) County Canyon (b) City Nampa
   (c) ~~Street address~~ or R.F.D. No. 1
   (d) Name of Hospital or Maternity Home: at home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County 2 years 4 months 9 days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Canyon
   (c) City Nampa
   (d) ~~Street address~~ or R.F.D. No. 1
   (e) How long has MOTHER lived in Idaho? 2 yrs.
   (f) Mother's mailing address (for registration notice): Route 1 (Street or R.F.D.) Nampa, Idaho (Postoffice)

3. **RESIDENCE OF FATHER** Route 1, Nampa, Idaho (City, State)

4. **FULL NAME OF CHILD** John Dale Gealy

5. **DATE OF BIRTH** August 9, 1913 (Month, day, year)

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 8mo.

FATHER OF CHILD

10. **FULL NAME** Fred Garfield Gealy
11. Color or Race white
12. Age at time of THIS birth 34 yrs.
13. Birthplace ..... (City or Town) Penn. (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie Elizabeth Stauffer
17. Color or Race white
18. Age at time of THIS birth 29 yrs.
19. Birthplace Correctionville, Iowa (City or Town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No no Approximate date .....
23. Name prophylactic used to prevent Ophthamia Neonatorum silver nitrate solution
24. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 1

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2:30 A.M. on the date and at the place stated above, and that personal particulars were furnished by Nellie (First name) Gealy (Last name), who is related to this child as Mother (Mother, etc.)

27. (a) Aug. 23, 1954 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** Dr. D. A. Kellogg M.D. (D.O., Midwife, etc.)
and address 107 12th Ave. So. Date 8/20/'54
Nampa, Idaho

AUG 23 1957

OCT 5 1965

JUN 4 1975

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, ~~then it shall be the duty of the~~ father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

269-120-007 355

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 698
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William McKim Borup		2. Date Of Birth (month) (day) (year): November 20, 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Manard
FATHER	6. Full Name of Father: William Thomas Borup		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Essie Idella Lee		9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William M Borup	11. Present Address of Registrant: Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1954	12. Signature of Notary: Earl C. Barnard	13. Notary Commission expires: 3-3 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 1/4/1914	Date Orig. Entry: Blessed on Jan. 4, 1914
Class* A	Date of Birth: Nov. 20, 1913 / Birth Place: Manard, Idaho	Full Name of Mother: Essie Idella Lee	Name of Father: William T. Borup	
SUPPORTING RECORD 2.	Type of Document: Application for Insurance	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued:	Date Orig. Entry: July 30, 1932
Class B	Date of Birth: Nov. 20, 1913 / Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Aug. 24, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OFFICIAL CERTIFICATE OF BIRTH
STATE OF IDAHO

Date Filed No. 1954
Local Reg. No.
Reg. Dist. No.

AUG 25 1954

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: William McKim Kemp	2. Date of Birth (month) (day) (year): November 20, 1913	
	3. Color or Race: White	4. Sex: male	5. Place of Birth (Ward) (Town) (County): Blaine
	6. Town of Birth: Bellevue		
FATHER	7. Full Name of Father: William Thomas Kemp	8. State or Country of Father's Birth: Utah	
MOTHER	9. Full Maiden Name of Mother: Rosie Idella Lee	10. State or Country of Mother's Birth: Wyoming	
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [signature]	12. Present Address of Registrant: Emmett, Idaho
NOTARY (Seal)	13. Subscribed and sworn to before me on: [illegible] 19 [illegible]	14. Signature of Notary: [signature]	15. Notary Commission expires: [illegible] 19 [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: [illegible] Church	Date Issued: 1/4/1914	Date Orig. Entry: [illegible] Jan. [illegible] 1914
Class A	Date of Birth / Birth Place: Nov. 20, 1913 Edward, Idaho	Full Name of Mother: [illegible]	Name of Father: William T. [illegible]	
SUPPORTING RECORD 2	Type of Document: Application for Insurance	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued:	Date Orig. Entry: July 30, 1913
Class B	Date of Birth / Birth Place: Nov. 20, 1913	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Signature of Registrar	Evidence reviewed by	Date Filed
W. W. [illegible]	Edna Hamilton	Aug. 24, 1954

*Class A Records are those made [illegible] the Registrar's fourth birthday
Class B Records are those made [illegible]

336-122-003-269

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 773
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evan Sorensen Lloyd			2. Date of Birth (month) November (day) 22 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Way, Idaho
FATHER	6. Full Name of Father: Ellis Lloyd			7. State or Country of Father's Birth: St Anthony, Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Sorensen			9. State or Country of Mother's Birth: Lago, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evan S Lloyd		11. Present Address of Registrant: 3911 Leona Street, San Mateo, California
NOTARY (Seal)	Subscribed and sworn to before me on: July 28 1954	12. Signature of Notary: Mabel F Eccles		13. Notary Commission expires: May 7 — 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 2/1/14	Date Orig. Entry: Blessed on Feb. 1, 1914
Class* A	Date of Birth / Birth Place: Nov. 22, 1913 Way, Idaho	Full Name of Mother: Mary Sorensen	Name of Father: Ellis Lloyd	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination to Deacon	By whom issued and signed: L. D. S. Church	Date Issued: 1/11/26	Date Orig. Entry: Jan. 11, 1926
Class B	Date of Birth / Birth Place: Nov. 22, 1913 Bannock Co, Idaho	Full Name of Mother: Mary Sorensen	Name of Father: Ellis Lloyd	
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 15, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

SEP 15 1954

SEP 16 1954

REGISTRANT (Person whose birth is registered)	1. Registrant's Full Name at Birth: Jerome Sorenson Lloyd	2. Date of Birth (Month) (Day) (Year): November 22 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Bannock
	6. Full Name of Father: Ellis Lloyd	7. State or Country of Father's Birth: Wyo, Idaho	
MOTHER	8. Full Maiden Name of Mother: Mary Sorenson	9. State or Country of Mother's Birth: Lago, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant: 3911 Leona Street, San Mateo, California
NOTARY (Seal)	Subscribed and sworn to before me on [illegible] 1954	12. Signature of Notary	13. Notary Commission expires [illegible] 19[illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Blessing	By whom issued and signed: L. G. S. Church	Date Issued: 2/1/14	Date Orig. Entry: Blessed on Feb. 1, 1914
Class A	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: Certificate of Ordination to Deacon	By whom issued and signed: L. G. S. Church	Date Issued: 1/11/26	Date Orig. Entry: Jan. 11, 1926
Class B	Date of Birth: Birth Place: Nov. 22, 1913 Bannock Co., Idaho	Full Name of Mother: Mary Sorenson	Name of Father: Ellis Lloyd	
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class	Date of Birth: Birth Place	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Sept. 15, 1954

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made [illegible] at least 5 years old.

557-228-041-732

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54 865
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine Clare Hegsted		2. Date of Birth (month) June (day) 28 (year) 1913	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County:	b. City or Town of Birth: Bates Teton Idaho
FATHER	6. Full Name of Father: Joseph Hegsted		7. State or Country of Father's Birth: Huntsville, Weber, Utah	
MOTHER	8. Full Maiden Name of Mother: Mable Clare McKenzie		9. State or Country of Mother's Birth: Heppner, Morrow, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine Clare Hegsted	11. Present Address of Registrant: 1990 Jay Street Lakewood Colorado	
NOTARY (Seal)	Subscribed and sworn to before me on: October 11th 1954	12. Signature of Notary: Gertrude Hales	13. Notary Commission expires: My Commission expires June 19, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Membership record	L. D. S. Church	10/6/54	June 28, 1921
Class* B	Date of Birth / Birth Place: June 28, 1913 Bates, Idaho	Full Name of Mother: Mabel McKenzie	Name of Father: Joseph Hedstead	
SUPPORTING RECORD 2.	Certificate of Blessing	L. D. S. Church	8/10/13	Blessed on Aug. 10, 1913
Class A	Date of Birth / Birth Place: June 28, 1913 Bates, Idaho	Full Name of Mother: Mabel McKenzie	Name of Father: Joseph Hegsted	
SUPPORTING RECORD 3.	School Census record	Lora Gaye Carver, Sec. Per. Dept. Mound Fort School	4/28/54	1923-1924
B	Date of Birth / Birth Place: June 28, 1913	Full Name of Mother:	Name of Father: Joseph Hegsted	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Edna Hamilton	Oct. 26, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Local Reg. No.

Reg. Dist. No.

OCT 27 1954

REGISTRAR: 1. Registrant's Full Name at Birth — [illegible]

2. Date of Birth (month) (day) (year) — [illegible] 13 1945

3. Color or Race — 4. Sex — 5. Place of Birth — 6. County — Bodily or Town of Birth — Bates, Bates, Bates

FATHER: 6. Full Name of Father — [illegible]

7. State or Country of Father's Birth — [illegible]

MOTHER: 8. Full Maiden Name of Mother — [illegible]

9. State or Country of Mother's Birth — [illegible]

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant — [illegible]

11. Present Address of Registrant — [illegible]

NOTARY (Seal): Subscribed and sworn to before me on — [illegible] 19[illegible]

12. Signature of Notary — [illegible]

13. Notary Commission expires — My Commission expires June 19, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Membership record	By whom issued and signed: L. D. S. Church	Date Issued: 10/6/54	Date Orig. Entry: June 28, 1921
	Date of Birth / Birth Place: June 28, 1913 Bates, Idaho	Full Name of Mother: Mabel McKenzie	Name of Father: [illegible]	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L. D. S. Church	Date Issued: 8/10/13	Date Orig. Entry: Aug. 10, 1913
	Date of Birth / Birth Place: June 28, 1913 Bates, Idaho	Full Name of Mother: Mabel McKenzie	Name of Father: Joseph Hegstad	
SUPPORTING RECORD 3.	Type of Document: School Census record	By whom issued and signed: [illegible]	Date Issued: 4/28/54	Date Orig. Entry: 1923-1924
	Date of Birth / Birth Place: June 28, 1913	Full Name of Mother:	Name of Father: Joseph [illegible]	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

Sig. Registrar	Evidence reviewed by	Date Filed
[illegible] Benson	[illegible]	Oct. 26, 1954

Class A Receipts are those made and dated before the Registrant's tour birthday.
Class B Receipts are those made after the fourth birthday but are at least 6 years old.

Form [illegible]

349-203-008-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-944
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emilie Ada Curl		2. Date Of Birth (month) August (day) 3 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Boise; b. City or Town of Birth: Horseshoe Bend
FATHER	6. Full Name of Father: Henry Frank Curl		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Alta Bernice Morrell		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emilie Ada Mullins	11. Present Address of Registrant: Asotin, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: November 23, 1954	12. Signature of Notary: [illegible]	13. Notary Commission expires: October 15, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Census of 1920	Date Orig. Entry
Class* B	Date of Birth: 6 yrs old; Birth Place: Idaho	Full Name of Mother: Alta B.	Name of Father: and Henry F. Curl	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Boise High School, Boise Idaho	Date Issued: year of	Date Orig. Entry: May 1929
Class B	Date of Birth: Aug. 3, 1913; Birth Place: Horseshoe	Full Name of Mother: Bend,	Name of Father: H. F. Curl	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Jennie Morrell	Date Issued: Nov. 18, 1954	Date Orig. Entry
Class B	Date of Birth: Aug. 3, 1913; Birth Place: Horseshoe	Full Name of Mother: Bend, Idaho	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: [signature]	Date Filed: Nov. 29, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 29 1954

REGISTRARY

(Register No.)

(Local Reg. No.)

Reg. File No.

CHILD

1. Name of child (Type or print) — First: Emmitte — Middle: Ada — Last: Curl

2. Date of birth: August 3, 1928

3. Color or race: W

4. Sex: F

5. Place of birth: Boise

6. City or town of birth: Rossebow Bend

FATHER

7. Full name of father: Henry Frank Curl

8. Color or race: W

9. State or country of birth: Oregon

MOTHER

10. Full maiden name of mother: Alta Jerrice Morrell

11. State or country of birth: Idaho

AFFIANT

12. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

13. Signature of affiant: Jennie Morrell

14. Present address of affiant: Boise, Washington

SWORN TO

15. Subscribed and sworn to before me on

16. Signature of notary: [illegible]

17. Notary commission expires: [illegible]

DO NOT WRITE BELOW THIS LINE

Certificate	Date of Document	By whom issued and signed	Date issued	Date orig. Entry
	Census Record	Department of Commerce Bureau of the Census		Census of 1930
	Date of Birth / Birth Place	Full Name of Mother		Name of Father
	Aug. 3, 1928, Boise, Idaho	Jennie Morrell		Henry Frank Curl
Page 3	Date of Document	By whom issued and signed	Date issued	Date orig. Entry
Certificate No.	Affidavit by Aunt	Jennie Morrell	Nov. 18, 1954	
	Date of Birth / Birth Place	Full Name of Mother		Name of Father
Page 2	Aug. 3, 1928, Boise, Ada			
Certificate No.	Type of Document	By whom issued and signed	Date issued	Date orig. Entry
	School Record	High School, Boise, Idaho		May 1932
	Date of Birth / Birth Place	Full Name of Mother		Name of Father
Page 3	Aug. 3, 1928, Boise, Idaho			
Certificate No.	Type of Document	By whom issued and signed	Date issued	Date orig. Entry
	Affidavit by Aunt	Jennie Morrell	Nov. 18, 1954	
	Date of Birth / Birth Place	Full Name of Mother		Name of Father
Page 4	Aug. 3, 1928, Boise, Ada			

CERTIFICATION

I hereby certify that no prior birth certificate is known found in the Division of Vital Statistics for this person and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing affidavit.

Date Filed: Nov. 29, 1954

Signature of Registrar: W. Benson

Evidence reviewed by:

*Close & Remove to those made and dated before the Registrar's Office is closed.

Close & Remove to those made a after the Fourth birthday but are at least 3 years old.

819-216-002-815

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-956
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MARY EDNA HARTLEY
2. Date of Birth: (month) JAN (day) 16 (year) 1913
3. Color or Race: WHT
4. Sex: F
5. Place of Birth: a. County ADAMS; b. City or Town of Birth: Council

FATHER

6. Full Name of Father: GEORGE ELLIS HARTLEY
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: MATTIE E. HANSEN
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Hartley Crause / Mary H. Crause
11. Present Address of Registrant: Millville, California.

NOTARY (Seal)

Subscribed and sworn to before me on November 24 1954

12. Signature of Notary: Roxana H. Hitchcock
13. Notary Commission expires: Dec. 30 1954

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible of Births	Family	Jan. 16,	1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 16, 1913		Mattie E. Hanson	George Ellis Hartley

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's Birth Certificate	State of Idaho Bureau of Vital Statistics	Filed 10-10-38	Born 9-27-1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
25 yrs	Council, Idaho		

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Pat Shields	Nov. 30, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 30 1954

CHILD	1. Full name of child
	2. Sex
	3. Date of birth (month, day, year)
	4. Place of birth (city, county, state)
FATHER	5. Full name of father
	6. Color or race
	7. Age at last birthday (years)
	8. Birthplace (state or country)
	9. Usual occupation
MOTHER	10. Full maiden name of mother
	11. Color or race
	12. Age at last birthday (years)
	13. Birthplace (state or country)
	14. Number of children born to this mother, including this child
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
	15. Signature of Affiant
	16. Address of Affiant
	17. Sworn and subscribed and sworn to before me on (date)
	18. Signature of Notary
	19. Notary Commission expires
SUPPORTING RECORD 1	Type of Document / By whom issued and signed / Date issued / Date Orig. Entry
	Date of Birth (City, State) / Full Name of Mother / Name of Father
SUPPORTING RECORD 2	Type of Document / By whom issued and signed / Date issued / Date Orig. Entry
	Date of Birth (City, State) / Full Name of Mother / Name of Father
CERTIFICATE NUMBER	

Note: Certificate not to be issued certificate from issue in the Division of Vital Statistics for this [illegible] and "Delayed" statement has been received, which substantiates the facts as set forth in the [illegible] appearing above.

Date Received	Evidence Reviewed by	Date Filed

If any of the above items are not applicable to the birth, write "None."

NAME: MARY ANN HANLEY

MAIL: [illegible]

CHILD	1. Full name of child: Mary Ann Hanley
	2. Sex: Female
	3. Date of birth (month, day, year): November 24, 1913
	4. Place of birth (city, county, state): Pittsville, Calhoun Co.
FATHER	5. Full name of father: Joseph Francis Hanley
	6. Color or race: White
	7. Age at last birthday (years): 41
	8. Birthplace (state or country): Wisconsin
	9. Usual occupation: Farmer
MOTHER	10. Full maiden name of mother: Mary Ann Sullivan
	11. Color or race: White
	12. Age at last birthday (years): 39
	13. Birthplace (state or country): Wisconsin
	14. Number of children born to this mother, including this child: 3
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
	15. Signature of Affiant: Mary Ann Hanley
	16. Address of Affiant: Pittsville, Calif.
	17. Sworn and subscribed and sworn to before me on (date): November 24, 1954
	18. Signature of Notary: [illegible]
	19. Notary Commission expires: Dec. 30 1958
SUPPORTING RECORD 1	Baptismal Certificate / Rev. [illegible] / Jan. 14, 1913 / [illegible]
	Date of Birth (City, State) / Full Name of Mother / Name of Father
SUPPORTING RECORD 2	Type of Document / By whom issued and signed / Date issued / Date Orig. Entry
	Date of Birth (City, State) / Full Name of Mother / Name of Father
CERTIFICATE NUMBER	

Note: Certificate not to be issued certificate from issue in the Division of Vital Statistics for this [illegible] and "Delayed" statement has been received, which substantiates the facts as set forth in the [illegible] appearing above.

Date Received	Evidence Reviewed by	Date Filed

If any of the above items are not applicable to the birth, write "None."

281-116-033-631

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-991
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RALPH SHAIL
2. Date Of Birth: (month) June (day) 16 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Madison; b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: James Shail
7. State or Country of Father's Birth: Fillmore, Utah

MOTHER

8. Full Maiden Name of Mother: Jane Flamm
9. State or Country of Mother's Birth: Rexburg, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Ralph Shail.
11. Present Address of Registrant: Marion, Iowa

NOTARY (Seal)

Subscribed and sworn to before me on April 14, 19 54
12. Signature of Notary: Mary Smith
13. Notary Commission expires: June 26 19 55

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Family Record Book	James Shail, record viewed by Mary Smith, Notary Public	Blessed	6-29-13
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 16, 1913, Rexburg, Idaho	Jane Flamm	James Shail	
SUPPORTING RECORD 2. Class B	Insurance Policy	Industrial Life Policy	June 1,	1930
	17 yrs old			
SUPPORTING RECORD 3. Class B	Affidavit by Aunt	Sadie F. Browning	Dec. 9, 1954	
	June 16, 1913, Rexburg, Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Felger	Dec. 13, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

DEC 19 1954

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: RALPH SHAIL	2. Date of Birth (month) June (day) 16 (year) 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Madison; 6. County:	7. City or Town of Birth: Rexburg
FATHER	8. Full Name of Father: James Shail	9. State or Country of Father's Birth: Fillmore, Utah
MOTHER	10. Full Maiden Name of Mother: [illegible] Flamm	11. State or Country of Mother's Birth: Rexburg, Idaho
AFFIDAVIT	12. Person Declare upon path that the [illegible] are true to the best of my knowledge and belief	13. Signature of Registrant: [illegible]
		14. Present Address of Registrant: Marion, Iowa
NOTARY (Shall)	Subscribed and Sworn to before me on April 14, 1954	15. Signature of Notary: [illegible]
		16. Notary Commission expires: June 26 1955

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record Book	By whom issued and signed: James Shail, Record Keeper by Mary Smith, Notary Public	Date Issued: Blessed	Date Orig. Entry: 6-20-13
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: James Shail
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Industrial Life Policy	Date Issued: June 1, 1950	Date Orig. Entry:
	Date of Birth: 17 yrs old	Birth Place:	Full Name of Mother:	Name of Father:
Class B				
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Sadie M. Browning	Date Issued: Dec. 9, 1954	Date Orig. Entry:
	Date of Birth: June 16, 1913	Birth Place: Rexburg, Idaho	Full Name of Mother:	Name of Father:
Class B				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible] W. Henson	Evidence reviewed by: [illegible]	Date Filed: Dec. 15, 1954

Class A Records are those made and dated before the Registrar's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

168-214-037-343

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De54-1022
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Annie Johnson
2. Date of Birth (month) (day) (year): Sept. 14 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho. Lincoln Co.
b. City or Town of Birth: Marley.

FATHER

6. Full Name of Father: Niels Mathis Johnson
7. State or Country of Father's Birth: Spring City-Sanpet Co. Utah

MOTHER

8. Full Maiden Name of Mother: Florence Tucker
9. State or Country of Mother's Birth: Ash Co. North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura A. Malcolm
11. Present Address of Registrant: 330 CASSADY STREET VALLEJO, CALIFORNIA

NOTARY (Seal)

Subscribed and sworn to before me on: Dec. 10th 1954
12. Signature of Notary: MILLARD SMITH
13. Notary Commission expires: Feb. 18th 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church	Baptized	Aug. 12, 1922
Class* B	Date of Birth / Birth Place: Sept. 14, 1913, Marley,	Full Name of Mother: Idaho Florence Tucker	Name of Father: Miels Mathis Johnson	
SUPPORTING RECORD 2.	Certificate of Confirmation	By whom issued and signed: L. D. S. Church	Date Issued: Confirmed	Date Orig. Entry: Aug. 20, 192
Class B	Date of Birth / Birth Place: Sept. 14, 1913, Marley,	Full Name of Mother: Idaho Florence Tucker	Name of Father: Niels M. Johnson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt	By whom issued and signed: Loretta Johnson	Date Issued: Dec. 16, 1954	Date Orig. Entry
Class B	Date of Birth / Birth Place: Sept. 14, 1913, Marley,	Full Name of Mother: Idaho Florence Tucker	Name of Father: Niels M. Johnson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel F. Edson	Dec. 27, 1954

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 28 1954

217-208-823-433

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
JAN 31 1955
Division of Vital Statistics

State File No. De55-80
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: **Flora Blue Bell Bagby**

2. Date Of Birth: (month) **August** (day) **8** (year) **1913**

3. Color or Race: **White**

4. Sex: **Female**

5. Place of Birth: a. County **Gem**; b. City or Town of Birth **Emmett**

FATHER

6. Full Name of Father: **William Fredrick Bagby**

7. State or Country of Father's Birth: **Illinois**

MOTHER

8. Full Maiden Name of Mother: **Mae Louise Mc Cuan**

9. State or Country of Mother's Birth: **Tennesee**

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Flora Blue Bell Bagby
Now: Flora B Adams

11. Present Address of Registrant: 1358 No. Genesee Ave. Hollywood 46, California

NOTARY (Seal)

Subscribed and sworn to before me on: January 28, 1955

12. Signature of Notary: Leland J. Dury

13. Notary Commission expires: June 10, 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Bible Record	Bible viewed Family Bible by L. J Dury, Notary	Aug. 8, 1913	
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	Aug. 8, 1913,	May Louise McCuan	Wm. Fredrick Bagby	
SUPPORTING RECORD 2. Class B	Affidavit by father	W. F. Bagby	Jan. 25, 1955	
	Aug. 8, 1913, Emmett, Idaho	Mae Louise Bagby	Wm. Fredrick Bagby	
SUPPORTING RECORD 3. Class B	Affidavit by mother	Mae Louise Bagby	Jan. 25, 1955	
	Aug. 8, 1913, Emmett, Idaho	Mae Louise Bagby	Wm. Fredrick Bagby	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	Jan. 31, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

959.7F7.032-315

Federal Security Agency
U. S. P. H. S.

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
State of Idaho

State File No. De55-119
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Lincoln (b) City Shoshone
   (c) Street address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: Shoshone, Idaho
   (e) Mother's stay BEFORE delivery:
   In Hospital or Materity Home ..... Days
   In THIS County ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER (Always fill in these)**
   (a) State Idaho (b) County Lincoln
   (c) City Shoshone
   (d) Street address or R.F.D. No.
   (e) How long has MOTHER lived in Idaho? 34 yrs.
   (f) Mother's mailing address (for registration notice): Shoshone, Idaho
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** Same
   (City, State)

4. **FULL NAME OF CHILD** Gilbert Charles Ivie

5. **DATE OF BIRTH** Aug. 7, 1913
   (Month, day, year)

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy nine

FATHER OF CHILD

10. **FULL NAME** Benjamin Martin Ivie

11. Color or Race White

12. Age at time of THIS birth 47 yrs.

13. Birthplace Utah
   (City or Town) (State or foreign country)

14. Exact Occupation

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ada Mae Canzler

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Germany
   (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Was a standard serological test for syphilis performed? Yes ..... No + Approximate date .....

23. Name prophylactic used to prevent Ophthamia Neonatorum Ag No3

24. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6
   (c) Born alive and now dead ..... (d) Stillborn .....

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 4 9 M. on the date and at the place stated above, and that personal particulars were furnished by Ada Mae Ivie (First name) (Last name), who is related to this child as mother (Mother, etc.)

27. (a) Feb. 10, 1955 (Date received) (b) W. W. Benson (Registrar's signature)

28. Given name added on ..... by ..... (Registrar's signature)

26. **Attendant's OWN signature** [signature] M.D. (D.O., Midwife, etc.)
and address Shoshone, Ida. Date 2/9/55

FEB 10 1955

MAR 8 1967

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DELAYED

DECEASED

363-116-029-

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 3 - 1954

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. De55-174
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name of Birth: Marchant Melford Colvin		2. Date Of Birth (month) 5 (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Home a. County: Latah b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: Perry E Colvin		7. State or Country of Father's Birth: Wash - Whitman
MOTHER	8. Full Maiden Name of Mother: Rhoda Nancy Glaspey		9. State or Country of Mother's Birth: Oregon U.S.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marchant Melford Colvin	11. Present Address of Registrant: Rt. 1 Box 75 Clarkston, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: State of Washington, Asotin Co. July 31 1954	12. Signature of Notary: Burt Halsey	13. Notary Commission expires: Dec 6 1951

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Bible Record	By whom issued and signed: Family Bible Viewed by C. L. Flatt Notary	Date issued: May 16, 1913	Date Orig. Entry
	Date of Birth: May 16, 1913	Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date issued: May 1, 1944	Date Orig. Entry
	Date of Birth: May 16, 1913	Birth Place: Potlatch, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3. Class	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION				

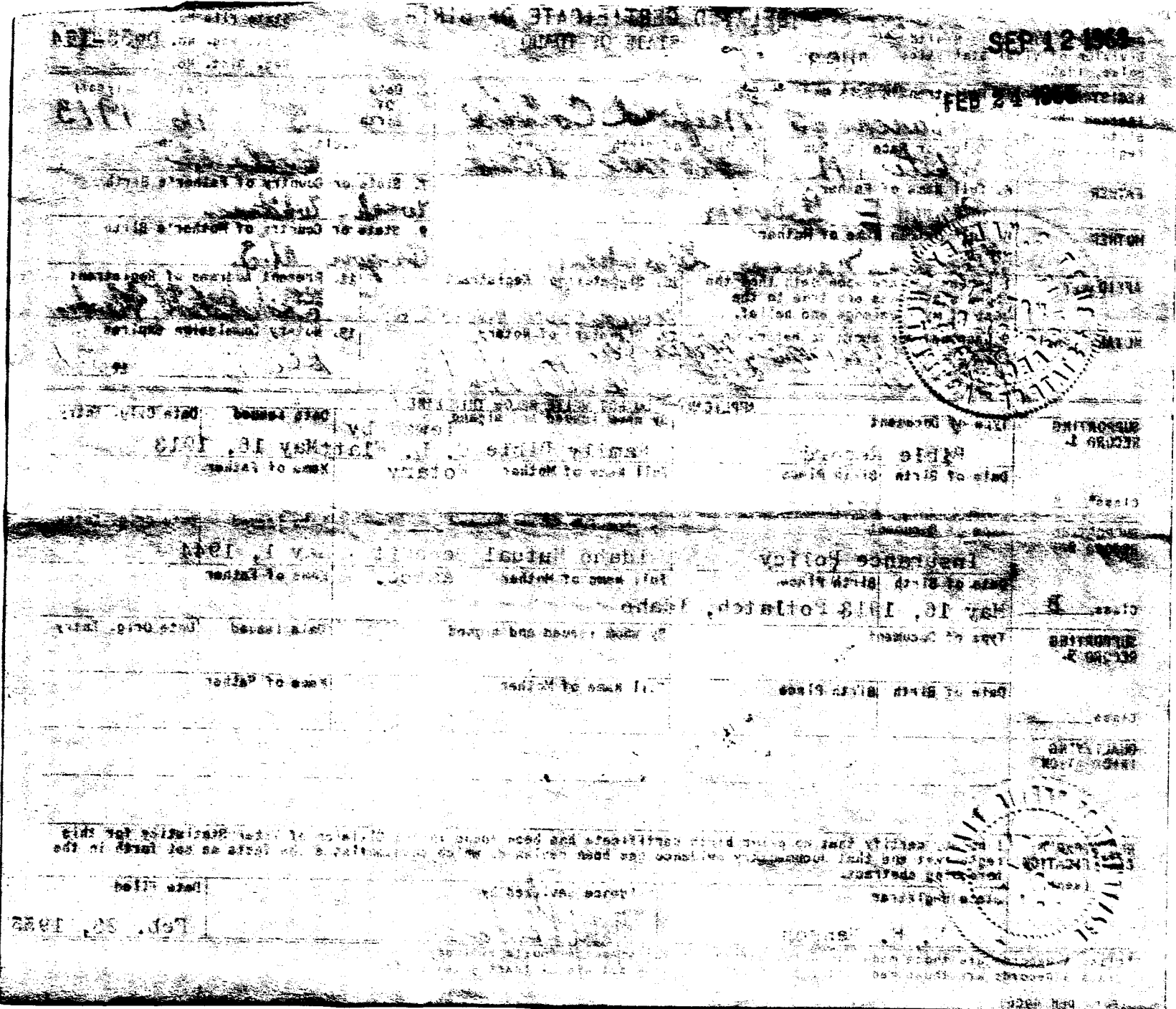
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	Feb. 23, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



291-208-028-257

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
FEB 28 1955
Division of Vital Statistics

State File No. De55-187
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LILLIAN BRAWMAN
2. Date Of Birth (month) SEPT. (day) 5 (year) 1913
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO · KOOTENAI
b. City or Town of Birth: COEUR D'ALENE

FATHER

6. Full Name of Father: HENRY BRAWMAN
7. State or Country of Father's Birth: RUSSIA

MOTHER

8. Full Maiden Name of Mother: SYLVIA SEGAL
9. State or Country of Mother's Birth: RUSSIA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lillian Brawman Campbell
11. Present Address of Registrant: 3304 Lombard Everett, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on October 8, 1954 19___

12. Signature of Notary: B. C. Broughton
13. Notary Commission Expires: April 16, 19 55

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by older Sister	Minnie Carvalho	Aug. 3, 1954	
Class* B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 5, 1913 Coeur d'Alene			
SUPPORTING RECORD 2.	Hospital Record	Deaconess Hospital Spokane, Washington		Aug. 18, 1926
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	13 yrs old			
SUPPORTING RECORD 3.	School Record	Lewis & Clark High School Spokane, Wash		June 6, 1930
Class B	**Date of Birth / Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 5, 1913, not listed		Henry Brawman	

QUALIFYING INFORMATION

CLASS B. Affidavit by older brother, Abraham Maurice Brawman, which gives birthdate as Sept. 5, 1913 and place of birth as Coeur d'Alene, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed*
W. W. Benson	Mabel Nelson	Feb. 28, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

OCT 22 1964

FEB 15 1966

MAR 24 1972

DELAYED CERTIFICATE OF BIRTH

DECEASED

256-22-2042 766

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-202
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Shirley Ruth Snow
2. Date of Birth (month) (day) (year): November 27 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Clarence E. Snow
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Blanche L. Powell
9. State or Country of Mother's Birth: Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Shirley Ruth Snow Reis
11. Present Address of Registrant: 1345 W 4th Ogden Utah

NOTARY (Seal)

Subscribed and sworn to before me on: August 2 1952

12. Signature of Notary: Sam W. H. Lowe
13. Notary Commission expires: Jan. 16 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by father
By whom issued and signed: Clarence E. Snow
Date Issued: Aug. 2, 1952
Date Orig. Entry:

Class* B

Date of Birth: Nov. 27, 1913
Birth Place: Twin Falls, Ida.
Full Name of Mother: Blanche Snow
Name of Father: Clarence E. Snow

SUPPORTING RECORD 2.

Type of Document: Letter re Ins. Policy #13 495 993 A from Metropolitan Life Insurance Co.
By whom issued and signed: James S. Burke, Asst. V-Pres.
Date Issued: 8/28/52
Date Orig. Entry:

Class B

Date of Birth: Nov. 27, 1913
Birth Place: Twin Falls, Ida.
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 3.

Type of Document: School Record
By whom issued and signed: Superintendent of Schools Hutchinson, Public Schools
Date Issued:
Date Orig. Entry: Sept. 6, 1920

Class B

Date of Birth: Nov. 27, 1913,
Birth Place: Kansas
Full Name of Mother:
Name of Father: Dale D. Sherman, Stepfather

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: Mabel Fields
Date Filed: Mch 3, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1953-202
Local Reg. No.
Reg. Dist. No.

MAR 31 1976

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	MAR 3 1958	3. Sex 4. Place of Birth 5. County 6. City or Town of Birth
FATHER	4. Full Name of Father	7. State or Country of Father's Birth
MOTHER	5. Full Maiden Name of Mother	9. State or Country of Mother's Birth
	8. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant 11. Present Address of Registrant
	9. Subscribed and sworn to before me on	12. Signature of Notary 13. Notary Commission expires

APPLICATION — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Affidavit by Father	Clarence S. [illegible]	[illegible]	
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	[illegible]	[illegible]		
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class	Nov. 27, 1958 [illegible]			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	School Record	Superintendent of Schools Dalchinson, Public Schools		Sept. 8, 1920
	Date of Birth Birth Place	Full Name of Mother	Name of Father	
Class B	Nov. 27, 1918,	Kansas	Dale S. Sherman, Step-father	
QUALIFYING INFORMATION				

REGISTRAR & CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	Name of Registrar	Evidence reviewed by	Date Filed
	[illegible] W. Benson	[illegible]	Mch 8, 1958

*Class A Record [illegible] made and dated before the registrant's fourth birthday.
Class B Record [illegible] made after the [illegible] but [illegible] at least 5 years old.

Form DPH 4906

864-204-001-3[illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED JUL 22 1954 Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-252
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MADONNA ChrisTeen Young		2. Date of Birth (month) Dec (day) 9 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise, IDA ADA; b. City or Town of Birth: Boise, IDAHO
FATHER	6. Full Name of Father: EDWARD Thomas Young		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Grace Irene Curtis		9. State or Country of Mother's Birth: Boise IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Madonna Pollard	11. Present Address of Registrant: 6105 N Moore Ave Portland Ore
NOTARY (Seal)	Subscribed and sworn to before me on July 20th 1954	12. Signature of Notary: Margery E. Moore	13. Notary Commission expires: Dec. 17th 1954

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Child's birth certificate	Division of Vital Statistics Boise, Idaho #254559		Apr. 12, 1937
Class* B	Date of Birth: 24 yrs old	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Application for Account	Social Security Adm.	Dec. 18, 1936	
Class B	Date of Birth: Dec. 9, 1955	Birth Place: Number Boise, Idaho	Full Name of Mother: Grace Irene Curtis	Name of Father: Edward Thomas Young
SUPPORTING RECORD 3.	Marriage Register	Vern Thomas, County Clerk and Recorder, Ada County	Dec. 31, 1934	
Class B	Date of Birth: 21 yrs	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	[signature]	3-16-55

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 17 1956

REGISTRANT (Person of Birth in being registered)	1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race (a) Sex (b) Place of Birth (c) County	4. City or Town of Birth
FATHER	5. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	10. Declare upon oath that the above statements are true to the best of knowledge and belief.	11. Present Address of Registrant
	12. Signature of Registrant	
	13. Signature of Notary	14. Notary Commission expires

APPLICANT — DO NOT SPACE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Childs birth certificate	By whom issued and signed: Division of Vital Statistics, Idaho Reg. No.	Date Issued	Date Orig. Entry: Apr. 12, 1937
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2	Type of Document: Application for Account	By whom issued and signed: Social Security Adm.	Date Issued: Dec. 18, 1936	Date Orig. Entry
	Date of Birth / Birth Place: Dec. 9, 1935, Boise, Idaho	Full Name of Mother: Grace Irene Curtis	Name of Father: Edward Thomas Young	
Class B				
SUPPORTING RECORD 3	Type of Document: Marriage Register	By whom issued and signed: Vern Thomas, County Clerk and Recorder, Ada County	Date Issued: Dec. 31, 1934	Date Orig. Entry
	Date of Birth / Birth Place: 21 yrs. Boise, Idaho	Full Name of Mother: Boise, Idaho	Name of Father	
Class B				
QUALIFYING INFORMATION				

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
K. W. Conser		3-16-55

Class 1 Records are those made and dated before the Registrant's fourth birthday.
Class 2 Records are those made after the fourth birthday, but not at least 1 year old.

238-102025-859

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-428
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herman Bernard Schwartz		2. Date Of Birth (month) (day) (year): June 2, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho; b. City or Town of Birth: Greencreek, Idaho
FATHER	6. Full Name of Father: Francis Xavier Schwartz		7. State or Country of Father's Birth: Bavaria, Germany
MOTHER	8. Full Maiden Name of Mother: Mary Hertert		9. State or Country of Mother's Birth: Alsace Lorraine, France
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Herman Bernard Schwartz	11. Present Address of Registrant: Greencreek, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 27, 1955	12. Signature of Notary: H. C. MacGregor	13. Notary Commission expires: Oct. 1, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	Certificate of Baptism	Roman Catholic Church	Baptized	June 15, 1913
	Date of Birth / Birth Place: June 2, 1913, Greencreek, Idaho	Full Name of Mother: Mary Hertert	Name of Father: Francis Schwartz	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Great Northwest Life Insurance Co.	Date Issued: June 21, 1941	Date Orig. Entry
	Date of Birth / Birth Place: June 2, 1913, Greencreek, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3. Class B	Type of Document: Affidavit by Aunt	By whom issued and signed: Marie [illegible]ski	Date Issued: Apr. 27, 1955	Date Orig. Entry
	Date of Birth / Birth Place: June 2, 1913, Greencreek, Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Mabel Keeler	May 2, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 Revised

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

MAY 3 1958

PERSON OF WHOM RECORD IS	1. Registrar's Full Name of Birth	2. Date of Birth (month) (day) (year) June 2, 1913
	3. Color or Race	4. Sex
	5. Place of Birth	6. County or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare and deposit that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrar
		11. Present Address of Registrar
	Subscribed and sworn to before me on	12. Signature of Notary
		Notary Commission Expires Oct 1, 1958

SUPPORTING RECORD	Certificate of Baptism	Roman Catholic Church	Baptized June 15, 1913
	June 2, 1913, Greencreek, Idaho	Greencreek, Idaho	Francis Schwartz
SUPPORTING RECORD	Insurance Policy	Great Northwest Life Insurance Co.	June 21, 1941
	June 2, 1913, Greencreek, Idaho		
SUPPORTING RECORD	Affidavit by Aunt	Marie Grabski	Apr. 27, 1955
	June 2, 1913, Greencreek, Idaho		

QUALITY OF INFORMATION

RECORD CERTIFICATION

I hereby certify that the prior birth certificate has been found in the Division of Vital Statistics for this registration and that the accompanying data has been reviewed, which is consistent with the facts as set forth in the [illegible]

K. W. Benson	Mary	May 2, 1958

815-202-1044-69

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 22 1955
Division of Vital Statistics

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-684
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Celia Marie Hannan
2. Date of Birth: (month) 12 (day) 2 (year) 1913 — 12 2 13
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Washington; b. City or Town of Birth: ~~Cambridge~~ Salubria

FATHER

6. Full Name of Father: Martin Hannan
7. State or Country of Father's Birth: Salubria, Idaho, Washington County

MOTHER

8. Full Maiden Name of Mother: ~~Maude Windes~~ Maude Windes
9. State or Country of Mother's Birth: Brownsville, Oregon, Lane County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Celia Marie Sears
11. Present Address of Registrant: 1530 South 12th St., Salem, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: July 9th 1955

12. Signature of Notary: C. B. Anderson, Notary Public for Oregon
13. Notary Commission expires: May 17, 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	affidavit by mother	Dec. 2, 1913	Salubria, Ida. - Wash. Co.	Maude Hannan	Maude Hannan	6-24-55		
SUPPORTING RECORD 2. Class B	application for membership into Lodge	Dec. 2, 1913	Idaho	The Maccabees, Detroit, Michigan	Maude Hannan		Martin Hannan	2-11-39
SUPPORTING RECORD 3. Class A	Bible Record	Dec. 2, 1913		family Bible viewed by C. B. Anderson, Notary Public for Oregon				

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
L. J. Benson	Betty Waller	July 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

FORM VSD-H0067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No.
Local Reg. No.
Reg. Dist. No.

JUL 25 1955

REGISTRAR	1. Registrant's Full Name at Birth: Celia Mari Hannan	2. Date of Birth (month) 1 (day) 2 (year) 1955	
Person above Birth registered	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Washington
	6. Full Name of Father: Martin Hannan	7. State or Country of Father's Birth: Salubria, Idaho, Washington County	
MOTHER	8. Full Maiden Name of Mother: Maude Windes	9. State or Country of Mother's Birth: Brownsville, Idaho, Washington County	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: 1330 South 12th St., Salem, Oregon	
NOTARY	12. Signature of Notary: Notary Public for Oregon	13. Notary Commission expires: May 17, 1958	

July 9th

APPLICATION TO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Dec. 2, 1955 - Idaho			
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
	Dec. 2, 1955			

CERTIFICATE

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Name Registrar	Evidence reviewed by	Date Filed
[signature]	[signature]	July 22, 1955

168-206029-5/5

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG 1 1955
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-712
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Violet Marie Johnson
2. Date of Birth (month) Jan (day) 6 (year) 1913
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County
b. City or Town of Birth: Troy Idaho

FATHER

6. Full Name of Father: Simon H. Johnson
7. State or Country of Father's Birth: Waseca, Minn

MOTHER

8. Full Maiden Name of Mother: Lela Mae Bailey
9. State or Country of Mother's Birth: Clayton, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Violet Marie Johnson (Scott)
11. Present Address of Registrant: 600 Hall Pullman, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on July 27 1955

12. Signature of Notary: Jan R. Sayles
13. Notary Commission expires: 10-21 1955

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* A	Bible Record	January 6, 1913	Troy, Idaho	photostatic copy of Bible made by Hutchinson Studios, Pullman, Washington	Lela Mae Johnson	4-21-55		Simon H. Johnson
SUPPORTING RECORD 2. Class B	affidavit by mother	January 6, 1913	Troy, Idaho Latah County	Lela Mae Johnson	Lela Mae Johnson	4-8-55		
SUPPORTING RECORD 3. Class B	school record	January 6, 1913		WHITEPINE INDEPENDANT CLASS A SCHOOL DISTRICT #284		2-10-54	entered school Sept 1918	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Betty Waller	August 1, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF [illegible]

AUG 2 1955

SEP 27 1973

REGISTRAR	1. Registrant's Full Name of Birth	2. Date of Birth	(month) (day) (year)
	3. Color or Race	4. Place of Birth	
FATHER	5. Full Name of Father		State or Country of Father's Birth
MOTHER	6. Full Maiden Name of Mother		State or Country of Mother's Birth
	7. Any dealers upon oath that the above statements are true to the [illegible] of my knowledge and belief.	8. Signature of Registrant	9. Present Address of Registrant
	Subscribed and sworn to before me on	10. Signature of Notary	11. Notary Commission expires

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued / Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATE: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing section.

Date Registrar	Delayed Reviewed By	Date Filed

666-29-0139-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-876
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CLARISSA LUCETTA WOOD
2. Date of Birth (month) (day) (year): DEC. 29 1913
3. Color or Race: CAUCASIAN
4. Sex: F
5. Place of Birth a. County: POWER
b. City or Town of Birth: ROCKLAND, IDAHO

FATHER

6. Full Name of Father: GEORGE WASHINGTON WOOD
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: LUCETTA IRENE WALKER
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clarissa Lucetta Nichols
11. Present Address of Registrant: 1706 No. Harrison, Hutchinson, Kansas.

NOTARY (Seal)

Subscribed and sworn to before me on: 2 September 1955

12. Signature of Notary: R. H. Nichols Lt. U.S.N. Auth, Art. 136 (a) U.C.M.J.
13. Notary Commission expires: Indefinite 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* A

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
church record	L.D.S. CHURCH	1-27-54	blessed Aug. 9, 1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
December 29, 1913	Rockland, Idaho	Lucetta Irene Walker	George W. Wood

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
employment record	Wiley's Beauty Shop		February 11, 1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
December 29, 1913			

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry

Date of Birth	Birth Place	Full Name of Mother	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	October 4, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

255-227-01

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
JUL 25 1955
Division of Vital Statistics

AMENDED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-974
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Erma Elizabeth See		2. Date of Birth (month) (day) (year): November 22 1913
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: a. County: Idaho. b. City or Town of Birth: Idaho Woodland
FATHER	6. Full Name of Father: Ezekiel Sanford See		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: May Robbs		9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Erma Elizabeth See	11. Present Address of Registrant: Weippe, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 7-12 1955	12. Signature of Notary: [signature]	13. Notary Commission expires: 3-1 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: May Robbs See	Date Issued: 6-17-55	Date Orig. Entry:
Class* B	Date of Birth: Nov. 22, 1913 - Idaho	Birth Place: Woodland,	Full Name of Mother: May Robbs See	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Statement by attending physician	By whom issued and signed: C. H. Bryan, M.D. Kamiah, Idaho	Date Issued: 11-5-55	Date Orig. Entry:
Class A	Date of Birth: November 22, 1913	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document:	By whom issued and signed:	Date Issued:	Date Orig. Entry:
Class	Date of Birth:	Birth Place:	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	November 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 15 1955

795-16-016219

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1005
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LEROY LAVON GREEN		2. Date Of Birth (month) (day) (year): March 11, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: View, Cassia Co.
			b. City or Town of Birth: View
FATHER	6. Full Name of Father: Ernest Green		7. State or Country of Father's Birth: Arizona
MOTHER	8. Full Maiden Name of Mother: Emma R. Barker		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leroy Lavon Green	11. Present Address of Registrant: View Rt 2 Burley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 29, 1955	12. Signature of Notary: A. H. Nielsen	13. Notary Commission expires: ~~June 1,~~ Feb 20 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church Birth Cert.	By whom issued and signed: L. D. S. Church	Date Issued: 12-14-1945	Date Orig. Entry: 8-3-13
Class* A	Date of Birth: 3-11-13	Birth Place: View, Idaho	Full Name of Mother: Emma Barker	Name of Father: Ernest Green
SUPPORTING RECORD 2.	Type of Document: affidavit by father	By whom issued and signed: Ernest Green	Date Issued: 11-15-55	Date Orig. Entry:
Class B	Date of Birth: March 11 1913	Birth Place: View, Idaho Cassia County	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: statement re school records	By whom issued and signed: CASSIA COUNTY SCHOOLS Joint Class A School Dist.	Date Issued: 10-3-55	Date Orig. Entry:
Class B	Date of Birth: March 11 1913	Birth Place: View, Idaho Cassia County	Full Name of Mother: #151 Emma Green	Name of Father: Ernest Green
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Betty Waller	November 18 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

NOV 21

59-223-044-995

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1063
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel Marguerite Nitcher			2. Date Of Birth: (month) 5 (day) 23 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Weiser Washington	b. City or Town of Birth: Weiser	
FATHER	6. Full Name of Father: Frank Herbert Nitcher			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Nellie May Ireland			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel M. Moore	11. Present Address of Registrant: Midvale Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 2 1955		12. Signature of Notary: J. H. Goodnight	13. Notary Commission expires: May 10 1956	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: daughter's birth certificate	By whom issued and signed: STATE OF IDAHO #237541	Date Issued:	Date Orig. Entry: child born Oct. 31, 1935
	Date of Birth: 22 years old	Birth Place: Weiser Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class A	Type of Document: church record	By whom issued and signed: REORGANIZED CHURCH OF JESUS CHRIST of L.D.S.	Date Issued:	Date Orig. Entry: blessed June 4, 1916
	Date of Birth: May 23 1913	Birth Place: Weiser Idaho	Full Name of Mother: Nellie Nitcher	Name of Father: Frank Nitcher
SUPPORTING RECORD 3. Class B	Type of Document: church record	By whom issued and signed: REORGANIZED CHURCH OF JESUS CHRIST of L.D.S.	Date Issued:	Date Orig. Entry: baptized April 16, 1922
	Date of Birth: May 23 1913	Birth Place: Weiser Idaho	Full Name of Mother:	Name of Father:
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

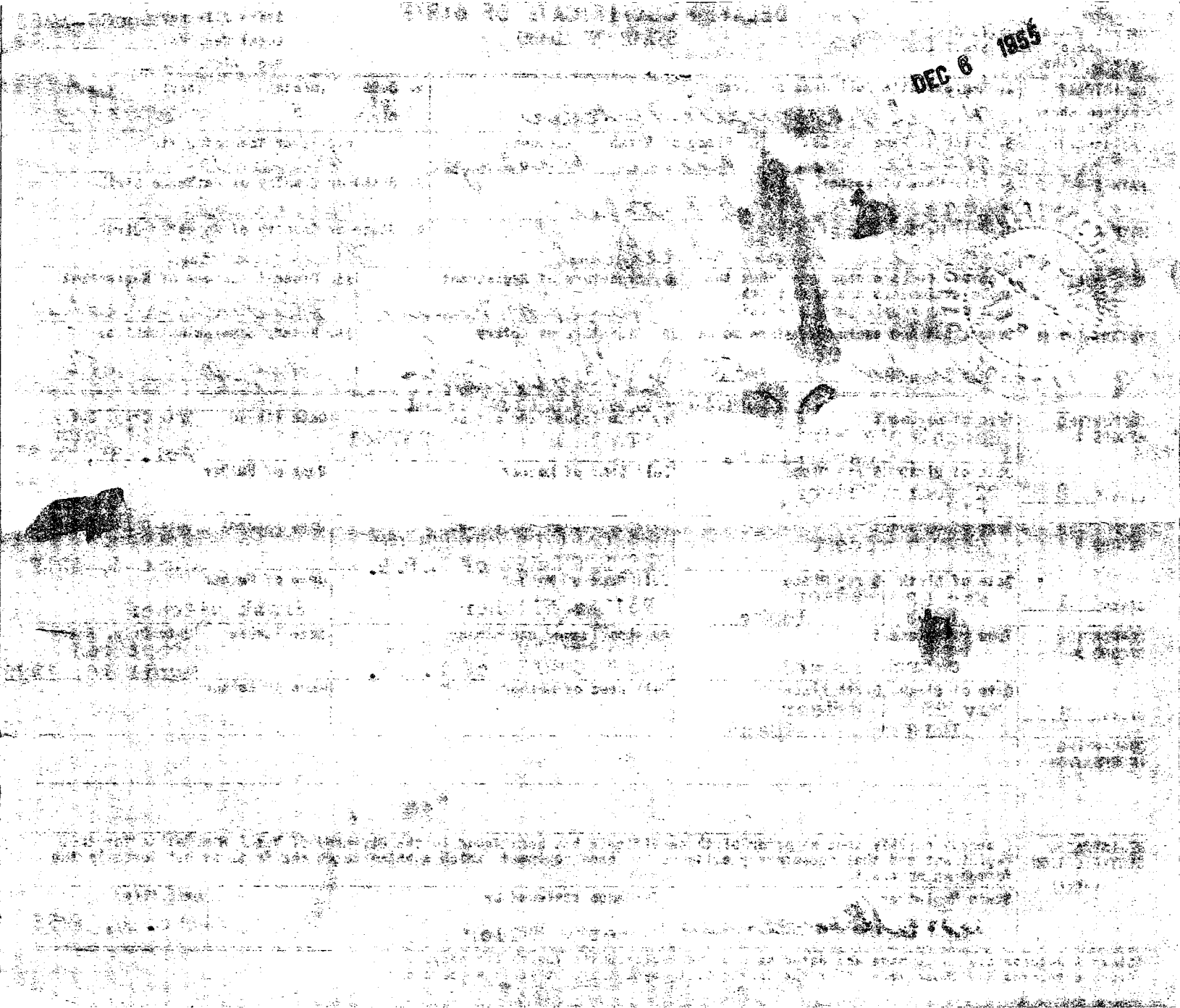
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Berner	Betty Waller	Dec. 6, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DEC 6 1955



295-118-DR-364

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1086
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilmer Walter Herman Bielke
2. Date of Birth (month) (day) (year): November 18 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Power
b. City or Town of Birth: Rockland

FATHER

6. Full Name of Father: Herman Fred Bielke
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Louisa Comnick
9. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilmer W. Bielke
11. Present Address of Registrant: Arlington, Minnesota

NOTARY (Seal)

Subscribed and sworn to before me on: November 26 1955

12. Signature of Notary: Kenneth W. Bull
Kenneth W. Bull

13. Notary Commission expires
KENNETH W. BULL
Notary Public, Sibley County, Minn.
My Commission Expires Nov. 20, 1958
Nov. 20 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: application for insurance	By whom issued and signed: THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	Date Issued:	Date Orig. Entry: May 17 1938
	Date of Birth: November 18, 1913 / Birth Place: Rockland Idaho	Full Name of Mother: #10-256-970	Name of Father:	
SUPPORTING RECORD 2. Class A	Type of Document: church record	By whom issued and signed: George L. Sprattler, pastor	Date Issued:	Date Orig. Entry: baptized April 13 1914
	Date of Birth: November 18, 1913 / Birth Place: Rockland Idaho	Full Name of Mother: Louisa Comnick	Name of Father: Herman Bielke	
SUPPORTING RECORD 3. Class B	Type of Document: affidavit by father	By whom issued and signed: Herman F. Bielke Sibley County, Minnesota	Date Issued: 12-10-55	Date Orig. Entry:
	Date of Birth: November 18, 1913 / Birth Place: Rockland, Idaho Power County	Full Name of Mother: Louisa Comnick	Name of Father: Herman F. Bielke	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	December 14 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DRH #0067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics

State File No.
Local Reg. No.
Reg. Dist. No.

REGISTRAR

1. Registrar's Full Name of Birth: Elmer Walter Herman Fielke
2. Date of Birth: November 18 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: Poner
6. Place of Birth: Rockland
7. Full Name of Father: Herman Fred Fielke
8. Full Name of Mother: Louisa Kowalck
9. State or Country of Father's Birth: Minnesota
10. State or Country of Mother's Birth: Minnesota

AFFIDAVIT

I hereby declare that the above statements are true to the best of my knowledge and belief.

Signature of Registrant: [signature]

Present Address of Registrant: Arlington, Minnesota

Signature of Witness: [signature]

Notary Commission expires: [illegible]

Sworn to and before me on November 26 1913

Kenneth [illegible]

SUPPORTING RECORD 1

Type of Document: Application for [illegible]

Date of Birth: November 18, 1913

Birth Place: Rockland

Date Issued: [illegible] 1938

Date Orig. Entry: [illegible]

Name of Father: [illegible]

Date of Birth: November 18, 1913

Birth Place: Rockland

Full Name of Mother: Louisa Kowalck

Name of Father: Herman Fielke

SUPPORTING RECORD 2

Type of Document: Affidavit [illegible]

Date of Birth: November 18, 1913

Birth Place: Rockland

By whom Issued and Signed: [illegible]

Full Name of Mother: [illegible]

Date Issued: [illegible]

Date Orig. Entry: [illegible]

Name of Father: Herman F. Fielke

QUALIFYING DOCUMENTATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentation relative to the above has been reviewed, which supports the facts as set forth in the following abstract.

State Registrar: [signature]

Evidence Reviewed by: [illegible]

Date Filed: [illegible]

Claims Record: [illegible]

314-128-028-549

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De55-1101
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert George Campbell	2. Date Of Birth (month) Feb (day) 28 (year) 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Spirit Lake Idaho
FATHER	6. Full Name of Father: Matthew Alexander Campbell	7. State or Country of Father's Birth: Omaha, Nebraska
MOTHER	8. Full Maiden Name of Mother: Esther Leona Erickson	9. State or Country of Mother's Birth: Michigan Stearns Siding.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R G Campbell; 11. Present Address of Registrant: 9435 N. Oswego Ave. Portland Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 14 1959	12. Signature of Notary: M E Troebe; 13. Notary Commission expires: Jan 4 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: EMPLOYMENT RECORD	By whom issued and signed: SWIFT & COMPANY NORTH PORTLAND, OREGON	Date issued: 12-14-55	Date Orig. Entry: employed over 20 years
Class* B	Date of Birth: February 28, 1913; Birth Place:	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2.	Type of Document: affidavit by parents	By whom issued and signed: MATTHEW ALEXANDER CAMPBELL ESTHER LEONA CAMPBELL	Date issued: 12-13-55	Date Orig. Entry:
Class B	Date of Birth: February 28, 1913; Birth Place: Spirit Lake, Idaho Kootenai County	Full Name of Mother: Esther Leona Campbell	Name of Father: Matthew Alexander Campbell	
SUPPORTING RECORD 3.	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: PORTLAND PUBLIC SCHOOLS 220 N.E. Beech, Portland, Oregon	Date issued: 12-12-55	Date Orig. Entry: enrolled 1923-1924
Class B	Date of Birth: February 28, 1913; Birth Place: Spirit Lake Idaho	Full Name of Mother: Mrs. M. A. Campbell	Name of Father: M. A. Campbell	

QUALIFYING INFORMATION

military record - ARMY OF THE UNITED STATES - discharged January 14, 1946 - copy issued 12-14-55
birth date: February 28, 1913; birthplace: Spirit Lake, Idaho

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	December 22, 1955

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Dup of 1913-12239

DELAYED

766-216-016-255

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-009
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Powers.
2. Date of Birth (month) (day) (year): May 16,1913
3. Color or Race: white
4. Sex: Fem.
5. Place of Birth a. County: Sublett,Cassia Co.
b. City or Town of Birth: Sublett,Idaho

FATHER

6. Full Name of Father: Charles Henry Powers
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Anna Christina Benson
9. State or Country of Mother's Birth: Utah.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Powers Fisher
11. Present Address of Registrant: 124 S. E 3rd.

NOTARY (Seal)

Subscribed and sworn to before me on: Dec 30 1955
12. Signature of Notary: Guy H. Johnson
13. Notary Commission expires: 2-18 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
STATEMENT RE SCHOOL RECORD	BURLEY HIGH SCHOOL Burley, Idaho	12-16-55	graduated May, 1932
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
May 16 1913	Sublett, Idaho	Mrs. C. H. Powers	C. H. Powers

SUPPORTING RECORD 2. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
AFFIDAVIT BY PARENTS	Chas. H. Powers Anna C. Powers	11-28-55	
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
May 16 1913	Sublett, Idaho Cassia County	Anna C. Powers	Chas. H. Powers

SUPPORTING RECORD 3. Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
BIBLE RECORD	viewed by William H. Thompson Notary Public, Burley, Idaho	11-28-55	
Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
May 16 1913	Sublett, Idaho		Chas. H. Powers

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	January 3 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form PRH #0067

JAN 4 1956

137-213-001-564

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-028
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GENEVIEVE MARIE ALGER
2. Date of Birth: (month) August (day) 13 (year) 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Ada; b. City or Town of Birth: Meridian

FATHER

6. Full Name of Father: Ogden W. Alger
7. State or Country of Father's Birth: Carson City, Michigan

MOTHER

8. Full Maiden Name of Mother: Josephine Maude Houk
9. State or Country of Mother's Birth: Indiana

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Genevieve Alger Ward
11. Present Address of Registrant: 1511 Michigan ave Boise Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: October 28 1955

12. Signature of Notary: O M Laing

13. Notary Commission expires: May 7 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	daughter's birth certificate	STATE OF IDAHO #195214		child born September 2, 1931
	Date of Birth: 18 years old	Birth Place: Meridian Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2. Class B	affidavit by father	Ogden W. Alger	10-28-55	
	Date of Birth: August 13, 1913	Birth Place: Meridian, Idaho	Full Name of Mother: Josephine Maude Hauk	Name of Father: Ogden W. Alger
SUPPORTING RECORD 3. Class B	STATEMENT RE APPLICATION FOR INSURANCE	METROPOLITAN LIFE INSURANCE CO. # 33 261 685	1-4-56	August 30 1926
	Date of Birth: 14 years old next birthday	Birth Place: Idaho	Full Name of Mother: Josephine M. Alger	Name of Father

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Benson
Evidence reviewed by: bw Betty Waller
Date Filed: January 16 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

375425.033-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-126
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: HERMAN TREISE			2. Date of Birth: (month) OCTOBER (day) 25 (year) 1913	
	3. Color or Race: white	4. Sex: male	5. Place of Birth: a. County: IDAHO / MADISON	b. City or Town of Birth: SUGAR CITY	
FATHER	6. Full Name of Father: Alex Treise			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Maria Katrina Walters			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harry Treise	11. Present Address of Registrant: Selah, Wash Rt 3	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 1, 1956		12. Signature of Notary: E. V. Cain	13. Notary Commission expires: Jul. 19, 1957	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: CHURCH RECORD	By whom issued and signed: ST. PAUL'S CHURCH F. Bremecke, pastor	Date Issued:	Date Orig. Entry: baptized 1913	
	Date of Birth: October 25 1913	Birth Place: Sugar City Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class B	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: ALEX TREISE Wapato, Washington	Date Issued: 1-11-56	Date Orig. Entry:	
	Date of Birth: October 25 1913	Birth Place: Sugar City Idaho	Full Name of Mother: Maria Katrina Walters	Name of Father: Alex Treise	
SUPPORTING RECORD 3. Class B	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: WASHINGTON STATE DEPT. OF HEALTH # 131	Date Issued: 6-4-51	Date Orig. Entry: child born Feb. 21, 1940	
	Date of Birth: 26 years old	Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	February 13 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

FEB 13 1956

915-214-037-665

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-186
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FAYE ELIZABETH RANDALL

2. Date of Birth: (month) January (day) 14 (year) 1913

3. Color or Race: white

4. Sex: female

5. Place of Birth: Idaho — a. County: Owyhee — b. City or Town of Birth: Bruneau

FATHER

6. Full Name of Father: George Birdette Randall

7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Josephine Maude Owens

9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Faye Elizabeth Randall

11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 28 1956

12. Signature of Notary: Nina K. Carroll

13. Notary Commission expires: 4-5 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: son's birth certificate
By whom issued and signed: STATE OF IDAHO #De-1128
Date Issued: 1-31-49
Date Orig. Entry: child born Aug. 30, 1932

Class* B

Date of Birth: 19 years old
Birth Place: Bruneau, Idaho
Full Name of Mother:
Name of Father:

SUPPORTING RECORD 2.

Type of Document: Bible Record
By whom issued and signed: viewed by this office
Date Issued:
Date Orig. Entry: near time of birth

Class A

Date of Birth: January 14, 1913
Birth Place: Bruneau, Idaho
Full Name of Mother: Josephine M. Owens
Name of Father: George B. Randall

SUPPORTING RECORD 3.

Type of Document: Affidavit by brother
By whom issued and signed: W. W. Sanders-Notary George W. Randall-Brother
Date Issued: Jan. 27, 1956
Date Orig. Entry: Jan. 27, 1956

Class B

Date of Birth: Jan. 14, 1913
Birth Place: Bruneau, Idaho
Full Name of Mother: Josephine M. Owens
Name of Father: George B. Randall

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

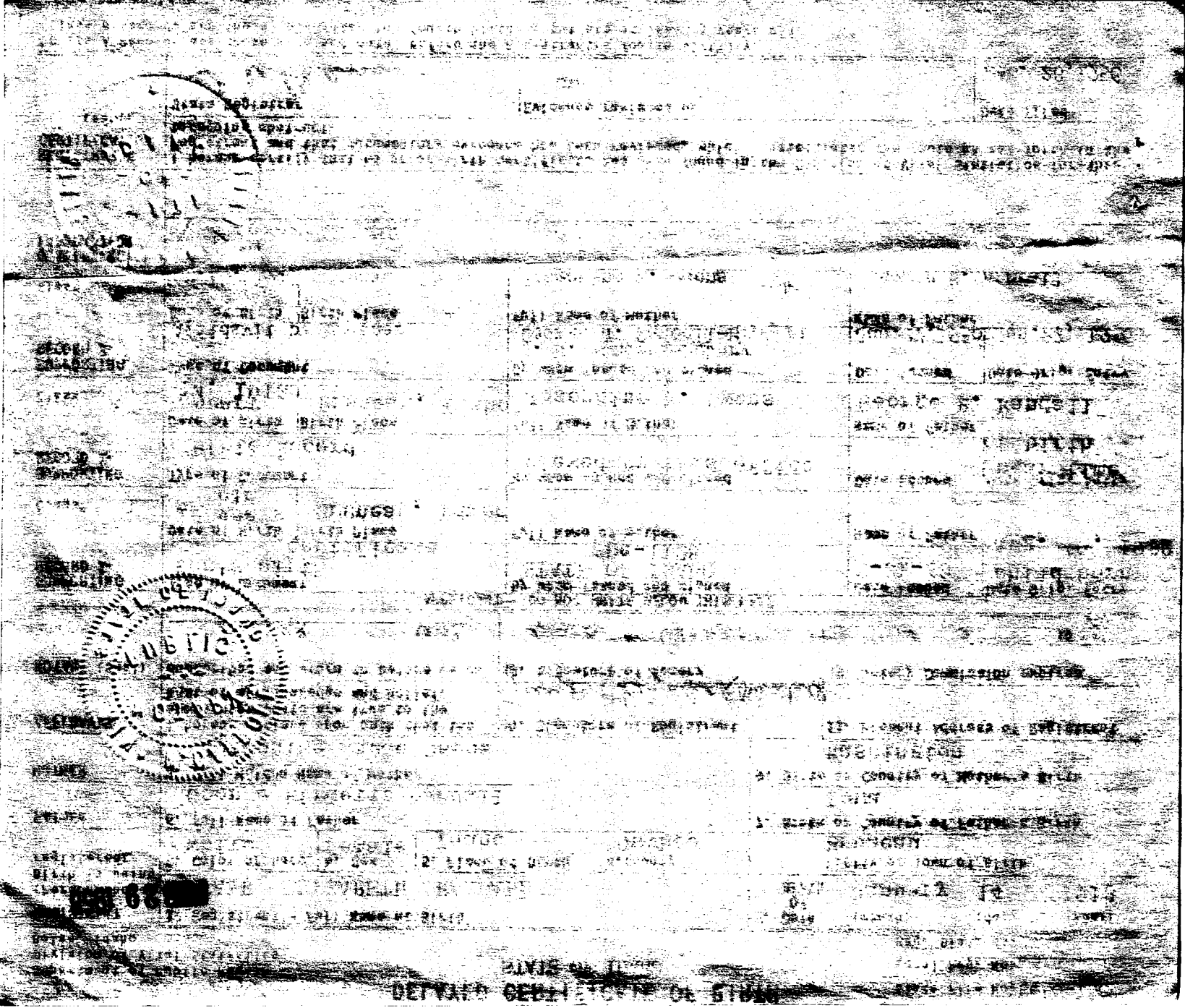
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bw
Date Filed: Feb. 28, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

K

Form DPH 40067



696-321-001-291

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-193
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KATHRYN LUCILLE FROMMELT		2. Date of Birth (month) October (day) 21 (year) 1913	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: ALBERT FROMMELT Troutdale		7. State or Country of Father's Birth: Multnomah county, Oregon	
MOTHER	8. Full Maiden Name of Mother: ANNA McKELVEY Bradford		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathryn Lucille Woodard	11. Present Address of Registrant: Rt. 1 Box 426 Troutdale, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 16 1956	12. Signature of Notary: Robert L. Burns	13. Notary Commission expires: December 14 1956	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: STATEMENT RE MARRIAGE RECORD	By whom issued and signed: COUNTY CLERK Multnomah County	Date Issued:	Date Orig. Entry: married January 13, 1943
Class* B	Date of Birth: October 21 1913	Birth Place: Boise, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: STATEMENT RE SCHOOL RECORD	By whom issued and signed: CORBETT PUBLIC SCHOOL Corbett, Oregon	Date Issued: 2-17-56	Date Orig. Entry: September 1927
Class B	Date of Birth: 13 years old	Birth Place:	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3.	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: ALBERT FROMMELT	Date Issued: 1-21-56	Date Orig. Entry:
Class B	Date of Birth: October 21, 1913	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Anna McKelvey	Name of Father: Albert Frommelt
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Waller	March 1 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067 (Revised)

364-206-035-295

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-276
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: VIOLA ELLA LOUISA COMNICK
2. Date of Birth (month) (day) (year): JANUARY 6 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: IDAHO — a. County: POWER — b. City or Town of Birth: ROCKLAND

FATHER

6. Full Name of Father: Albert Comnick
7. State or Country of Father's Birth: Minnesota U.S.A.

MOTHER

8. Full Maiden Name of Mother: Anna Bielke
9. State or Country of Mother's Birth: Minnesota U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Viola Comnick Grack
11. Present Address of Registrant: Arlington, Minn.

NOTARY (Seal)

Subscribed and sworn to before me on: March 7 1956

12. Signature of Notary: Robert J. Major

13. Notary Commission expires: December 22 1962

Commission Expires Dec. 22, 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	STATEMENT RE CHURCH RECORD	ST. JOHN'S LUTHERAN CHURCH American Falls, Idaho	1-4-56	baptized Mar. 24, 1913
	Date of Birth January 6 1913	**Birth Place**	**Full Name of Mother** Anna Bielke	**Name of Father** Albert Comnick
SUPPORTING RECORD 2. Class B	Type of Document: DAUGHTER'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF MINNESOTA County of Sibley	Date Issued: 3-7-56	Date Orig. Entry: child born Dec. 11, 1940
	Date of Birth 27 years old	**Birth Place** Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 3. Class B	Type of Document: AFFIDAVIT BY FATHER	By whom issued and signed: ALBERT COMNICK Arlington, Minnesota	Date Issued: 3-6-56	Date Orig. Entry:
	Date of Birth January 6 1913	**Birth Place** Rockland Idaho	**Full Name of Mother** Anne Bielke	**Name of Father** Albert Comnick

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	bw Betty Waller	March 15, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]
Local Reg. No. [illegible]
Reg. Dist. No. [illegible]

Department of Public Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date of Birth (month) (day) (year): [illegible] 1913
3. Sex: [illegible]
4. Place of Birth: [illegible]
5. County: [illegible]
6. City or Town of Birth: [illegible]

MAR 15 1958

FATHER

7. Full Name of Father: [illegible]
8. State or Country of Father's Birth: Minnesota U.S.A.

MOTHER

9. Full Maiden Name of Mother: [illegible]
10. State or Country of Mother's Birth: Minnesota U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: Arlington, Minn.

NOTARY (Seal)

Sworn to and sworn to before me on [illegible] 7 [illegible]

12. Signature of Notary: [illegible]
13. Notary Commission expires: December [illegible] 19[illegible]

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class A

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth: January [illegible] 1913
Birth Place: [illegible]
Full Name of Mother: Anna [illegible]
Name of Father: Albert [illegible]

SUPPORTING RECORD 2. Class [illegible]

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: [illegible]
Name of Father: [illegible]

SUPPORTING RECORD 3. Class [illegible]

Type of Document: [illegible]
By whom issued and signed: [illegible]
Date Issued: [illegible]
Date Orig. Entry: [illegible]
Date of Birth: [illegible]
Birth Place: [illegible]
Full Name of Mother: Anna [illegible]
Name of Father: Albert [illegible]

SUPPORTING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration, and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]
Evidence reviewed by: [illegible]
Date filed: [illegible]

*Class A records are those made and dated before the Registrar's fourth birthday.
Class B Records are those made after the fourth birthday, but are at least [illegible] old.

396420-022-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-383
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: KENNETH C. BROWER
2. Date of Birth: (month) AUGUST (day) 20 (year) 1913
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County IDAHO FREMONT; b. City or Town of Birth KILGORE

FATHER

6. Full Name of Father: James A. Brower
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Sharp
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kenneth C. Brower
11. Present Address of Registrant: St Anthony, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 24 1956
12. Signature of Notary: Donald L. Burnett
13. Notary Commission expires: July 1 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: AFFIDAVIT BY MOTHER	By whom issued and signed: ALICE SHARP BROWER	Date Issued: 2-27-56	Date Orig. Entry:	
	Date of Birth: August 20 1913	Birth Place: Kilgore, Idaho Fremont County	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 2. Class A	Type of Document: Statement re CHURCH RECORD	By whom issued and signed: L.D.S. CHURCH Pocatello, Idaho	Date Issued: 3-2-56	Date Orig. Entry: blessed Nov. 23, 1913	
	Date of Birth: August 20 1913	Birth Place: Kilgore, Idaho Fremont County	Full Name of Mother: Alice Sharp	Name of Father: James A. Brower	
SUPPORTING RECORD 3. Class B	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: UNITED BENEFIT LIFE INSURANCE COMPANY	Date Issued:	Date Orig. Entry: applied June 30, 1949	
	Date of Birth: August 20 1913	Birth Place: Kilgore Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Betty Waller	April 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #9067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Filing No. [illegible]
Local Reg. No.
Reg. Dist. No.

APR 11 1956

Department of Public Health
Division of Vital Statistics
Boise, Idaho

CERTIFICATE (Person whose birth is being registered)	1. Legal Name (Full Name of Birth)	2. Date of Birth (month) (day) (year)
	3. Color or Race	4. Sex
	5. Place of Birth (Country)	6. City or Town of Birth
FATHER	8. Full Name of Father	7. State or Country of Father's Birth
MOTHER	9. Full Maiden Name of Mother	8. State or Country of Mother's Birth
PREPARED BY	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY (Seal)	Sworn and sworn to [illegible]	12. Signature of Notary
		13. Notary Commission expires

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Full Name of Mother	Name of Father	
	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth	Birth Place	Full Name of Mother	Name of Father
		Kilgore Idaho		

CERTIFICATION	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing contract.		
	Date Registered	Evidence reviewed by	Date Filed
		[illegible]	April 11, 1956

*Class A Records are those made and dated before the Registration Court birthday.
Class B Records are those made after the Court birthday but are at least 5 years old.

095-106-004-316

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-386
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford David Minson			2. Date Of Birth (month) July (day) 6th. (year) 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: David Minson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Hazel Law			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford David Minson		11. Present Address of Registrant: Paris, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 9, 1956	12. Signature of Notary: Fred J. Price		13. Notary Commission expires: Oct. 1, 1958

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: AFFIDAVIT BY UNCLE	By whom issued and signed: CHARLES I. LAW Paris, Idaho	Date Issued: 4-9-56	Date Orig. Entry:
Class* B	Date of Birth: July 6 1913 / Birth Place: Paris, Idaho	Full Name of Mother: Hazel Law	Name of Father: David Minson	
SUPPORTING RECORD 2.	Type of Document: SON'S BIRTH CERTIFICATE	By whom issued and signed: STATE OF IDAHO #261734	Date Issued:	Date Orig. Entry: child born Oct. 16, 1937
Class B	Date of Birth: 24 years old / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: APPLICATION FOR INSURANCE	By whom issued and signed: BENEFICIAL LIFE INSURANCE CO. #240711	Date Issued:	Date Orig. Entry: 1943
Class B	Date of Birth: July 6 1913 / Birth Place: Paris, Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Betty Waller	Date Filed: April 11, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

APR 11 1956

392-202-1035-563

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-603
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Alice Marie Libert
2. Date of Birth (month) (day) (year): August 2 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Lewiston, Idaho Nez Perce
b. City or Town of Birth: Lewiston

FATHER

6. Full Name of Father: William Henry Libert
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Alice Genevieve Nolan
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Alice Libert Williams
11. Present Address of Registrant: Anniston Ord. Depot, Ala.

NOTARY (Seal)

Subscribed and sworn to before me on: May 25 1956
12. Signature of Notary: Lyra E Melton
13. Notary Commission expires: My Commission [illegible] 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* A	church record	Church of St. Stanislaus Lewiston, Idaho		baptized Aug. 13, 1913
	Date of Birth August 2, 1913	**Birth Place** Lewiston Idaho	**Full Name of Mother** Alice Nolan	**Name of Father** William Libert
SUPPORTING RECORD 2. Class B	daughter's birth certificate	Iowa State Department of Health #82C - 544		child born March 22, 1947
	Date of Birth 33 years old	**Birth Place** Lewiston Idaho	**Full Name of Mother**	**Name of Father**
SUPPORTING RECORD 3. Class B	affidavit by older brother	John F. Nolan, Sr. Emmetsburg, Iowa	5-4-56	
	Date of Birth August 2, 1913	**Birth Place** Lewiston Idaho	**Full Name of Mother** Alice Nolan Libert	**Name of Father** William H. Libert

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	Betty Waller	June 6, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 7 1955

141-218101-297

Department of Public Health
Division of Vital Statistics
Boise, Idaho.

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-606
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MYRA Lea Adams		2. Date of Birth (month) August (day) 18 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Nampa Ida. Canyon; b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: William Guy Adams		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Alfaretta Biggs Adams		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myra Lea Adams Bjaff	11. Present Address of Registrant: Route #5 Nampa
NOTARY (Seal)	Subscribed and sworn to before me on: 18 Day of May 1956	12. Signature of Notary: E H Baltzor	13. Notary Commission expires: 9-9- 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's Birth Certificate	By whom issued and signed: on file Vital Statistics Boise, File # 426667	Date Issued:	Date Orig. Entry: Oct 3, 1946
Class* B	Date of Birth: Age 33	Birth Place: Nampa, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism Grace Episcopal Church	By whom issued and signed: Nampa, Idaho, Rev. Jos. W. Gunn	Date Issued: May 24, 1925	Date Orig. Entry: May 24, 1925
Class B	Date of Birth: Aug. 18, 1913	Birth Place: Nampa, Idaho	Full Name of Mother: Alfaretta Adams	Name of Father: William G. Adams
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother	By whom issued and signed: Alfaretta Adams	Date Issued: May 18, 1956	Date Orig. Entry:
Class B	Date of Birth: Aug 18, 1913	Birth Place: Nampa, Idaho	Full Name of Mother: Alfaretta Adams	Name of Father: William G. Adams
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
J W Benson	Joyce B. Foltz	June 4, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

STATE OF IDAHO

1. NAME OF CHILD (First, Middle, Last)

2. SEX

3. THIS BIRTH

4. DATE OF BIRTH (Month, Day, Year)

5. BIRTHPLACE (City or Town)

6. COUNTY OF BIRTH

7. NAME OF FATHER (First, Middle, Last)

8. RACE OF FATHER

9. AGE OF FATHER AT THIS BIRTH

10. BIRTHPLACE OF FATHER (State or Foreign Country)

11. MAIDEN NAME OF MOTHER

12. RACE OF MOTHER

13. AGE OF MOTHER AT THIS BIRTH

14. BIRTHPLACE OF MOTHER (State or Foreign Country)

15. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING

16. NUMBER OF CHILDREN OF THIS MOTHER NOW DEAD

17. NUMBER OF OTHER CHILDREN BORN DEAD

18. DATE LAST LIVING CHILD OF THIS MOTHER WAS BORN

19. DATE LAST OTHER CHILD OF THIS MOTHER WAS BORN DEAD

20. DATE LAST MARRIAGE OF THIS MOTHER

21. DATE LAST MARRIAGE OF THIS FATHER

22. I hereby certify that I attended the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

23. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

24. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

25. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

26. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

27. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

28. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

29. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

Signature

Address

Date Signed

30. I hereby certify that I was present at the birth of this child who was born alive at the time stated above.

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Signature

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Date Signed

29,4-109-005-213

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De56-742
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: RUSSELL MARVIN SIMONS

2. Date of Birth: (month) July (day) 9 (year) 1913

3. Color or Race: white

4. Sex: male

5. Place of Birth: Idaho — a. County: Benewah — b. City or Town of Birth: Sanders

FATHER

6. Full Name of Father: James Albert Simons

7. State or Country of Father's Birth: Woodstock, Ontario, Canada

MOTHER

8. Full Maiden Name of Mother: Myrtle Violet Bates

9. State or Country of Mother's Birth: Fergus Falls, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Russell M. Simons

11. Present Address of Registrant: Star Rt Moses Lake Wn,

NOTARY (Seal)

Subscribed and sworn to before me on July 13 1956

12. Signature of Notary: Carl R. Morgan

13. Notary Commission expires: Sept 13 1958

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class* B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Bible record	photostat viewed by this office		obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9 1913	Sanders Idaho	Myrtle Bates	James Simons

SUPPORTING RECORD 2.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
marriage affidavit	State of Idaho County of Benewah	7-5-56	applied Mar. 18, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
25 years old			

SUPPORTING RECORD 3.

Class B

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by cousin	Mabel Schofield Benewah County, Idaho	7-5-56	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 9 1913	Sanders Idaho	Myrtle Violet Bates	James Robert Simons

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Brown	bw Betty Waller	July 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 18 [illegible]

1. Name of child — (First) (Middle) (Last)

2. Date of Birth — July 5

3. Place of Birth — County: Bonneville

4. Sex — Female

5. Full name of father — James Albert Simons

6. Birthplace of father — Idaho

7. Name or maiden name of mother — Myrtle Bates

8. Birthplace of mother — Idaho

9. Signature of applicant — Myrtle Bates

10. Relationship of applicant to child — Mother

11. Present address of applicant — [illegible]

12. Notary Certificate completed

Subscribed and sworn to before me on [illegible] (Day, month, year)

(Notarial seal)

13. Type of document — Affidavit

14. Date of birth given above — July 5, 1949

15. Place of birth given above — Idaho

16. Full name as recorded — Myrtle Bates

17. Name under which registered — Myrtle Bates

18. Date issued — [illegible]

19. Date filed — [illegible]

20. Signature and title of issuing official — [illegible]

21. Evidence presented by — Affidavit of Witness

22. Date filed — [illegible]

23. Name of witness — James Simons

24. Date issued — [illegible]

25. Date filed by State Registrar — [illegible]

26. Name of witness — James Robert Simons

27. Date issued — [illegible]

28. Date filed by State Registrar — [illegible]

29. Name of witness — [illegible]

30. Date issued — [illegible]

31. Date filed by State Registrar — [illegible]

32. Name of witness — [illegible]

33. Date issued — [illegible]

34. Date filed by State Registrar — [illegible]

35. Name of witness — [illegible]

36. Date issued — [illegible]

37. Date filed by State Registrar — [illegible]

38. Name of witness — [illegible]

39. Date issued — [illegible]

40. Date filed by State Registrar — [illegible]

41. Name of witness — [illegible]

42. Date issued — [illegible]

43. Date filed by State Registrar — [illegible]

44. Name of witness — [illegible]

45. Date issued — [illegible]

46. Date filed by State Registrar — [illegible]

47. Name of witness — [illegible]

48. Date issued — [illegible]

49. Date filed by State Registrar — [illegible]

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62. Name of witness — [illegible]

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67. Date filed by State Registrar — [illegible]

68. Name of witness — [illegible]

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71. Name of witness — [illegible]

72. Date issued — [illegible]

73. Date filed by State Registrar — [illegible]

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94. Date filed by State Registrar — [illegible]

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96. Date issued — [illegible]

97. Date filed by State Registrar — [illegible]

98. Name of witness — [illegible]

99. Date issued — [illegible]

100. Date filed by State Registrar — [illegible]

314-114-028-334

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-782
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel MacDonald Lamb	2. Date of Birth (month) July (day) 14 (year) 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Harrison, Kootenai	b. City or Town of Birth: Harrison
FATHER	6. Full Name of Father: Thomas Lamb	7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Clara Maud Cluphf	9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel MacDonald Lamb; 11. Present Address of Registrant: W3104 Central, Spokane, Wa
NOTARY (Seal)	Subscribed and sworn to before me on: 5/20/56 19	12. Signature of Notary: T David Gimsey; 13. Notary Commission expires: 5/16/58 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: affidavit by mother		By whom issued and signed: Clara Maud Reed, Los Angeles, California	Date issued: 3-1-56	Date Orig. Entry:
	Date of Birth: July 14 1913	Birth Place: Harrison Idaho	Full Name of Mother: Clara Maud Cluphf	Name of Father: Thomas Lamb	
SUPPORTING RECORD 2. Class B	Type of Document: census record		By whom issued and signed: Department of Commerce Bureau of the Census	Date issued: 2-14-56	Date Orig. Entry: Census of 1920, Jan. 1
	Date of Birth: 6 years old	Birth Place: Idaho	Full Name of Mother: Clara M. Lamb	Name of Father: Thomas Lamb	
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate		By whom issued and signed: Boise, Idaho Idaho File #269803	Date issued: July 6, 1938	Date Orig. Entry:
	Date of Birth: Age 24	Birth Place: Harrison, Ida.	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Verna Reisch	July 31, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

AUG 1 1956

535-23-030-794

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-842
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roberta Henrietta Cleveland
2. Date of Birth (month) (day) (year): Oct. 31 1913
3. Color or Race: White
4. Sex: Fem.
5. Place of Birth a. County: MAY LEMHI
b. City or Town of Birth: May

FATHER

6. Full Name of Father: Will Luther Cleveland
7. State or Country of Father's Birth: Tennessee

MOTHER

8. Full Maiden Name of Mother: Myrtle Grubb
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Howard Archer
11. Present Address of Registrant: 4401 Cedar, Boise

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 17 1956
12. Signature of Notary: Phoebe D. McGrath
13. Notary Commission expires: Aug. 6 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own Child's birth certificate	State of Idaho-232927	6-21-35	

Class* B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	May, Idaho		

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit	Will Luther Cleveland-Father	Aug. 17, 1956	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 31, 1913	May, Idaho	Myrtle Grubb	Will Luther Cleveland

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family Bible	Saloma Cleveland-Grandmother	Feb. 17, 1883	

Class B

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 31, 1913	May, Idaho		

QUALIFYING INFORMATION

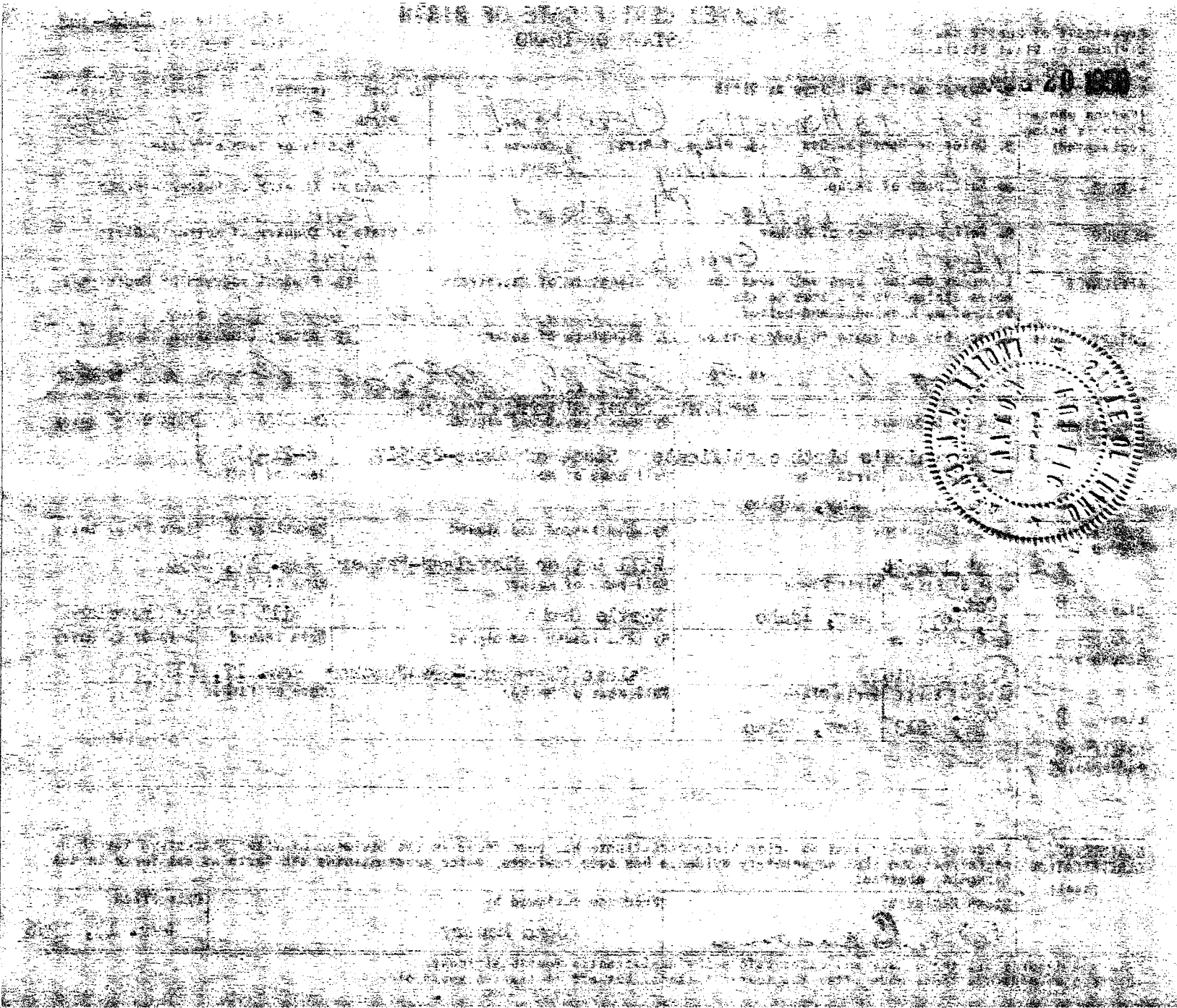
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joan Mowery	Aug. 17, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #0067



459-10-001-553

Department of Public Health
Division of Vital Statistics
Boise, Idaho

AUG 24 1956

Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-878
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Silas David Merrill		2. Date of Birth (month) April (day) 10 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Silas King		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Martha Rosetta Nelson		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Silas David Merrill	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 10 1956	12. Signature of Notary: Rhoda J. McGrath	13. Notary Commission expires: Aug. 6 1960	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Record of Adoption	By whom issued and signed: Boise, Idaho, Ada County Third Judicial Dist. Court	Date Issued: Jan. 14, 1920	Date Orig. Entry:	
	Date of Birth: Apr.10,1913	Birth Place:	Full Name of Mother: Martha Rosetta King	Name of Father: Legally adopted by May Merrill, Ada County, Boise.	
SUPPORTING RECORD 2. Class B	Type of Document: Affidavit by Mother	By whom issued and signed: Olympia, Washington Rosetta Eggleston	Date Issued: August 10, 1956	Date Orig. Entry:	
	Date of Birth: April 10, 1913	Birth Place: Boise, Idaho	Full Name of Mother: Martha Rosetta Nelson	Name of Father: Silas King	
SUPPORTING RECORD 3. Class B	Type of Document: Child's birth certificate	By whom issued and signed: Bureau of Vital Statistics Washington #133	Date Issued: Aug.16,56	Date Orig. Entry: July 27,1936	
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother:	Name of Father:	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Verna Reisch	August 24,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

AUG 24 [illegible]

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRANT	1. Regist. [illegible] Full Name of Birth Elias David Merrill	2. Date of Birth (Month) (Day) (Year) April 10 1913
	3. Sex of Decedent Age Male	4. Place of Birth (Country) (Locality) (Street) (Hospital) Idaho
FATHER	5. Full Name of Father Elias King	7. State or Country of Father's Birth Idaho
MOTHER	8. Full Maiden Name of Mother Martha Josephine Heisey	9. State or Country of Mother's Birth Idaho
AFFIDAVIT	10. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present Address of Registrant
	12. Signature of Notary	13. Notary Commission expires [illegible]

Type of Document Record of Location	By whom issued and signed Boise, Idaho, Ada County Third Judicial Dist. Court	Date Issued / Date Orig. Entry Jan. 14, 1960
Date of Birth / Birth Place	Full Name of Mother	Name of Father Legally adopted by [illegible]
Type of Document Affidavit by Mother	By whom issued and signed [illegible]	Date Issued / Date Orig. Entry
Date of Birth / Birth Place 10, 1913 Boise, Idaho	Full Name of Mother Martha Josephine Heisey	Name of Father Elias King
Type of Document Childs Birth Certificate	By whom issued and signed Bureau of Vital Statis Washington #133	Date Issued / Date Orig. Entry Aug. 10, 60 July 27, 1956
Date of Birth / Birth Place Aug 23 Idaho	Full Name of Mother	Name of Father

SUPPORTING RECORD 1

SUPPORTING RECORD 2

SUPPORTING RECORD 3

QUALIFYING INFORMATION

I hereby certify that no other birth certificate has been issued in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Surrogate Registrar	Date Filed
[illegible]	Mr. [illegible] Reisch	August 24, 1956

*Class 1 Records are those made and dated before the Registrar's Court Directly.
Class 2 Records are those made after the Court Directly but are [illegible]

236-223-018-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-919
Local Reg. No.
Reg. Dist. No.

RECEIVED MAR 27 1952 DIVISION OF VITAL STATISTICS

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Maxine S.Scott
2. Date of Birth: (month) Aug. (day) 23 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Clearwater; b. City or Town of Birth: Elk River

FATHER

6. Full Name of Father: Earl Calvin Scott
7. State or Country of Father's Birth: Peabody, Kansas

MOTHER

8. Full Maiden Name of Mother: Edith Mae Wallingford
9. State or Country of Mother's Birth: Dodge County, Nebr.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Maxine S Scott
11. Present Address of Registrant: Chinook Hotel, Kelso, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: Feb. 27th 1952
12. Signature of Notary: Joseph P. Kartes
13. Notary Commission expires: Nov. 1st 1952

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Edith M. Scott		
Class* B	Date of Birth: Aug. 23, 1913 — Birth Place: Elk River, Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 2.	Family Record Sheet	photostat copy viewed by this office		before 1946
Class B	Date of Birth: August 23, 1913 — Birth Place: Elk River Idaho	Full Name of Mother: Edith Mae Wallingford	Name of Father: Earl Calvin Scott	
SUPPORTING RECORD 3.	Social Security Record	Treasury Department	April 27, 1944	
Class B	Date of Birth: August 25, 1913 — Birth Place: Elk River, Ida.	Full Name of Mother: Edith Mae Wallingford	Name of Father: Earl Calvin Scott	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	bw Verna Reisch	Sept.7,1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP

1. NAME OF CHILD: Maxine S. Scott

2. SEX: Female

3. THIS BIRTH: Single

4. DATE OF BIRTH: Aug. 23, 1913

5. AGE: (Months) (Days) (Years)

6. CITY OR TOWN OF BIRTH: Ola

7. COUNTY OF BIRTH: Gem

8. NAME OF FATHER: Carl Calvin Scott

9. BIRTHPLACE OF FATHER: Illinois

10. AGE OF FATHER: 29

11. NAME OF MOTHER: Ruby Ellsworth

12. BIRTHPLACE OF MOTHER: Idaho

13. AGE OF MOTHER: 23

14. NAME AND ADDRESS OF INFORMANT: Ruby Ellsworth Scott, Ola, Idaho

15. DATE FILED: Sept. 7, 1965

16. REGISTRAR'S NO.: 1965-39

17. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

18. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

19. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

20. DATE ISSUED: April 27, 1966

21. SIGNATURE OF PERSON ISSUING CERTIFICATE: Carl Calvin Scott

22. TITLE OF PERSON ISSUING CERTIFICATE: Registrar

23. DATE LAST MARRIED: Before 1965

24. NAME OF FATHER: Carl Calvin Scott

25. MAIDEN NAME OF MOTHER: Ruby Ellsworth

26. BIRTHPLACE OF MOTHER: Illinois

27. DATE OF BIRTH: August 28, 1913

28. BIRTHPLACE OF CHILD: Ola, Idaho

29. TYPE OF CERTIFICATE: Delayed Birth Record Sheet

30. CLASS: B

31. SIGNATURE OF PERSON REGISTERED: Maxine S. Scott

32. DATE SIGNED: Aug. 23, 1965

33. SIGNATURE OF PERSON WHO SUPERVISED DELIVERY: Dr. Lorin Nelson

34. DATE SIGNED: Aug. 23, 1965

35. ADDRESS: Ola, Idaho

36. SIGNATURE OF PHYSICIAN OR OTHER ATTENDANT: Dr. Lorin Nelson

37. DATE SIGNED: Aug. 23, 1965

38. ADDRESS: Ola, Idaho

39. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

40. DATE FILED: Sept. 7, 1965

41. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

42. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

43. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

44. DATE FILED: Sept. 7, 1965

45. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

46. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

47. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

48. DATE FILED: Sept. 7, 1965

49. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

50. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

51. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

52. DATE FILED: Sept. 7, 1965

53. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

54. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

55. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

56. DATE FILED: Sept. 7, 1965

57. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

58. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

59. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

60. DATE FILED: Sept. 7, 1965

61. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

62. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

63. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

64. DATE FILED: Sept. 7, 1965

65. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

66. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

67. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

68. DATE FILED: Sept. 7, 1965

69. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

70. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

71. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

72. DATE FILED: Sept. 7, 1965

73. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

74. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

75. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

76. DATE FILED: Sept. 7, 1965

77. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

78. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

79. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

80. DATE FILED: Sept. 7, 1965

81. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

82. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

83. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

84. DATE FILED: Sept. 7, 1965

85. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

86. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

87. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

88. DATE FILED: Sept. 7, 1965

89. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

90. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

91. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

92. DATE FILED: Sept. 7, 1965

93. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

94. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

95. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

96. DATE FILED: Sept. 7, 1965

97. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

98. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

99. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

100. DATE FILED: Sept. 7, 1965

101. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

102. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

103. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

104. DATE FILED: Sept. 7, 1965

105. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

106. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

107. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

108. DATE FILED: Sept. 7, 1965

109. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

110. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

111. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

112. DATE FILED: Sept. 7, 1965

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114. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

115. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

116. DATE FILED: Sept. 7, 1965

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118. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

119. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

120. DATE FILED: Sept. 7, 1965

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123. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

124. DATE FILED: Sept. 7, 1965

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127. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

128. DATE FILED: Sept. 7, 1965

129. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

130. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

131. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

132. DATE FILED: Sept. 7, 1965

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134. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

135. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

136. DATE FILED: Sept. 7, 1965

137. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

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143. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

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147. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

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151. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

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155. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

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163. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

164. DATE FILED: Sept. 7, 1965

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167. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

168. DATE FILED: Sept. 7, 1965

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172. DATE FILED: Sept. 7, 1965

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175. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

176. DATE FILED: Sept. 7, 1965

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178. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

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195. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

196. DATE FILED: Sept. 7, 1965

197. SIGNATURE OF REGISTRAR: Lee Lewis Esmond

198. DATE ACCEPTED FOR REGISTRATION: Sept. 7, 1965

199. SIGNATURE OF LOCAL REGISTRAR: Lee Lewis Esmond

200. DATE FILED: Sept. 7, 1965

455-116-013-354

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 1 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1010
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Samuel Charles Denny
2. Date Of Birth (month) JAN. (day) 16 (year) 1913
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Idaho Clark; b. City or Town of Birth: Kilgore

FATHER

6. Full Name of Father: John Henry Denny
7. State or Country of Father's Birth: Kentucky

MOTHER

8. Full Maiden Name of Mother: Una S. True
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Samuel Charles Denny
11. Present Address of Registrant: 12. W. Aluminum. Butte Mont.

NOTARY (Seal)

Subscribed and sworn to before me on: August 6 1956
12. Signature of Notary: Louise Coleno
13. Notary Commission expires: June 29 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Child's birth certificate	Vital Statistics, Boise, Ida. Idaho File #428647	November	23, 1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 33 / Kilgore, Idaho			
SUPPORTING RECORD 2. Class B	Insurance Policy	Chattanooga, Tenn. Provident Life Ins.	May 25,	1945
	January 16, 1913 / Kilgore, Idaho			
SUPPORTING RECORD 3. Class B	Affidavit by brother	Earl T. Denny	September	27, 1956
	January 16, 1913 / Kilgore, Idaho	Una S. Denny	John Henry Denny	

QUALIFYING INFORMATION

Union Pacific Railroad Company record: Born January 16, 1913.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	vr Verna Wilson	Oct. 3, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

CERTIFICATE OF BIRTH

OCT 3 1956

730

249-231 RECEIVED

Department of Public Health
Division of Vital Statistics
Boise, Idaho

OCT 5 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1032
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Lucille Smith		2. Date Of Birth (month) March (day) 31 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Kimberly
FATHER	6. Full Name of Father: Gerard Finley Smith		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Amanda Rebecca Edmiston		9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera L. Doherty	11. Present Address of Registrant: Rt. 3, Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 16 July 1956	12. Signature of Notary: Lillian S. Hamilton	13. Notary Commission expires: My Commission Expires January 11, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Child's birth certificate	By whom issued and signed: Boise, Idaho Idaho File #257424	Date Issued: July 10, 1937	Date Orig. Entry:
	Date of Birth: Age 24	Birth Place: Kimberly, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: Boise, Idaho Mutual Benefit Assoc.	Date Issued: 9-30-39	Date Orig. Entry:
	Date of Birth: March 31, 1913	Birth Place: Kimberly, Idaho	Full Name of Mother:	Name of Father:
SUPPORTING RECORD 3. Class B	Type of Document: Father and Affidavit by attendant	By whom issued and signed: Gerard Finley Smith	Date Issued: October 1, 1956	Date Orig. Entry:
	Date of Birth: March 31, 1913	Birth Place: Kimberly, Idaho	Full Name of Mother: Amanda Rebecca Edmiston	Name of Father: Gerard Finley Smith
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barnum	VR Verna Wilson	Oct. 5, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

RECEIVED
OCT 4 - 1956
Division of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1043
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Zona Bertrice Stump
2. Date of Birth: (month) February (day) 22 (year) 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Minidoka — Rupert

FATHER

6. Full Name of Father: Bert Jacob Stump
7. State or Country of Father's Birth: Tacoma, Washington

MOTHER

8. Full Maiden Name of Mother: Arrah Belle Poindexter
9. State or Country of Mother's Birth: Latah County Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Zona Bertrice Stump
11. Present Address of Registrant: 2873 Columbia St.

NOTARY (Seal)

Subscribed and sworn to before me on: September 26, 1956

12. Signature of Notary: Robert L. Irwin
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires Oct. 10, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	affidavit by mother	Arrah Stump	8-10-55	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	February 22, 1913 / Rupert, Idaho Minidoka County	Arrah Belle Poindexter	Bert Jacob Stump	
SUPPORTING RECORD 2. Class B	Return of Marriage Record	By whom issued and signed: Eugene, Oregon W. B. Dillard-Co. Clerk	Date Issued: Nov. 9, 55	Date Orig. Entry: Apr. 4, 1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 18 / Rupert, Idaho			
SUPPORTING RECORD 3. Class B	Voter's Registration	By whom issued and signed: Oregon, Lane County Hulda Burr-Deputy	Date Issued: Nov. 9, 55	Date Orig. Entry: April 7, 1950
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	February 22, 1913 / Idaho			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: bw Verna Wilson
Date Filed: Oct. 8, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #8067

DECEASED

296-385-835-439

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De56-1303
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hazel May Browning	2. Date Of Birth (month) (day) (year): May 8 1913
	3. Color or Race: white; 4. Sex: Female; 5. Place of Birth a. County: Lapwai Ida. nezperce	b. City or Town of Birth: Lapwai Idaho
FATHER	6. Full Name of Father: Emmett Wilman Browning	7. State or Country of Father's Birth: Lexington. Oregon.
MOTHER	8. Full Maiden Name of Mother: Edith Lucill McRoberts.	9. State or Country of Mother's Birth: Hartville Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel M. Gillespie; 11. Present Address of Registrant: R1 Box 101 Hermiston Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 2nd 1956	12. Signature of Notary: E. P. Dodd; 13. Notary Commission expires: March 5 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Edith L. Browning	Date issued: Oct. 22,	Date Orig. Entry: 1956
Class* B	Date of Birth: May 8 1913	Birth Place: Lapwai, Idaho	Full Name of Mother: Edith L. Browning	Name of Father: Emmett W. Browning	
SUPPORTING RECORD 2.	Type of Document: Application for Social Security Account No.		By whom issued and signed: U.S. Treasury Dept	Date issued: 7/31/1947	Date Orig. Entry:
Class B	Date of Birth: May 8, 1913	Birth Place: Lapwai, Idaho	Full Name of Mother: Edith Lucille McRoberts	Name of Father: Emmett Browning	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Lewis County, Idaho Supt., Mary Ellen McLead	Date issued: Dec. 10, 1956	Date Orig. Entry: Oct. 4, 1929
Class B	Date of Birth: age 16	Birth Place:	Full Name of Mother:	Name of Father: Emmett Browning	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	ss Shirley Straubhar	Dec. 21, 1956

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 9 1957

-689-118-021-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-052

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HESDEN WEO WRIGHT			2. Date Of Birth (month) (day) (year): January 18 1913	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Preston Idaho a. County: Franklin	b. City or Town of Birth: Franklin Idaho.	
FATHER	6. Full Name of Father: WALLACE BRUCE WRIGHT			7. State or Country of Father's Birth: Logan Utah.	
MOTHER	8. Full Maiden Name of Mother: EMMA MOSER			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hesden Wright		11. Present Address of Registrant: P.O. Box 2560 RENO NEVADA	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 3 1957	12. Signature of Notary: Dorothy B Hally		13. Notary Commission expires: June 12 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: U.S. Treasury Dept.		Date Issued: 12/1/36	Date Orig. Entry
	Date of Birth: Jan. 18, 1913	Birth Place: Franklin Co., Preston, Idaho	Full Name of Mother: Emma Moser	Name of Father: Wallace Bruce Wright	
SUPPORTING RECORD 2.	Type of Document: Son's birth certificate	By whom issued and signed: Nevada #633		Date Issued: 1/3/57	Date Orig. Entry: Child born June 2,1949
	Date of Birth: age 36	Birth Place: Idaho	Full Name of Mother	Name of Father	
SUPPORTING RECORD 3.	Type of Document: Discharge Papers	By whom issued and signed: U.S. Army		Date Issued: 1/8/44	Date Orig. Entry: Inducted Nov.23,1943
	Date of Birth: age 30yrs 10/12 Mo.	Birth Place: Preston,Idaho	Full Name of Mother	Name of Father	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Barrow	Shirley Straubhar	Jan. 18, 1957

FORM BH 56067

JAN 18 1957

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Date Filed: Dec 7-952

SUBJECT

1. Registered Full Name of Birth
2. Date of Birth
3. Sex
4. Place of Birth
5. County
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

AFFIDAVIT

I hereby declare under oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant
11. Present Address of Registrant

NOTARY

Subscribed and sworn to before me on

12. Signature of Notary
13. Notary Commission Expires

SUPPORTING RECORD 1

Type of Document: Social Security Record
By whom issued and signed: U.S. Treasury Dept.
Date Issued: 12/1/56
Date of Birth: Jan. 18, 1957
Place of Birth: 1013 Preston, Idaho
Full Name of Mother: Emma Moser
Name of Father: Wallace Bryce Wright

SUPPORTING RECORD 2

Type of Document: Son's birth certificate
By whom issued and signed: Nevada #693
Date Issued: 1/3/57
Date of Birth: Wright Place: Idaho
Full Name of Mother: Nevada
Name of Father: Wright Place: Idaho
Date of Birth: June 2, 1949

SUPPORTING RECORD 3

Type of Document: Discharge Papers
By whom issued and signed: U.S. Army
Date Issued: 1/8/44
Date of Birth: Nov. 23, 1938
Place of Birth: Wright Place: Idaho
Full Name of Mother: Nevada
Name of Father: Inducted

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found on the division of Vital Statistics for this registrant and that documentary evidence has been reviewed. Which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]
Evidence reviewed by: Shirley Sizemore
Date Filed: Jan. 18, 1957

463-210-032-796

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-067

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Hazel Mott			2. Date Of Birth (month) 9 (day) 10 (year) 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Shoshone Lincoln	b. City or Town of Birth: Shoshone	
FATHER	6. Full Name of Father: Lee Joseph Mott			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Marie Adaline Proff			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mildred Hazel Mott Barlson	11. Present Address of Registrant: Dietrich, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 17 19 57		12. Signature of Notary: Arnel Broyles	13. Notary Commission expires: 8-5 19 58	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father		By whom issued and signed: Lee Joseph Mott	Date Issued: 1/17/57	Date Orig. Entry:
	Date of Birth: Sept. 10, 1913	Birth Place: Shoshone, Ida.	Full Name of Mother: Marie Adaline Proff	Name of Father: Lee Joseph Mott	
SUPPORTING RECORD 2.	Type of Document: Insurance Record		By whom issued and signed: Oregon Mutual Life Insurance Company	Date Issued: 6/27/41	Date Orig. Entry:
	Date of Birth: Sept.10, 1913	Birth Place: Shoshone, Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: School Record		By whom issued and signed: Shoshone, Idaho High School	Date Issued: 11/5/56	Date Orig. Entry: Sept.4,1928
	Date of Birth: Sept.10, 1913	Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Barson	Evidence reviewed by: Shirley Straubhar	Date Filed: Jan. 25, 1957

FORM BH 56067

JAN 28 1957

45246-503-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-090

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Juanita Lois Duncan

2. Date of Birth (month) April (day) 16 (year) 1913

3. Color or Race: White

4. Sex: F

5. Place of Birth: a. County: Pocatello; b. City or Town of Birth: Bannock; Idaho

FATHER

6. Full Name of Father: Jesse Duncan

7. State or Country of Father's Birth: Missouri, U. S. A.

MOTHER

8. Full Maiden Name of Mother: Myrtle Jane Brown

9. State or Country of Mother's Birth: Kansas, U. S. A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Juanita Lois (Duncan) Gaither

11. Present Address of Registrant: Pocatello, Idah., RFD 2 N

NOTARY (Seal)

Subscribed and sworn to before me on: January 14, 1957

12. Signature of Notary: Floyd R. Barber

13. Notary Commission expires: May 28, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Myrtle Jane Duncan	1-14-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 16, 1813	Bannock County Pocatello, Idaho	Myrtle Jane Brown Duncan	

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	L.D.S. Pocatello 5th ward		July 14, 1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 16, 1913	Bannock County Pocatello, Idaho	Myrtle Brown	Jessie Duncan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	The American Home Benefit Association	2-28-45	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr. 16, 1913			

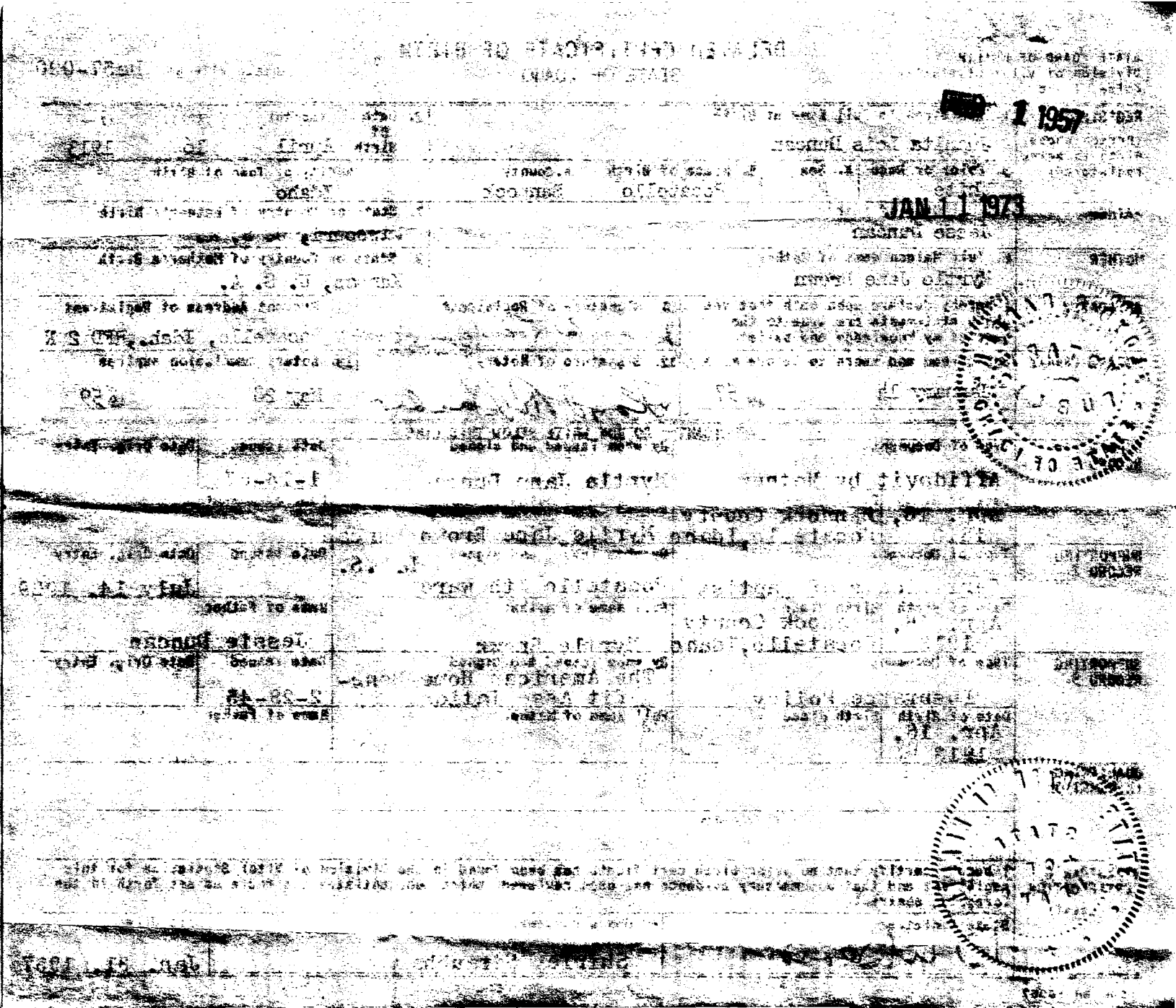
QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	Shirley Straubhar	Jan. 31, 1957

FORM BH 56067



DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1 1957

JAN 11 1973

Jessie Duncan

Myrtle Jane Brown

Kansas, U. S. A.

Pocatello, Idaho, RFD 2 X

Affidavit by Mother

Myrtle Jane Duncan

Pocatello, Idaho

Myrtle Jane Brown

Jessie Duncan

Apr. 16, 1918

Jan. 31, 1957

356-127-003-615

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-258

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Richard Wanner Crossley
2. Date Of Birth (month) (day) (year): January 27 1913
3. Color or Race: W
4. Sex: M.
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Thatcher

FATHER

6. Full Name of Father: William Henry Crossley
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Pauline Wanner
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Richard Wanner Crossley
11. Present Address of Registrant: 818 No. Arthur

NOTARY (Seal)

Subscribed and sworn to before me on: February 2 1957
12. Signature of Notary: Preston Frechtling
13. Notary Commission expires: December 18 1960

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt age 64	Rebecca Wanner Douglas	3-2-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 27, 1913	Bannock Co., Thatcher, Idaho	Pauline Wanner	William Henry Crossley

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Daughter's Birth Cert.	Idaho #271717		Child born 9-15-38

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25	Thatcher, Idaho		

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Pacific Life Benefit Association	3-17-42	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 29			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Straubhar	Mar. 12, 1957

FORM BH 56067

SEP 17 1973

249-101-044-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-267
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Charles Samuel Smith
2. Date of Birth (month) (day) (year): May 1st 1913
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Washington
b. City or Town of Birth: Rural

FATHER

6. Full Name of Father: Samuel ~~Robert~~ Richard Smith
7. State or Country of Father's Birth: ~~Indiana~~ Utah

MOTHER

8. Full Maiden Name of Mother: Cora Waldrop
9. State or Country of Mother's Birth: ~~Idaho~~ Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Charles S Smith
11. Present Address of Registrant: Rt. 1, Weiser, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 14, 1956
12. Signature of Notary: Elizabeth Coulter
13. Notary Commission expires: January 20, 1956

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class*_____	Affidavit by Mother	Cora Waldrop Smith - Mother	7-9-56	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 1, 1913 / Washington County	Cora Waldrop	Samuel R. Smith	
SUPPORTING RECORD 2. Class_____	Family Bible Record	Mother - Cora Waldrop Smith	Bible viewed by Notary Public, Elizabeth Coulter, Appears very old.	
	May 1, 1913 / Washington County	Cora and	Samuel Smith	
SUPPORTING RECORD 3. Class_____	Own Child's Birth Certificate	State of Idaho #50-7418	Child's Birthdate June 22, 1950	
	Age 37 / Washington County			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W M Benson
Evidence reviewed by: Shirley Cooper
Date Filed: 3-12-57

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH #8067

RELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist.

REGISTRAR: 1. Registrar's Full Name of Birth — Date of Birth: May 1st 1913

Person of Birth is Registered: [illegible] Samuel Smith

2. Date of Birth: [illegible] 14 1957

3. Sex: Male — 4. Place of Birth: Washington — 5. Place of Birth: Kuna

FATHER: 6. Full Name of Father: Samuel Smith — 7. State or Country of Father's Birth: Indiana Utah

MOTHER: 8. Full Maiden Name of Mother: Cora [illegible] — 9. State or Country of Mother's Birth: Oregon

ATTEST: 1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief. — 10. Signature of Registrant: [illegible] — 11. Present Address of Registrant: [illegible], Idaho

NOTARY (Seal): Subscribed and sworn to before me on December 1, 19 58 — 12. Signature of Notary: [illegible] — 13. Notary Commission expires: January 20, 19 58

SUBSCRIBING RECORD: Type of Document: [illegible] — Date Issued: [illegible] — Date Orig. Entry: [illegible]

Date of Birth: Birth Place — Full Name of Mother — Name of Father

SUBSCRIBING RECORD: Type of Document: [illegible] — By whom issued and signed: [illegible] — Date Issued: [illegible] — Date Orig. Entry: [illegible]

Date of Birth: Birth Place — Full Name of Mother — Name of Father

Class: [illegible]

SUBSCRIBING RECORD: Type of Document: [illegible] — By whom issued and signed: [illegible] — Date Issued: [illegible] — Date Orig. Entry: [illegible]

Date of Birth: Birth Place — Full Name of Mother — Name of Father

Class: [illegible]

SEAL

[illegible] that no other birth certificate was been found in the division of Vital Statistics for this [illegible] and that documents, [illegible] have been reviewed, which substantiate the facts as set forth in the [illegible]

Evidence reviewed by: [illegible] — Date Filed: [illegible]

Class [illegible] made [illegible] the [illegible] at least [illegible]

3/2224/031-264

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-316

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Alley Taber			2. Date of Birth (month) April (day) 24, (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis	b. City or Town of Birth: Winchester
FATHER	6. Full Name of Father: James Clarence Taber			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Southwick			9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Taber Appleberry		11. Present Address of Registrant: 319 So 2nd W Missoula Mont.
NOTARY (Seal)	Subscribed and sworn to before me on: Mar. 18 1957	12. Signature of Notary: Raymond F. Gray		13. Notary Commission expires: Dec 11 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

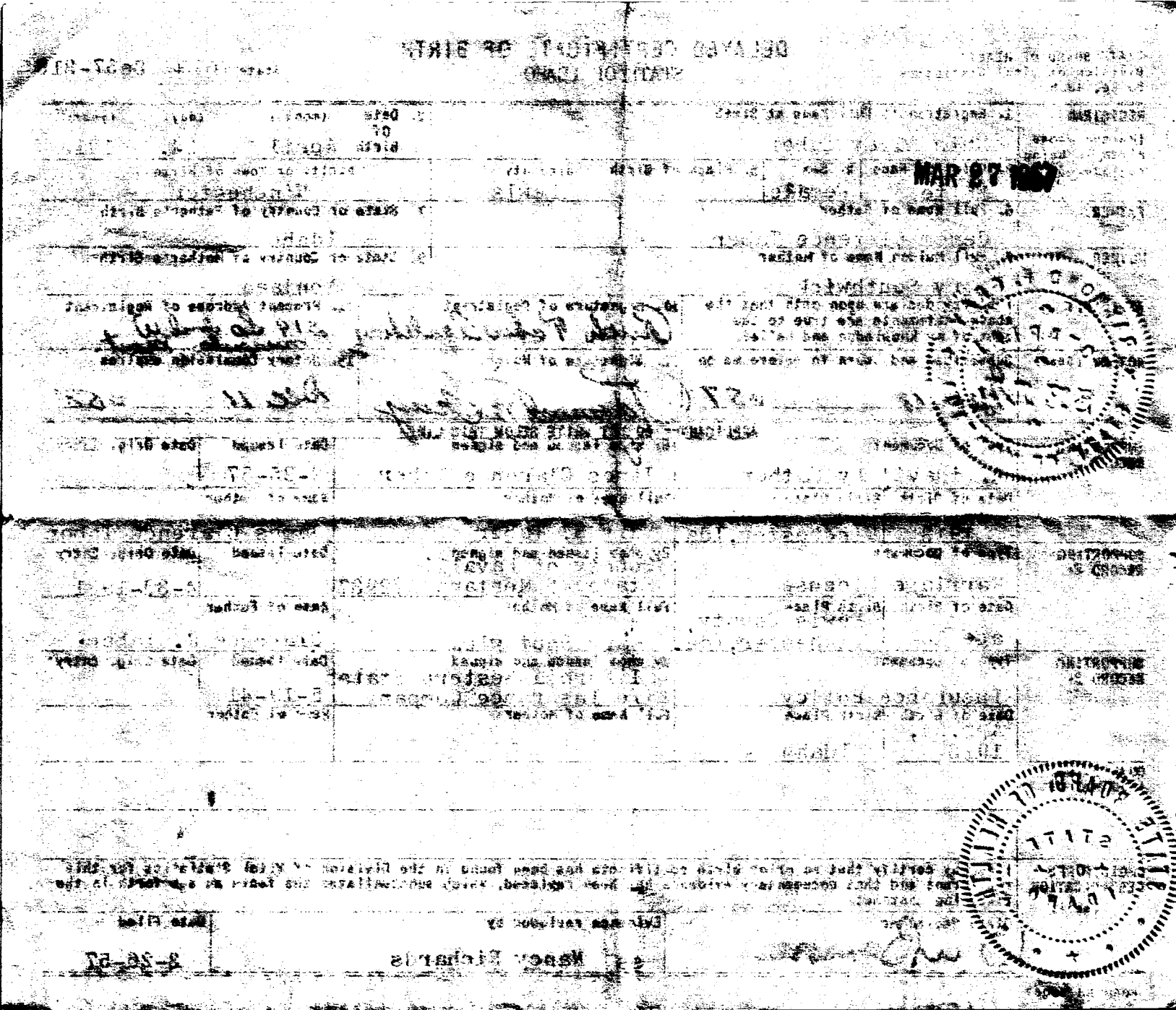
SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: James Clarence Taber	Date Issued: 2-25-57	Date Orig. Entry:
	Date of Birth: Apr. 24, 1913 / Birth Place: Lewis County, Winchester, Ida.	Full Name of Mother: Mary S. Taber	Name of Father: James Clarence Taber	
SUPPORTING RECORD 2.	Type of Document: Marriage License	By whom issued and signed: County of Favalli State of Montana #2937	Date Issued:	Date Orig. Entry: 4-30-1931
	Date of Birth: age 18 / Birth Place: Lewis County, Winchester, Ida.	Full Name of Mother: Mary Southwick	Name of Father: Clarence J. Taber	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: California Western States Life Insurance Company	Date Issued: 5-19-41	Date Orig. Entry:
	Date of Birth: Apr. 24, 1913 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Bennett	ss Nancy Richards	3-26-57

FORM BH 56067



215-204-024-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Louise Sanders			2. Date of Birth (month) July (day) 4 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Dry Creek or Bliss
FATHER	6. Full Name of Father: Arthur F. Sanders			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Nellie Pearl Weech			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise S Hill		11. Present Address of Registrant: Box 976 Carbin, Nev.
NOTARY (Seal)	Subscribed and sworn to before me on: April 23 1957	12. Signature of Notary: J. L. Wetherg.		13. Notary Commission expires: Aug. 7 1960

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Pacific Mutual Life Ins. Co.	Date Issued: 6-27-30	Date Orig. Entry:
	Date of Birth: July 4, 1913 / Birth Place: Gooding Co. Dry Creek, Idaho	Full Name of Mother: ---	Name of Father: Arthur F. Sanders	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #376151	Date Issued:	Date Orig. Entry: child born July 6, 1943
	Date of Birth: age 30 / Birth Place: Bliss, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nellie Pearl Sanders	Date Issued: 4-23-57	Date Orig. Entry:
	Date of Birth: July 4, 1913 / Birth Place: Dry Creek or Bliss, Idaho	Full Name of Mother: Nellie Pearl Weech	Name of Father: Arthur F. Sanders	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: nr Nancy Richards	Date Filed: April 29, 1957

FORM BH 56067

APR 30 1957

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person about birth is being registered)	1. Facts relating to Place of Birth: Pearl Mellie Sanders	2. Date of Birth (month) July (day) 4 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Greeding
	6. Full Name of Father: Arthur F. Sanders	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Pearl Weech	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]	
NOTARY	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]	

DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Date of Birth: July 4, 1913	Birth Place: Greeding Co., Dry Creek, Idaho	Date Issued: [illegible]
	Name of Mother: Arthur F. Sanders		
SUPPORTING RECORD 2	Date of Birth: Apr 30	Birth Place: Elias, Idaho	Date Issued: [illegible]
	Name of Mother: ---		
SUPPORTING RECORD 3	Date of Birth: [illegible]	Birth Place: [illegible]	Date Issued: [illegible]
	Name of Mother: Arthur F. Sanders		

Supporting Record 3 — Type of Document: Affidavit of Mother; Date of Birth: [illegible]; Birth Place: [illegible]; Name of Mother: Mellie Pearl Weech; Date Issued: [illegible]; Date Orig. Entry: [illegible]; Name of Father: Arthur F. Sanders

QUALIFYING INFORMATION

Note: This is to be a certificate that no other birth certificate has been found in the Division of Vital Statistics for this [illegible] that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible].

State Registrar	Evidence reviewed by: [illegible]	Date Filed: April 29, 1957

434-11-8102 5-347

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-554

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Everett McMillan			2. Date of Birth (month) December (day) 18, (year) 1913	
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County: Stites / Idaho	b. City or Town of Birth	
FATHER	6. Full Name of Father: Truman Sampson McMillan			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Rosa Nellie Tupper			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: William Everett McMillan	11. Present Address of Registrant: Rt. 2, Box 383, Central i[illegible] Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 3, 1957 19		12. Signature of Notary: James Sunded	13. Notary Commission expires: November 3, 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Social Security Board	Date Issued:	Date Orig. Entry: Oct. 26, 1939
	Date of Birth: Dec. 18, 1913	Birth Place: Stites, Idaho	Full Name of Mother: Nellie Rozetta Tupper	Name of Father: Trueman Smith McMillan
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Rosa N. McMillan	Date Issued: 5-3-57	Date Orig. Entry:
	Date of Birth: Dec. 18, 1913	Birth Place: Idaho County Stites, Idaho	Full Name of Mother: Rosa N. McMillan	Name of Father: Truman Sampson McMillan
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Washington #408 certified copy	Date Issued: 5-26-55	Date Orig. Entry: child born Aug. 7, 1936
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barzon	Nancy Richards	May 27, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 27 1957

2. Date of birth: December 18, 1913	
	3. Place of birth: Idaho
4. Sex: M	
	5. State or Country of Father's birth: IDAHO
	6. State or Country of Mother's birth: Nebraska
7. Color or race: White	
8. Full name of husband: Thurman Benjamin Bell	
9. Full maiden name of wife: Nona Bell Ada Tubber	
10. Residence at time of marriage: [illegible]	
11. Date of marriage: [illegible]	
12. Number of previous marriages: [illegible]	
13. Husband's occupation: [illegible]	
14. Wife's occupation: [illegible]	
15. Date application received by Bureau: [illegible]	
16. Social Security Account Number: [illegible]	
17. Signature of Registrar: [illegible]	
18. Date Issued: May 27, 1957	

1. Name of Decedent: Thurman Benjamin Bell	
2. Sex: M	3. Date of Death: November 3, 1952
4. Social Security Account Number: [illegible]	
5. Residence: [illegible]	
6. Date of Birth: December 18, 1913	
7. Birthplace: Idaho	
8. Name of Father: Benjamin Bell	
9. Birthplace of Father: [illegible]	
10. Maiden Name of Mother: [illegible]	
11. Birthplace of Mother: [illegible]	
12. Informant: [illegible]	
13. Burial, Cremation, Removal: [illegible]	
14. Place of Death: [illegible]	
15. Date Filed: [illegible]	
16. Signature of Registrar: [illegible]	
17. Date Issued: May 27, 1957	

REGISTRAR'S CERTIFICATE OF DEATH

STATE OF IDAHO

1. Name of Decedent: Thurman Benjamin Bell	
2. Sex: M	3. Date of Death: November 3, 1952
4. Social Security Account Number: [illegible]	
5. Residence: [illegible]	
6. Date of Birth: December 18, 1913	
7. Birthplace: Idaho	
8. Name of Father: Benjamin Bell	
9. Birthplace of Father: [illegible]	
10. Maiden Name of Mother: [illegible]	
11. Birthplace of Mother: [illegible]	
12. Informant: [illegible]	
13. Burial, Cremation, Removal: [illegible]	
14. Place of Death: [illegible]	
15. Date Filed: [illegible]	
16. Signature of Registrar: [illegible]	
17. Date Issued: May 27, 1957	

764212-015-281

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-676
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Awanda Poulsen
2. Date Of Birth (month) (day) (year): August 19, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County:
b. City or Town of Birth: Central, Idaho

FATHER

6. Full Name of Father: William C. Poulsen
7. State or Country of Father's Birth: Franklin, Idaho

MOTHER

8. Full Maiden Name of Mother: Lola Bertha Sharp
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wanda Cockrell
11. Present Address of Registrant: Route 1, Salmon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 21 19 57

12. Signature of Notary: Frederick Hughes Snook
13. Notary Commission expires: September 21 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by father	W. C. Poulsen	6-3-57	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug. 19, 1913 / Central, Idaho	Lola Bertha Sharp	W. C. Poulsen	
SUPPORTING RECORD 2. Class B	Marriage Record	By whom issued and signed: Lemhi County Salmon, Idaho	Date Issued: 5-31-57	Date Orig. Entry: March 15, 1930
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 16 / ---	Lola Poulsen	W. C. Poulsen	
SUPPORTING RECORD 3. Class B	School Record	By whom issued and signed: Lemhi County Board of Education, Salmon, Ida.	Date Issued: 5-31-57	Date Orig. Entry: Sept. 15, 1929
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 16 / ---	---	W. C. Poulsen	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Benson	Nancy Richards	July 2, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 10 19[illegible]

1. Name of Birth	2. Date of Birth	August 19, 1913
3. Place of Birth		Central, Idaho
4. Full Name of Father	5. State or Country of Father's Birth	Franklin, Idaho
6. Full Maiden Name of Mother	7. State or Country of Mother's Birth	Utah
8. Place of Birth		Female
9. Full Name of Father		William C. Poulsen
10. Full Maiden Name of Mother		Lola Bertha Sharp
11. Present Address of Registrant		Route 1, Salmon, Idaho
12. Signature of Registrant		
13. Notary Commission Expires		September 21, 1959
14. Signature of Notary		
15. Date of Issuance		June 21, 19[illegible]

Supporting Record	Type of Document	Date Issued	Date Orig. Entry
1	Affidavit by Father	[illegible]	
	Date of Birth	Birth Place	Full Name of Mother
	[illegible] 13	Central, Idaho	Lola Bertha Sharp
	Name of Father		
	W. C. Poulsen		
Supporting Record 2	Type of Document	Date Issued	Date Orig. Entry
	Marriage Record	5-31-57	March 15, 1930
	Date of Birth	Birth Place	Full Name of Mother
	Age 16	---	Lola Poulsen
	Name of Father		
	W. C. Poulsen		
Supporting Record 3	Type of Document	Date Issued	Date Orig. Entry
	School Record	5-31-57	Sept. 15, 1929
	Date of Birth	Birth Place	Full Name of Mother
	Age 16	---	---
	Name of Father		
	W. C. Poulsen		

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] Registrant.

Nancy Richards — July 2, 1957

386-302-002-613

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-694
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alta Margaret Thorp			2. Date of Birth (month) (day) (year): August 2 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Goodrich — Adams County	b. City or Town of Birth: Goodrich, Idaho
FATHER	6. Full Name of Father: James Thomas Thorp			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Edith Margaret Wallace			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Alta M. Wray	11. Present Address of Registrant: 4548 Eagle Street, Los Angeles
NOTARY (Seal)	Subscribed and sworn to before me on: June 24 1957		12. Signature of Notary: Mary H. Dilgard, Los Angeles County, Calif.	13. Notary Commission expires: Cal. June 30 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Social Security Account Number		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Aug. 11, 1937
Class* B	Date of Birth: Aug. 2, 1913	Birth Place: Goodrich, Idaho	Full Name of Mother: Edith Margaret Wallace	Name of Father: James Thomas Thorp	
SUPPORTING RECORD 2.	Type of Document: (present at birth) Affidavit by sister, born 1895		By whom issued and signed: Lydia Ruhamah Myers	Date Issued: 10-5-56	Date Orig. Entry:
Class B	Date of Birth: Aug. 2, 1913	Birth Place: Goodrich, Idaho	Full Name of Mother: Edith Margaret (Wallace) Thorp	Name of Father: James Thomas Thorp	
SUPPORTING RECORD 3.	Type of Document: Bible Record		By whom issued and signed: Viewed by County Clerk, Union Co., LaGrande, Ore.	Date Issued: on 8-22-56	Date Orig. Entry: a long time ago
Class B	Date of Birth: Aug. 2, 1913	Birth Place: —	Full Name of Mother: —	Name of Father: James T. Thorp	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	July 9, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

SEP 1 3 [illegible]

REGISTRANT

1. Registrant's Full Name at Birth: Alta Margaret Thorp
2. Date of Birth (month) (day) (year): August 2 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Goodrich, Adams County
6. City or Town of Birth: Goodrich, Idaho
7. State or Country of Father's Birth: Oregon
8. State or Country of Mother's Birth: Iowa

FATHER

9. Full Name of Father: James Thomas Thorp
10. Maiden Name of Mother: Alta Margaret Wallace

CERTIFICATION

I, Alta Margaret Wallace Thorp, declare upon oath that the statements above are true to the best of my knowledge and belief.

11. Signature of Registrant: Alta Margaret Wallace Thorp
12. Present Address of Registrant: 4545 Eagle Street, Los Angeles
13. Signature of Notary: [illegible]
14. Notary Commission expires: June 30 1958

Subscribed and sworn to before me on June 24 1957

Los Angeles County, Calif.

EFFECTIVE

SUPPORTING RECORD 1.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class B	Application for Social Security Account Number	Treasury Dept.	Aug. 11, 1937	

SUPPORTING RECORD 2.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class B	Affidavit by Sister, Lora Thorp	Lydia Richard Myers	10-5-56	

SUPPORTING RECORD 3.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class B	[illegible]	[illegible]	[illegible]	long time ago

SUPPORTING RECORD 4.	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Class B	[illegible]	[illegible]	[illegible]	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Goodrich, Idaho	Alta Margaret Wallace Thorp	James Thomas Thorp
[illegible]	[illegible]	[illegible]	James E. Thorp

EVIDENCE

I certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Registrar: [illegible]

Evidence reviewed by: Nancy Richards

Date Filed: July 9, 1957

238-12-017-455

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-730
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: STANLEY ALVIN SCHALLER
2. Date of Birth (month) (day) (year): FEBRUARY 24 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: SPENCER, CLARK
   b. City or Town of Birth: SPENCER, IDAHO

FATHER

6. Full Name of Father: Leon E. Schaller
7. State or Country of Father's Birth: COLORADO

MOTHER

8. Full Maiden Name of Mother: MARY CLAIRE DEVANEY
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanley Alvin Schaller
11. Present Address of Registrant: Rt 2 3 Umatilla Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: June 6th 1957
12. Signature of Notary: Cyril G Brownell
13. Notary Commission expires: Sept. 28th 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	Affidavit by father	Samuel Earl Schaller	6-27-57	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Feb. 24, 1913 / Spencer, Idaho	Clare M. Devaney	Samuel Earl Schaller	
SUPPORTING RECORD 2. Class B	Insurance Policy	Mutual Benefit Health & Accident Association	12-10-42	Dec. 4, 1942
	Feb. 24, 1913 / Idaho	---	---	
SUPPORTING RECORD 3. Class B	Identification Card	U. S. Coast Guard	5-23-44	May 23, 1944
	age 31 / Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Nancy Richards	July 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRATION	1. Registrant's Full Name at Birth	2. Date of Birth
	3. Place of Birth	4. Sex
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPROVAL	9. Hereby declare upon oath that the statements are true to the best of my knowledge and belief.	10. Signature of Registrant
		11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary
		13. Notary Commission expires

SUPPORTING RECORD	Type of Document: Birth by Father	By whom issued and signed: Russell Earl Schaller	Date Issued: 6-21-57	Date Orig. Entry
	Date of Birth: Birth Place			
	Idaho			
SUPPORTING RECORD	Type of Document: Insurance Policy	By whom issued and signed: Accident Association	Date Issued: 11-10-42	Date Orig. Entry: Dec. 4, 1942
Class	Date of Birth: 2/4/ 13	Birth Place: Idaho	Full Name of Father: —	Name of Father: —
SUPPORTING RECORD	Type of Document: Identification Card	By whom issued and signed: [illegible] Guard	Date Issued: 4-23-44	Date Orig. Entry: [illegible], 1944
Class	Date of Birth: 2/4/ 31	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION

CERTIFICATION

Certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible].

State Registrar	Evidence reviewed by	Date filed
	Nancy [illegible]	July 16, 1957

*Clerk's Records are those made [illegible] the [illegible] found [illegible]
Clerk's Records are those [illegible] but are at [illegible] years old.

251-127-010 -5-18

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De57-733
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Levi Snarr			2. Date of Birth (month) March (day) 27 (year) 1913
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Falls	b. City or Town of Birth: Bonneville — Idaho Falls, Idaho
FATHER	6. Full Name of Father: James Errol Snarr			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marinda May Naylor Snarr			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Snarr		11. Present Address of Registrant: 2600 Teton St. Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 6 1957	12. Signature of Notary: Lloyd L. Brown		13. Notary Commission expires: March 22 1959

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* A	Type of Document: Church Record	By whom issued and signed: LDS Church, Salt Lake City	Date Issued: 8-29-56	Date Orig. Entry: July 6, 1913	
	Date of Birth: March 27, 1913	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Marinda Naylor	Name of Father: James Erroll Snarr	
SUPPORTING RECORD 2. Class B	Type of Document: Insurance Policy	By whom issued and signed: United Benefit Life Ins.Co.	Date Issued: 4-9-45	Date Orig. Entry: Apr. 9, 1945	
	Date of Birth: age 32	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class B	Type of Document: (present at birth) Affidavit by person, age 72	By whom issued and signed: Abner C. Snarr	Date Issued: 7-9-57	Date Orig. Entry:	
	Date of Birth: March 27, 1913	Birth Place: Idaho Falls, Ida.	Full Name of Mother: Marinda May Snarr	Name of Father: James Errol Snarr	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	July 16, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUL 1-7 1957

235-110-029-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-745

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Edward Klemm			2. Date Of Birth (month) Dec. (day) 10th (year) 1913	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Genesee, Idaho	
FATHER	6. Full Name of Father: Andrew Klemm			7. State or Country of Father's Birth: Austria	
MOTHER	8. Full Maiden Name of Mother: Louise Kambitsch			9. State or Country of Mother's Birth: Genesee, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Edward Klemm	11. Present Address of Registrant: Genesee, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on June 25 19 57		12. Signature of Notary: Donald E Spence	13. Notary Commission expires: August 25, 1959 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Louise Klemm	Date Issued: 6-25-57	Date Orig. Entry:
	Date of Birth: Dec. 10, 1913	Birth Place: Latah Co. Genesee, Idaho	Full Name of Mother: Louise Kambitsch	Name of Father: Andrew Klemm	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism		By whom issued and signed: St. Mary Church, Roman Cath. Genesee, Idaho	Date Issued: 6-25-57	Date Orig. Entry: Feb. 4, 1914
	Date of Birth: Dec. 10, 1913	Birth Place: Genesee, Idaho	Full Name of Mother: Louise Kambitsch	Name of Father: Andrew Klemm	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: 4-23-41	Date Orig. Entry:
	Date of Birth: Dec. 10, 1913	Birth Place: Genesee, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	nr Nancy Richards	July 18, 1957

FORM BH 56067

JUL 19 1957

249-219-025-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-748

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Louise Smith		2. Date Of Birth (month) (day) (year): Jan. 19 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho, Idaho; b. City or Town of Birth: Kooskia
FATHER	6. Full Name of Father: Arthur George Smith		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Florence Williams		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen L. Hintz	11. Present Address of Registrant: 9306 Washington Broadfield Ill.
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1957	12. Signature of Notary: Jessie M. Jeter	13. Notary Commission expires: Dec. 10 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Aug. 19, 1943
	Date of Birth: Jan. 19, 1913	Birth Place: Kooskia, Idaho	Full Name of Mother: Florence Williams	Name of Father: Arthur George Smith	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy		By whom issued and signed: Aid Association for Lutherans	Date issued: 6-16-48	Date Orig. Entry: June 3, 1948
	Date of Birth: Jan. 19, 1913	Birth Place: Idaho	Full Name of Mother: Florence L. Smith	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Florence Smith	Date issued: 6-22-57	Date Orig. Entry:
	Date of Birth: Jan. 19, 1913	Birth Place: Idaho County Kooskia, Idaho	Full Name of Mother: Florence Williams	Name of Father: Arthur George Smith	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	July 19, 1957

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF ILLINOIS

JUL 22 1957

231-215-044-602

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Ethel States			2. Date of Birth (month) (day) (year): November 15, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: Newton Henry States			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Mary Loa Osburn			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Louis J. Matthews		11. Present Address of Registrant: 3635 NE 61st Portland 13, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 1957	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary Loa Osburn States Moore	Date Issued: 8-13-57	Date Orig. Entry:
	Date of Birth: Nov. 15, 1913 / Birth Place: Cambridge, Idaho	Full Name of Mother: Mary Loa Osburn	Name of Father: Newton Henry States	
SUPPORTING RECORD 2.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: State of Idaho #220653	Date Issued: Child's Birthdate March 19, 1934	Date Orig. Entry:
	Date of Birth: Age 20 / Birth Place: Idaho	Full Name of Mother:	Name of Father:	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Ada County, Idaho	Date Issued:	Date Orig. Entry: Oct. 29, 1931
	Date of Birth: Age 17 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [signature]	Evidence reviewed by: sc Nancy Richards		Date Filed: August 13, 1957

FORM BH 56067

1 Copy pd

AUG 14 1957

263-813-024-445

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-883
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thelma Leonora Bott
2. Date of Birth (month) Oct. (day) 13 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Gooding
b. City or Town of Birth: Wendell

FATHER

6. Full Name of Father: Cecil Henry Bott
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Leona Beatrice Dunn
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Bott Engelking
11. Present Address of Registrant: 756 So. Stout Blackfoot, Ida.

NOTARY (Seal)

Subscribed and sworn to before me on August 22 19 57

12. Signature of Notary: Douglas K Parkinson
13. Notary Commission expires 1-1 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Class A School District No. 262, Eden-Hazelton, Idaho	8-6-57	Sept. 2, 1929
Class* B	Date of Birth: Oct. 13, 1913 / Birth Place: Wendell, Idaho	Full Name of Mother: ---	Name of Father: Cecil Bott	
SUPPORTING RECORD 2.	Federal Census Record	U. S. Dept. of Commerce Bureau of the Census	8-15-57	Jan. 1, 1920
Class B	Date of Birth: age 6 / Birth Place: Idaho	Full Name of Mother: Leona Bott	Name of Father: Cecil H. Bott	
SUPPORTING RECORD 3.	Insurance Record	Pacific Mutual Life Ins. Co. of California		Feb. 12, 1936
Class B	Date of Birth: Oct. 13, 1913 / Birth Place: Idaho	Full Name of Mother: Leona Bott	Name of Father: Cecil H. Bott	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Nancy Richards	Sept. 3, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

SEP 4 1957
JUL 20 1961

REGISTRANT — 1. Registrant's Full Name of Birth
2. Date of Birth (month) (day) (year)
3. Sex
4. Place of Birth
5. City or Town of Birth
6. Full Name of Father
7. State or Country of Father's Birth
8. Full Maiden Name of Mother
9. State or Country of Mother's Birth

FATHER

MOTHER

AFFIDAVIT — I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant
11. Present Address of Registrant

NOTARY — Sworn, signed and sworn to before me on August 22 19 57
12. Signature of Notary
13. Notary Commission expires 1-1 19 60

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.
Type of Document: School Record
By whom issued and signed: Class A School District No. 202, Eden-Hazelton, Idaho
Date Issued: 9-5-57
Date Orig. Entry: Sept. 2, 1929
Date of Birth: [illegible]
Birth Place: [illegible], Idaho
Full Name of Mother: ---
Name of Father: [illegible]

SUPPORTING RECORD 2.
Type of Document: Federal Census Record
By whom issued and signed: U. S. Dept. of Commerce, Bureau of the Census
Date Issued: [illegible]
Date Orig. Entry: Jan. 1, 1930
Date of Birth: [illegible]
Birth Place: Idaho
Full Name of Mother: Laura Hott
Name of Father: Cecil H. Hott
Class

SUPPORTING RECORD 3.
Type of Document: Insurance Record
By whom issued and signed: Pacific Mutual Life Ins. Co. of California
Date Issued: Feb. 12, 1936
Date of Birth: Oct. 13, [illegible]
Birth Place: Idaho
Full Name of Mother: Leona Hott
Name of Father: Cecil H. Hott
Class

QUALIFYING INFORMATION

VERIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registration that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.

Date Registrar
Evidence reviewed by: [illegible]
Date Filed: Sept. 3, 1957

Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 9 years old.

Form [illegible]

868725-201-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1011

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Othel ALMON Hoyt
2. Date Of Birth (month) (day) (year): APRIL 25 1913
3. Color or Race: White
4. Sex: MALE
5. Place of Birth a. County: ADA
b. City or Town of Birth: BOISE IDAHO

FATHER

6. Full Name of Father: HARRY MYRON Hoyt
7. State or Country of Father's Birth: MINNESOTA

MOTHER

8. Full Maiden Name of Mother: ETHEL BREAKBILL ~~Hoyt~~
9. State or Country of Mother's Birth: MISSOURI

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Othel Almon Hoyt
11. Present Address of Registrant: RT-1 Box 23 KENNEWICK WASHINGTON

NOTARY (Seal)

Subscribed and sworn to before me on: October 15, 1957
12. Signature of Notary: Olive Dowton
13. Notary Commission expires: May 23, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Harry M. Hoyt and Ethel P. Hoyt	Date Issued: 10-16-57	Date Orig. Entry:	
	Date of Birth: April 25, 1913	Birth Place: Boise, Idaho	Full Name of Mother: Ethel P. Hoyt	Name of Father: Harry M. Hoyt	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: certified Washington #38456 copy	Date Issued: 8-31-56	Date Orig. Entry: child born Aug. 29, 1951	
	Date of Birth: age 38	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: 12-17-17	Date Orig. Entry: Dec. 17, 1917	
	Date of Birth: age next birthday-5 yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Nancy Richards	Oct. 17, 1957

FORM BH 56067

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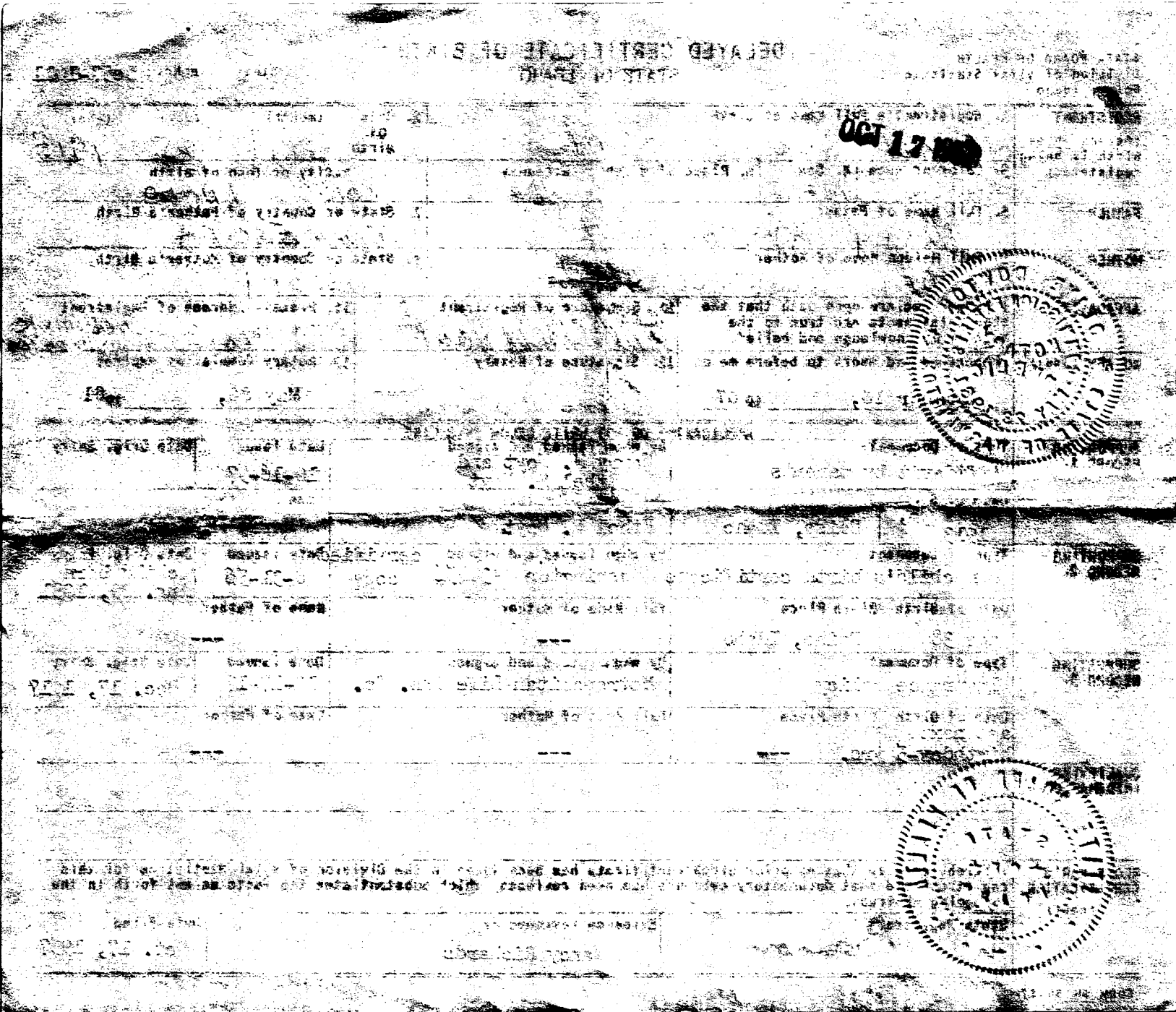


462-220-036-244

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1068
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Juanita Clara Moser
2. Date of Birth (month) (day) (year): Mar. 20 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Daniels Oneida
b. City or Town of Birth: Daniels Idaho

FATHER

6. Full Name of Father: Ernest Rensel Moser
7. State or Country of Father's Birth: Bern Switzerland

MOTHER

8. Full Maiden Name of Mother: Johannah Kummer
9. State or Country of Mother's Birth: Bern Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Juanita C. Pierson
11. Present Address of Registrant: 6941 So Redwood West Jordan Utah

NOTARY (Seal)

Subscribed and sworn to before me on September 7, 1957

12. Signature of Notary: Bill Hall, Probate Judge
13. Notary Commission expires: 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Church Record	March 20, 1913	Daniels, Idaho	LDS Church Independence, Mo.	---		Nov. 16, 1921	---
SUPPORTING RECORD 2. Class B	Social Security Record	March 20, 1913	Oneida Co. Daniels, Idaho	Treasury Dept.	Johanna Kummer		Dec. 13, 1948	Ernest R. Moser
SUPPORTING RECORD 3. Class B	Affidavit by father	March 20, 1913	Daniels, Idaho	Ernest R. Moser	Johannah Kummer	9-12-57		Ernest Rensel Moser

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

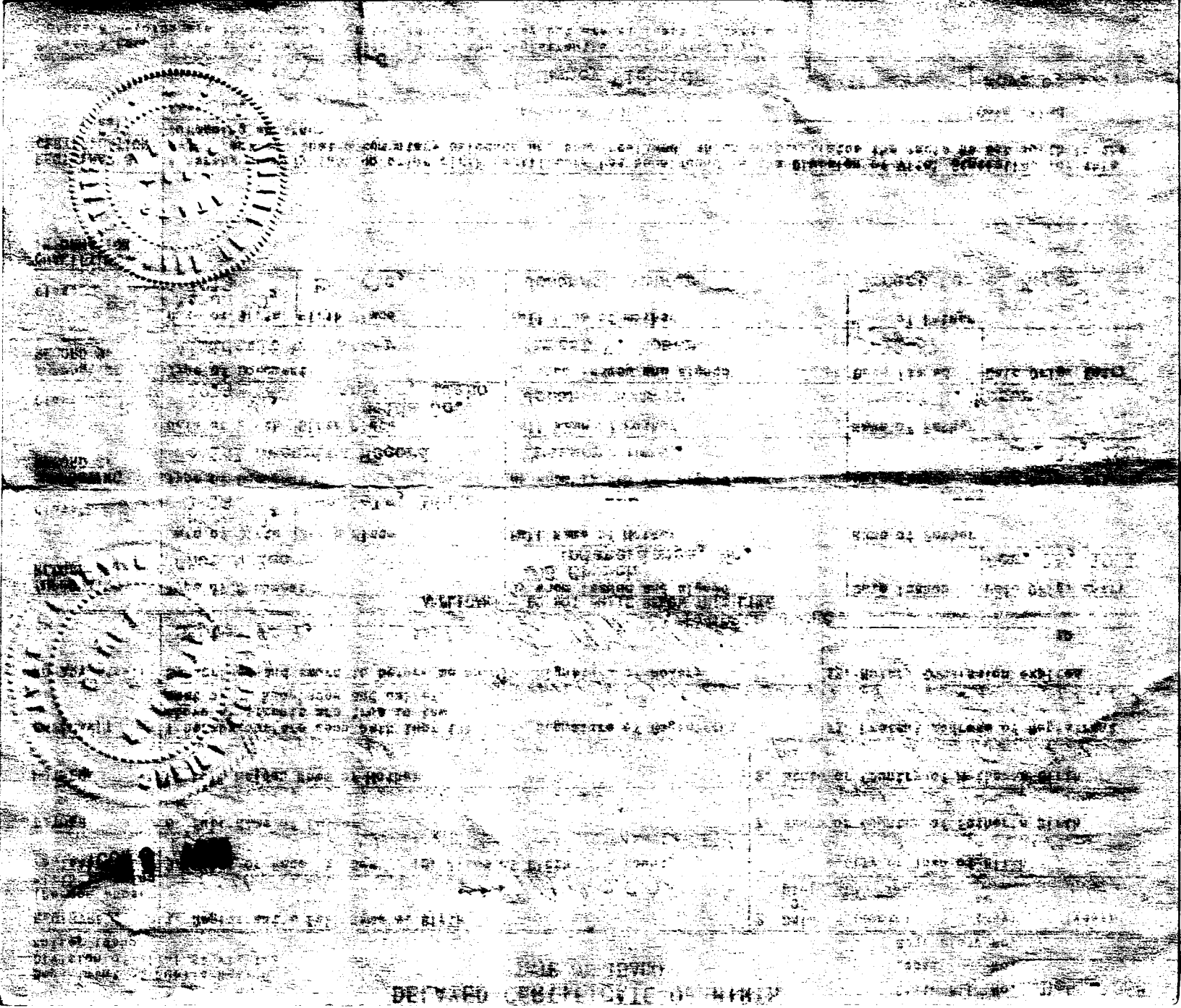
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Nov. 8, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

2 copies ltd



419-12-038-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1108

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jack Alfred Marshall
2. Date of Birth (month) (day) (year): May 21st 1913
3. Color or Race: white
4. Sex: male
5. Place of Birth a. County: Payette — b. City or Town of Birth: Payette Payette Idaho

FATHER

6. Full Name of Father: Roy C. Marshall
7. State or Country of Father's Birth: Nebraska United States of America

MOTHER

8. Full Maiden Name of Mother: Etta L. FOWLER [redacted]
9. State or Country of Mother's Birth: Nebraska United States of America

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jack Alfred Marshall
11. Present Address of Registrant: Hawaii Ave #2 Payette, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Nov. 20 1957
12. Signature of Notary: Duwaine L. Hebdon
13. Notary Commission expires: March 28 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by neighbor present at birth, age 21 at time	Bessie L. Stamey Sellards	11-20-57	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 21, 1913 / Payette, Idaho	Etta L. Fowler Marshall	Roy C. Marshall	
SUPPORTING RECORD 2.	Insurance Record	Equitable Life Assurance Soc.		June 28, 1945
	May 21, 1913 / Payette Co. Payette, Idaho	---	---	
SUPPORTING RECORD 3.	own child's birth certificate	Oregon #52-001122	5-27-52	child born Jan. 11, 1952
	age 38 / Payette Co., Idaho	---	---	

QUALIFYING INFORMATION

School Record, Payette Public Schools, Payette, Idaho, 11-19-57: age 6 years at time of entrance during school term 1919-1920; father Roy C. Marshall.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Nancy Richards	Nov. 22, 1957

FORM BH 56067

1 copy pd

JAN 18 1968

NOV 22

713-205-035-357

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1137
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Lavonne Palmer		2. Date Of Birth (month) (day) (year): January 5, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Snow
FATHER	6. Full Name of Father: Ernest H. Palmer		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Elizabeth L. Texido		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice L. Snyder	11. Present Address of Registrant: Chelan, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: October 25 1957	12. Signature of Notary: Lyle B. Higgins	13. Notary Commission expires: August 1 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record		By whom issued and signed: Spokane Public Schools, Wash.	Date Issued: 10-14-57	Date Orig. Entry: May 1, 1920
Class* B	Date of Birth: Jan. 5, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: E. H. Palmer	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: certified copy Washington #361	Date Issued: 7-8-52	Date Orig. Entry: child born March 1, 1939
Class B	Date of Birth: age 26	Birth Place: Snow, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: Ernest H. Palmer	Date Issued: 11-13-57	Date Orig. Entry:
Class B	Date of Birth: Jan. 5, 1913	Birth Place: Snow, Idaho	Full Name of Mother: Elizabeth L. Texido	Name of Father: Ernest H. Palmer	

QUALIFYING INFORMATION

Insurance Record, Metropolitan Life Ins. Co., 10-1-57: policy dated Sept. 1, 1919; age next birthday 7 years; born in Idaho; father Ernest H. Palmer.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Dec. 2, 1957

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DECLARED CERTIFICATE OF BIRTH

DEC

843-23-036-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De57-1171

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vesta Hutteballe
2. Date of Birth (month) Dec. (day) 31 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Oneida; b. City or Town of Birth Malad, Idaho

FATHER

6. Full Name of Father: Christian Hutteballe
7. State or Country of Father's Birth: Denmark

MOTHER

8. Full Maiden Name of Mother: Jo Anne Dennison
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vesta W. Jones
11. Present Address of Registrant: 1612 Walnut, San Carlos, California

NOTARY (Seal)

Subscribed and sworn to before me on November 18 19 57

12. Signature of Notary: James Cross Morae
13. Notary Commission expires: MY COMMISSION EXPIRES MARCH 28, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Jo Anne Hutteballe	Date Issued: 11-29-57	Date Orig. Entry:
	Date of Birth: Dec. 31, 1913	Birth Place: Malad, Idaho	Full Name of Mother: Jo Anne Hutteballe	Name of Father: Christian Hutteballe	
SUPPORTING RECORD 2.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: July 14, 1942
	Date of Birth: Dec. 31, 1913	Birth Place: Oneida Co. Malad, Idaho	Full Name of Mother: Joan Dennison	Name of Father: Christian Hutteballe	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #223084	Date Issued:	Date Orig. Entry: child born June 28, 1934
	Date of Birth: age 20	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Deason	Nancy Richards	Dec. 11, 1957

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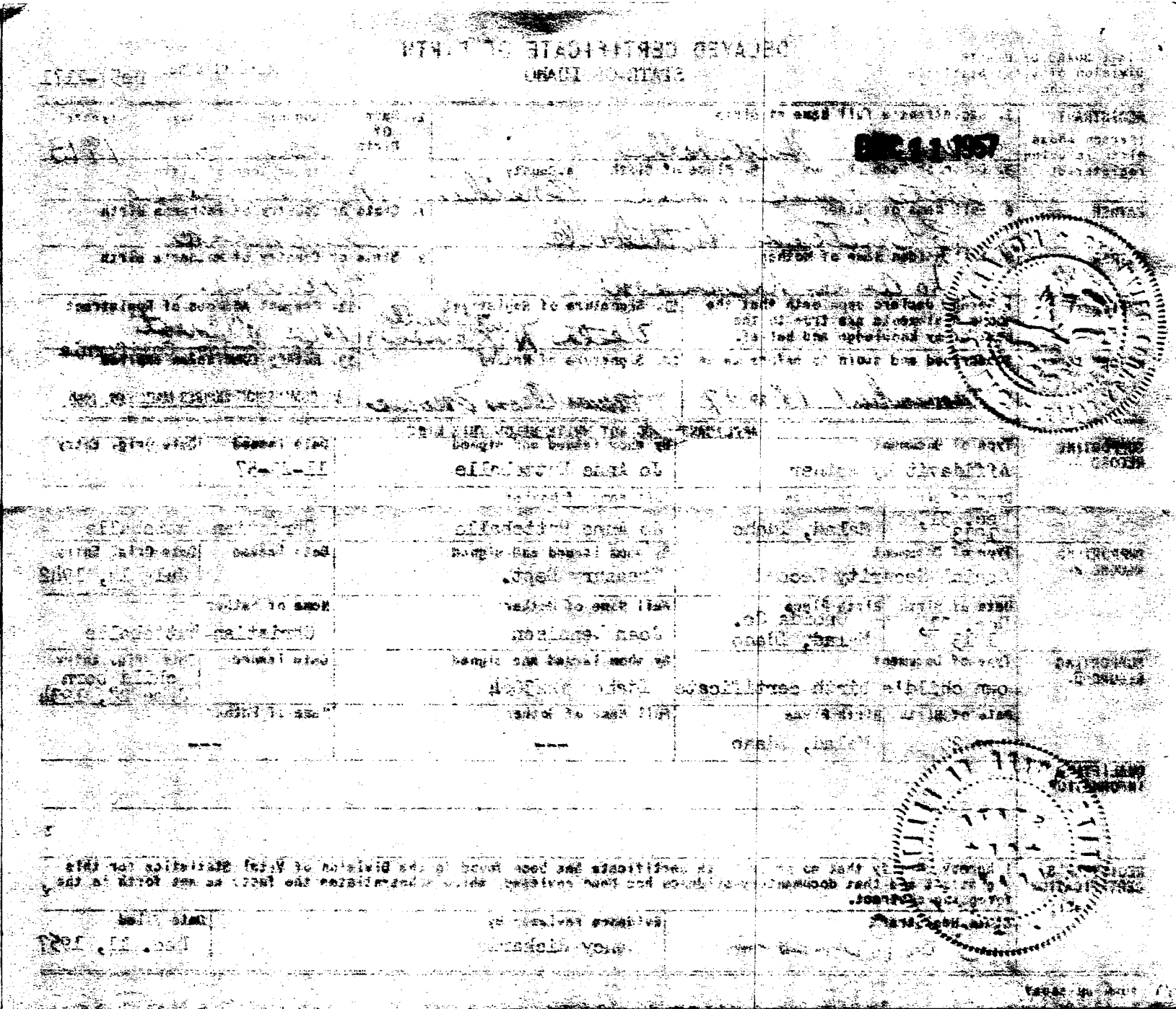


693204-001-962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. De58-014
Local Reg. No. 014
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Maurice Willsey
2. Date Of Birth (month) (day) (year): April 4 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Boise, Ada County
b. City or Town of Birth: Boise, Idaho

FATHER

6. Full Name of Father: Ernest Le Roy Willsey
7. State or Country of Father's Birth: Schorrie County, New York

MOTHER

8. Full Maiden Name of Mother: Bessie Ellen Roberts
9. State or Country of Mother's Birth: Boise, Ada County, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie Maurice Willsey (Mrs.)
11. Present Address of Registrant: Todd Ave, Fort Howard MD

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 17 1957
12. Signature of Notary: George E. Hook
13. Notary Commission expires: May 6 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: Affidavit by Aunt	By whom issued and signed: Mrs. Ora T. Willaims - age 75	Date Issued: 1-7-58	Date Orig. Entry:	
	Date of Birth: April 4, 1913	Birth Place: Boise, Idaho	Full Name of Mother: Bessie Ellen Roberts	Name of Father: Ernest LeRoy Willsey	
SUPPORTING RECORD 2. Class_____	Type of Document: Voting Record	By whom issued and signed: Tulsa County, Oklahoma	Date Issued:	Date Orig. Entry: Feb. 17, 1938	
	Date of Birth: April 4, 1913	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3. Class_____	Type of Document: Certificate of Age	By whom issued and signed: Central High School Tulsa Co., Oklahoma	Date Issued: 10-22-57	Date Orig. Entry: Sept. 10, 1934	
	Date of Birth: April 4, 1913	Birth Place: Idaho	Full Name of Mother: Bessie R. Willsey	Name of Father: Ernest L. Willsey	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Cooper	Jan. 7, 1958

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

Department of Public Health
Division of Vital Statistics
Boise, Idaho

JAN 8 1958

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

Date of Birth	April 4, 1914
Birth Place	Boise, Idaho
Birth Place	Ada County
Full Name of Father	Ernest LeRoy Willsey
Birth Place	Boise, Ada County, Idaho
Signature of Registrar	[illegible]
Signature of Notary	[illegible]
Notary Commission Expires	[illegible]

Date Issued	Date Orig. Entry	Date Issued	Date Orig. Entry
Mrs. Ora T. Williams - age 75	1-7-58		
Full Name of Mother			
Bessie Ellen Roberts	Ernest LeRoy Willsey		
Tulsa County, Oklahoma	Feb. 17, 1958		
Full Name of Mother		Name of Father	
Central High School Tulsa Co., Oklahoma	10-22-37	Sept. 10, 1934	
Full Name of Mother		Name of Father	
Bessie R. Willsey	Ernest L. Willsey		

Affidavit by Aunt

Boise, Idaho

Tulsa Record

Boise, Idaho

Certificate of Age

April 4, 1913 Idaho

Certificate of Birth

Date Filed: Jan. 7, 1958

Evidence Reviewed by: Shirley Cooper

349425-011-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-47

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HARRY ALLEN TURNER
2. Date of Birth (month) (day) (year): February 25, 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Addie, Idaho Boundary
b. City or Town of Birth:

FATHER

6. Full Name of Father: Nathaniel Almer Turner
7. State or Country of Father's Birth: Wisconsin U.S.A

MOTHER

8. Full Maiden Name of Mother: Stella May Bailey
9. State or Country of Mother's Birth: Deer Park, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harry Allen Turner
11. Present Address of Registrant: 13352 San Pablo Ave. San Pablo Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 26, 1957
12. Signature of Notary: Sue Powder
Harry Allen Turner
13. Notary Commission expires: Nov. 28, 1957

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Washington #220 certified copy	9-11-57	child born April 9, 1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 30	Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Stella M. Gerstenberger	11-22-57	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 25, 1913	Ponderay Co.) now Boundary Co. Addie, Idaho	Stella M. Bailey Turner	Nathanial Almer Turner

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record	U. S. Bureau of the Census	12-27-57	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 6	Idaho	Estella M. Turner	Nathinel A. Turner

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Jan. 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Full Name of Birth	2. Date of Birth (month) (day) (year)	
	3. Sex	4. Place of Birth (County)	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Maiden Name of Mother	9. State or Country of Mother's Birth	
	10. Place of Birth	11. Present Address of Registrant	
	12. Signature of Registrant	13. Notary Commission expires	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Amphibole birth certificate	By whom issued and signed: Washington Mass.	Date Issued: 9-10-57	Date Orig. Entry: April 9, 1943
	Date of Birth	Birth Place	Name of Father	
SUPPORTING RECORD 2	Type of Document: Affidavit by mother	By whom issued and signed: Stella M. [illegible]	Date Issued: 11-22-57	Date Orig. Entry
	Date of Birth: 1943	Birth Place: [illegible]	Name of Father: Nathaniel Almer Turner	
SUPPORTING RECORD 3	Type of Document: Federal Census Record	By whom issued and signed: [illegible]	Date Issued: 11-22-57	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: [illegible]	Birth Place: Idaho	Name of Father: Nathaniel M. Turner	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which accurately states the facts as set forth in the following items.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Jan. 24, 1958

165403-028-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-68

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Howard Ellis Jones		2. Date of Birth (month) December (day) 3 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Coeur d' Alene Kootenai; b. City or Town of Birth: Coeur d' Alene
FATHER	6. Full Name of Father: John David Jones		7. State or Country of Father's Birth: Wales
MOTHER	8. Full Maiden Name of Mother: Alice Maude (Stone) Jones		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Howard Ellis Jones	11. Present Address of Registrant: R2 Coeur d'Alene
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 1957	12. Signature of Notary: Maxine Whitney	13. Notary Commission expires: 31 March 4 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Nurse in attendance	By whom issued and signed: Mary H. Page - age 83	Date issued: January 21, 1958	Date Orig. Entry:
	Date of Birth: Dec. 3, 1913	Birth Place: Kootenai County Coeur d'Alene, Idaho	Full Name of Mother: Alice Maude Stone	Name of Father: John David Jones
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Papers	By whom issued and signed: United States Navy	Date issued: discharged 6 Nov. 45	Date Orig. Entry: entered 24 June 43
	Date of Birth: Dec. 3, 1913	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Photostatic copy of original Social Security Application	By whom issued and signed: Treasury Department Internal Revenue Service	Date issued: June 15, 1937	Date Orig. Entry:
	Date of Birth: Dec. 3, 1913	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Maude Stone	Name of Father: John David Jones
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Shirley Cooper	Jan. 31, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB. 3

495-101-033-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-97

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: **Edwin Walter Mielke**		2. Date Of Birth (month) (day) (year): **May 1 1913**	
	3. Color or Race: **white**	4. Sex: **male**	5. Place of Birth a. County: **Nez Perce**	b. City or Town of Birth: **Cameron, Idaho**
FATHER	6. Full Name of Father: **Fred Mielke**		7. State or Country of Father's Birth: **Minnesota**	
MOTHER	8. Full Maiden Name of Mother: **Therese Hartung**		9. State or Country of Mother's Birth: **Germaney**	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edwin Walter Mielke	11. Present Address of Registrant: **Kendrick, Idaho**	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 31st 1958	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan-11th 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document (present at birth): Affidavit by aunt, age 73	By whom issued and signed: Emma Hartung	Date Issued: 1-13-58	Date Orig. Entry:
	Date of Birth: May 1, 1913	Birth Place: Nez Perce Co. Cameron, Idaho	Full Name of Mother: Therese Hartung	Name of Father: Fred Mielke
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Geo. Finke Ev. Luth. Pastor	Date Issued:	Date Orig. Entry: July 20, 1913
	Date of Birth: May 1, 1913	Birth Place: Cameron, Idaho	Full Name of Mother: Therese Hartung	Name of Father: Fred Mielke
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #237384	Date Issued:	Date Orig. Entry: child born Sept. 7. 1935
	Date of Birth: age 22	Birth Place: Cameron, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION	School Record, Kendrick, Idaho, 1-15-58: school record of Sept. 6, 1927; birth date May 1, 1913.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. M. Benson	Evidence reviewed by: nr Nancy Richards		Date Filed: Feb. 10, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRATION	1. Registration Full Name of Birth: [redacted] 10 [redacted] Walter Mielke	2. Date of Birth: Month May, Day 1, Year 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Nez Perce
	6. Birth Place of Father: Fred Mielke	7. State or Country of Father's Birth: Minnesota	
	8. Birth Place of Mother: Theresa Hartung	9. State or Country of Mother's Birth: Germany	
	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Kendrick, Idaho	
	12. Signature of Notary: [signature]	13. Notary Commission Expires: [illegible]	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Present [illegible]	By whom issued and signed: [illegible]	Date Issued: 1-13-56	Date Orig. Entry:
	Date of Birth: 1913	Birth Place: Cameron, Idaho	Full Name of Mother: Theresa Hartung	Name of Father: Fred Mielke
SUPPORTING RECORD 2.	Type of Document: Hard Record	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: July 20, 1923
	Date of Birth: 1913	Birth Place: Cameron, Idaho	Full Name of Mother: Theresa Hartung	Name of Father: Fred Mielke
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: Sept. 7, 1925
	Date of Birth: 22	Birth Place: Cameron, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFIED INFORMATION: School Record, Kendrick, Idaho, 1-[illegible]-56; school record of Sept. 4, 1927; birth [illegible] 1, 1913.

CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	[illegible]	Feb. 10, 1958

FORM NO. [illegible]

789-208-014-859

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-309

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Philpott			2. Date Of Birth (month) June (day) 8 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Canyon	b. City or Town of Birth: Caldwell	
FATHER	6. Full Name of Father: Cory Allen Philpott			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Florence Violet Heilig			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Louise P. Nelson		11. Present Address of Registrant: 171 Elizabeth San Carlos, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: 3-28 1958	12. Signature of Notary: Emmett A. Ludwig		13. Notary Commission expires: 2/28 1960	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: April 10, 1943
	Date of Birth: June 8, 1913	Birth Place: Canyon Co. Caldwell, Idaho	Full Name of Mother: Florence Violet Hielig		Name of Father: Cory Allen Philpott
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #48-6494		Date Issued:	Date Orig. Entry: child born June 29, 1948
	Date of Birth: age 35	Birth Place: Caldwell, Idaho	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by cousin & neighbor at time of birth, 16 years senior	By whom issued and signed: Vera Heilig Edwards		Date Issued: 3-27-58	Date Orig. Entry:
	Date of Birth: June 8, 1913	Birth Place: Caldwell, Idaho	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	April 7, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]-309

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: [illegible]
2. Date (month) (day) (year): [illegible]
3. Sex: [illegible]
4. Place of Birth (County): [illegible]
5. Mailing Address: [illegible]

APR [illegible]

FATHER

6. Full Name of Father: [illegible]
7. State or Country of Father's Birth: [illegible]

MOTHER

8. Full Name of Mother: [illegible]
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [illegible]
11. Present Address of Registrant: [illegible]

NOTARY

Subscribed and sworn to before me: [illegible]
12. Signature of Notary: [illegible]
13. Notary Commission expires: [illegible]

APPLICATION - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Dept.		April 10, 1943
[illegible]	[illegible]		
[illegible] 1912	[illegible]		[illegible]

SUPPORTING RECORD 2

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible] birth certificate	[illegible]		June 29, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Caldwell, Idaho	---	---

SUPPORTING RECORD 3

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	3-27-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Caldwell, Idaho	---	---

CERTIFICATION

SEGISTRY CERTIFICATION

I hereby certify that no prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which authenticates the facts as set forth in the accompanying abstract.

Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	April 7, 1958

Form 40 [illegible]

213-25-017-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-360

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Celina Esther Bacon			2. Date of Birth (month) August (day) 25 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Clark	b. City or Town of Birth: Spencer
FATHER	6. Full Name of Father: George William Bacon			7. State or Country of Father's Birth: Kerrville, Texas
MOTHER	8. Full Maiden Name of Mother: Esther Lavisa Brown			9. State or Country of Mother's Birth: Ellsworth, Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Celina E. Fischer		11. Present Address of Registrant: 3843 Forrest Avenue, Memphis, Tennessee
NOTARY (Seal)	Subscribed and sworn to before me on: April 10, 1958	12. Signature of Notary: Ruth S. Faust		13. Notary Commission expires: January 5, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Esther L. Porter	Date Issued: 4-7-58	Date Orig. Entry:
	Date of Birth: Aug. 25, 1913 / Birth Place: near Spencer, Clark Co., Idaho	Full Name of Mother: Esther L. Porter (nee Brown)	Name of Father: George William Bacon	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Gila County, Arizona	Date Issued:	Date Orig. Entry: May 14, 1936
	Date of Birth: age 22 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Ft. Sam Houston, Texas--Registrar, Station Hospital	Date Issued:	Date Orig. Entry: child born Nov. 20, 1938
	Date of Birth: age 25 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: April 28, 1958

FORM BH 56067 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 29 [illegible]

REGISTRAR (Person above of the entry registrant)	1. Registrar's Name: Ballar Esther Bacon	2. Date of Birth (month) August (day) 25 (year) 1913	
	3. Number of Name: White	4. Sex: female	5. Place of Birth: Clark County
	6. Full Name of Father: George William Bacon	7. Birth of Town of Birth: Spencer	
FATHER		8. State or Country of Father's Birth: Kerrville, Texas	
MOTHER	9. Full Maiden Name of Father: Esther Lavisa Brown	10. State or County of Father's Birth: Ellsworth, Kansas	
AFFIDAVIT	11. Before declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [signature]	13. Present Address of Registrant: 3843 Forrest Avenue Memphis, Tennessee
NOTARY (Seal)	14. Subscribed and sworn to before me on: April 10, 1958	15. Signature of Notary: [signature]	16. Notary Commission expires: January 5, 1959

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom issued and signed: Esther L. Porter	Date Issued: [illegible]	Date Orig. Entry:
	Date of Birth: [illegible] 1913	Full Name of Mother: Esther L. Porter (see below)	Date Issued: George William Bacon	
SUPPORTING RECORD 2	Type of Document: Marriage Record	By whom issued and signed: Gila County, Arizona	Date Issued:	Date Orig. Entry: May 14, 1958
	Date of Birth: Birth Place: Apr 22	Full Name of Father: ---	Name of Father: ---	
SUPPORTING RECORD 3	Type of Document: Unchildlike birth certificate	By whom issued and signed: [illegible] Texas--Registrar, Station	Date Issued:	Date Orig. Entry: Child born May 22, 1958
	Date of Birth: Birth Place: Apr 25 Idaho	Full Name of Mother: ---	Name of Father: ---	

SUPPORTING

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered: [illegible]	Evidence Reviewed by: Nancy Richards	Date Filed: April 28, 1958

766-296-242 - 356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-458

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Ruth Goodman			2. Date Of Birth (month) April (day) 6 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Hansen, Idaho a. County: Twin Falls	b. City or Town of Birth: Hansen, Idaho	
FATHER	6. Full Name of Father: John Michael Goodman			7. State or Country of Father's Birth: North Carolina	
MOTHER	8. Full Maiden Name of Mother: Sadie Rebecca Tefft			9. State or Country of Mother's Birth: Nora, Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marjorie McCoy	11. Present Address of Registrant: P.O. Box 401, Kimberly, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 4 19 58		12. Signature of Notary: Donald S. Hulbert	13. Notary Commission expires: June 1 19 61	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: John M. Goodman	Date Issued: 3-4-58	Date Orig. Entry:
	Date of Birth: April 6, 1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: John M. Goodman	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #391324	Date Issued:	Date Orig. Entry: child born May 6, 1944
	Date of Birth: age 31 / Birth Place: Hansen, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 4, 1936
	Date of Birth: April 6, 1913 / Birth Place: Hansen, Idaho	Full Name of Mother: Sadie Rebecca Tefft	Name of Father: John M. Goodman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Jensen	nr Nancy Richards	May 28, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

MAY 28 [illegible]

Date of Birth	Month: April	Day: 6	Year: 1913
1. Full Name of Child	Marjorie Louise Goodman		
2. Sex	F		
3. Place of Birth	Hansen, Idaho	County: Twin Falls	
4. City or Town of Birth	Hansen, Idaho		
5. Full Name of Father	John Michael Goodman		
6. State or Country of Father's Birth	North Carolina		
7. Full Maiden Name of Mother	Nada Rebecca Leitt		
8. State or Country of Mother's Birth	Nora, Illinois		
9. I hereby declare upon oath that the statements are true to the best of my knowledge and belief			
10. Signature of Registrant	[illegible]		
11. Present Address of Registrant	P. O. Box 402, Kimberly, Idaho		
12. Subscribed and sworn to before me on	March 4, 1953		
13. Signature of Notary	[illegible]		
14. Notary Commission expires	June 1, 1951		

AFFIDAVIT: DO NOT WRITE BELOW THIS LINE

Type of Document	Affidavit by Father	By whom Issued and Signed	John M. Goodman
Date Issued	3-4-53	Date Orig. Entry	
Full Name of Mother		Name of Father	

SUPPORTING DOCUMENT 1

Type of Document	Birth certificate	By whom Issued and Signed	Idaho Department of Health
Date Issued	[illegible] 6, 1951	Date of Birth	[illegible] 31
Birth Place	Hansen, Idaho	Full Name of Mother	
Name of Father			

SUPPORTING DOCUMENT 2

Type of Document	[illegible]	By whom Issued and Signed	[illegible]
Date Issued	Dec. 4, 1952	Date of Birth	[illegible] 6, 1913
Birth Place	Hansen, Idaho	Full Name of Mother	Nada Rebecca Leitt
Name of Father	John M. Goodman		

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	May 28, 1953

239-215-036-336

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-494

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maude Adella Strouse		2. Date of Birth (month) (day) (year): Oct 15 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Oneida; b. City or Town of Birth: Daniels.
FATHER	6. Full Name of Father: Harry Strouse		7. State or Country of Father's Birth: S.D. Brown.
MOTHER	8. Full Maiden Name of Mother: Mary Ann Lloyd		9. State or Country of Mother's Birth: Idaho, Oneida
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maude Adella Strouse	11. Present Address of Registrant: 293 Broadway Street Woodburn, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 16th of April 1958	12. Signature of Notary: Evelyn S. McKenzie	13. Notary Commission expires: At the pleasure of the Governor of South Carolina.

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Blessing		By whom issued and signed: Daniels Ward, Malad Stake LDS Church	Date Issued:	Date Orig. Entry: Dec. 7, 1913
	Date of Birth: Oct. 15, 1913	Birth Place: Oneida Co. Daniels, Idaho	Full Name of Mother: Mary Ann Lloyd	Name of Father: Harry Strouse	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Harry Strouse	Date Issued: 5-20-58	Date Orig. Entry:
	Date of Birth: Oct. 15, 1913	Birth Place: Oneida Co. Daniels, Idaho	Full Name of Mother: Mary Ann Lloyd Strouse	Name of Father: Harry Strouse	
SUPPORTING RECORD 3.	Type of Document: Bible Record		By whom issued and signed: Original viewed by Notary Public J. Wallace Gutzler; Marion Co. Oregon	Date Issued: 5-20-58	Date Orig. Entry: obviously quite old
	Date of Birth: Oct. 15, 1913	Birth Place: ---	Full Name of Mother: Mary Ann Lloyd Strouse	Name of Father: Harry Harrison Strouse	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: nr Nancy Richards	Date Filed: June 11, 1958

FORM BH 56067 1 copy mailed

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

3191-07-003-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-547

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donley Royal Carrigan
2. Date Of Birth (month) (day) (year): February 7, 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Pocatello

FATHER

6. Full Name of Father: Willard Douglas Carrigan
7. State or Country of Father's Birth: Salt Lake City, Utah

MOTHER

8. Full Maiden Name of Mother: Mary Bowler
9. State or Country of Mother's Birth: Whitney, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donley R Carrigan
11. Present Address of Registrant: 317 E 18 st Inglewood Calif.

NOTARY (Seal)

Subscribed and sworn to before me on: April 26 1957
12. Signature of Notary: Helen T. Bender
13. Notary Commission expires: My Commission Expires April 6, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Record	LDS Church Salt Lake City, Utah	1-2-56	May 4, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 7, 1913	Bannock County Pocatello, Idaho	Mary Bowler	Willard Douglas Carrigan

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Honorable Discharge Papers	U. S. Navy	Released 9-16-55	entered service May 16, 1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 7, 1913	Pocatello, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(Continuous Service Certificate) Service Record	U. S. Navy		entered service Aug. 16, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 7, 1913	Pocatello, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	nr Nancy Richards	June 24, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

JUN 24 1959

993-226-001-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-553

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Richards			2. Date of Birth (month) Aug. (day) 26 (year) 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: ~~Melba~~ at home Ada	b. City or Town of Birth: Melba Idaho	
FATHER	6. Full Name of Father: William Filson Richards			7. State or Country of Father's Birth: Penn	
MOTHER	8. Full Maiden Name of Mother: Bernice Elizabeth Lowes			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Danforth		11. Present Address of Registrant: 1760-W-60 Seattle Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 28 1958	12. Signature of Notary: Wanda L. Schuett		13. Notary Commission expires: 12-24 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: Washington #161-15 certified copy		Date Issued:	Date Orig. Entry: child born April 21, 1936
	Date of Birth: age 22	Birth Place: Melba, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: Feb. 13, 1947
	Date of Birth: Aug. 26, 1913	Birth Place: Ada Co. Melba, Idaho	Full Name of Mother: Berneice Elizabeth Lowes		Name of Father: William Filson Richards
SUPPORTING RECORD 3.	Type of Document: School Record	By whom issued and signed: Mount Baker Schools, Dist. No. 507; Deming, Wash.		Date Issued: 5-19-58	Date Orig. Entry: Oct. 6, 1931
	Date of Birth: Aug. 26, 1913	Birth Place: ---	Full Name of Mother: W. F. Richards		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Barron	nr Nancy Richards	June 24, 1958

FORM BH 56067

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

JUN 25 1958

Court Address			Date of Birth
Birth Is Being Registered	2. Colorier Name	3. Sex	4. Place of Birth	5. Date of Birth
FATHER	6. Full Name of Father		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	1. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
	12. Subscribed and sworn to before me on	13. Signature of Notary	14. Notary Commission expires

AFFIDAVIT - DO NOT LEAVE BELOW THIS LINE

Name of Document		Date Issued and Signed	Date Issued	Date Orig. Entry
[illegible]		Washington 101-1	[illegible]	April 1, 1956
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
[illegible]	Idaho, Idaho			

		Treasury Dept.		[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Nov. 26, 1913	A.C. Co. Idaho, Idaho	Fernie Elizabeth Lowes	William Edward Richards	
SUPPORTING RECORD 3. Type of Document		By whom issued and signed	Date Issued	Date Orig. Entry
School Record		Mount Baker Schools, Wash. No. 707, Bowling, Wash.	[illegible]	Oct. 6, 1931
Date of Birth	Birth Place	Full Name of Mother	Name of Father	
Aug. 26, 1913	---	W. F. Richards	---	

CERTIFICATE

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed by	Date Filed
	Nancy Richards	June 24, 1958

FORM [illegible]

414-103-022-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-555

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wallace Kenneth Maupin
2. Date Of Birth (month) (day) (year): January 3 1913
3. Color or Race: Cauc.
4. Sex: M.
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: William Dabney Maupin
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Emma Johnson
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wallace K Maupin
11. Present Address of Registrant: American Falls Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 30 1958
12. Signature of Notary: Harry J Lewis
13. Notary Commission expires: Feb. 2, 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Emma Johnson Maupin	5-30-58	

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 3, 1913	St. Anthony, Idaho	Emma Johnson Maupin	William Dabney Maupin

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record--photostat	original viewed by Notary Public Harry J. Lewies; St. Anthony, Idaho.	6-58	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 3, 1913	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #234309		child born June 13, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 22	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Jensen	Nancy Richards	June 25, 1958

FORM BH 56067

DEC 31 1975

154-13J-009-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-563

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROBERT CHARLES ANDERSON
2. Date Of Birth: (month) JAN. (day) 31 (year) 1913
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County SANDPOINT; b. City or Town of Birth SANDPOINT

FATHER

6. Full Name of Father: ALFRED ROBERT ANDERSON
7. State or Country of Father's Birth: MINNESOTA

MOTHER

8. Full Maiden Name of Mother: ADA EUNICE JONES
9. State or Country of Mother's Birth: MINNESOTA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Robert C. Anderson
11. Present Address of Registrant: MAPLE VISTA #314, OLYMPIA, WASH.

NOTARY (Seal)

Subscribed and sworn to before me on June 18 1958

12. Signature of Notary: Elizabeth M. Maber
13. Notary Commission expires: NOTARY PUBLIC FOR OREGON My Commission Expires ~~Aug. 17,~~ 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Ada E. Anderson	6-18-58	
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 31, 1913 / Bonner Co. Sandpoint, Idaho	Ada Eunice Jones	Alfred Robert Anderson	
SUPPORTING RECORD 2.	Honorable Discharge	U. S. Army	discharged 2-9-46	inducted Aug. 17, 1942
	Jan. 31, 1913 / Sandpoint, Idaho	----	----	
SUPPORTING RECORD 3.	Insurance Policy	Phoenix Mutual Life Ins. Co. Hartford, Connecticut	7-30-36	July 17, 1936
	Jan. 31, 1913 / Sandpoint, Idaho	Ada E. Anderson	Alfred R. Anderson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W [illegible]	Nancy Richards	June 25, 1958

2 [illegible]

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAY 26 1976

MAY 18 1976

613-106-003-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-581

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thurman Albert Watson			2. Date Of Birth (month) (day) (year): September 6, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Harry E. Lilly			7. State or Country of Father's Birth: U.S. (place unknown)
MOTHER	8. Full Maiden Name of Mother: Mary LaVive Watson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thurman Albert Watson		11. Present Address of Registrant: APO 117 New York, NY
NOTARY (Seal)	Subscribed and sworn to before me on: 22 April 1958	12. Signature of Notary: George H. Ribbans Major USAF Judge Advocate		13. Notary Commission expires: N/A 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Grandmother		By whom issued and signed: Mary Pearl Watson	Date issued: Dec. 17, 1956	Date Orig. Entry:
	Date of Birth: Sept. 6, 1913	Birth Place: Pocatello, Idaho	Full Name of Mother: Mary LaVive Watson	Name of Father: Harry E. Lilly	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: (Green River Ward at time) Pocatello 10th Ward, Idaho, LDS Church.	Date issued: 6-15-58	Date Orig. Entry: Dec. 7, 1913
	Date of Birth: Sept. 6, 1913	Birth Place: Bannock Co. Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Family Record (Photostat)		By whom issued and signed: original viewed by Keith G. Mollerup, Notary Public; Pocatello, Idaho.	Date issued: 6-17-58	Date Orig. Entry: obviously old
	Date of Birth: Sept. 6, 1913	Birth Place: Pocatello, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ss Nancy Richards	July 1, 1958

FORM BH 56067

JUL 1 1958

OCT 13 1960

MAY 2 1961

MAY 4 1961

386-218-003-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-613

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna May Thompson			2. Date of Birth (month) July (day) 18 (year) 1913	
	3. Color or Race: Negro	4. Sex: Female	5. Place of Birth a. County: Bannock Co.	b. City or Town of Birth: Arimo, Idaho	
FATHER	6. Full Name of Father: Tracy Edgar Thompson			7. State or Country of Father's Birth: Peoria, Illinois	
MOTHER	8. Full Maiden Name of Mother: Birdie Neoma Baker			9. State or Country of Mother's Birth: Kansas City, Mo.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna May Armstead		11. Present Address of Registrant: 1444 So. G. St. Oxnard, California	
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1958	12. Signature of Notary: Edwin H Brown		13. Notary Commission expires: May 16 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Birdie Thompson		Date Issued: 6-13-58	Date Orig. Entry:
	Date of Birth: July 18, 1913	Birth Place: Bannock Co. Arimo, Idaho	Full Name of Mother: Birdie Neoma Baker Thompson	Name of Father: Tracy Edgar Thompson	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: Frank V. Allen, Ex-Supt. of African Methodist Episcopal Church, Pocatello, Ida.		Date Issued: 7-3-58	Date Orig. Entry: August 1919
	Date of Birth: July 18, 1913 (age 6)	Birth Place: Arimo, Idaho	Full Name of Mother: Birdie Neoma Thompson	Name of Father: Tracy Edgar Thompson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: 6-29-25	Date Orig. Entry: June 29, 1925
	Date of Birth: age next birthday 12 years	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	July 14, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

State Bureau of Health
Delayed Certificate of Birth

Date Filed: Dec 7-[illegible]

REGISTRANT	1. Registrant's Full Name at Birth: [illegible] May Thompson	2. Date of Birth (month): July 18 1912
	3. Sex: Female	4. Place of Birth: Barnock Co.
		5. Place of Birth: Arimo, Idaho
FATHER	6. Full Name of Father: Tracy Edgar Thompson	7. State or Country of Father's Birth: Peoria, Illinois
	8. Full Name Name of Mother: Ardie Neena Baker	9. State or Country of Mother's Birth: Kansas City, Mo.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: [illegible] Oxnard, California
	Subscribed and sworn to before me on: [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission expires: [illegible]

APPLICATION FOR SUPPORTING RECORD 1

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Birdie Thompson	5-13-58	

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
July 18, 1912	Arimo, Idaho	Birdie Jeena Thompson	Tracy Edgar Thompson

APPLICATION FOR SUPPORTING RECORD 2

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Church Record	[illegible] Church	7-3-[illegible]	August 1912

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
July 18, 1912 (Bapt.)	Arimo, Idaho	Birdie Jeena Thompson	Tracy Edgar Thompson

APPLICATION FOR SUPPORTING RECORD 3

Type of Document	By whom Issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Metropolitan Life Ins. Co.	6-29-25	June 29, 1925

Date of Birth	Place of Birth	Full Name of Mother	Name of Father
[illegible]			

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Date Filed	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	July 14, 1958

FORM NO. [illegible]

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. De58-620

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Eloise Schreiber
2. Date Of Birth: October 4, 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Caldwell, Idaho; b. City or Town of Birth: Caldwell, Idaho

FATHER

6. Full Name of Father: John Michael Schreiber
7. State or Country of Father's Birth: Alton, Illinois

MOTHER

8. Full Maiden Name of Mother: Ruth Elizabeth Morgan
9. State or Country of Mother's Birth: Independence Co., Arkansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Eloise Schreiber Street
11. Present Address of Registrant: 2210 W. 58th Pl. Denver 21, Colo.

NOTARY (Seal)

Subscribed and sworn to before me on May 12, 1958

12. Signature of Notary: Thelma Mundell
13. Notary Commission expires: My Commission expires June 13, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 81	Ruth Elizabeth Schreiber	4-21-58	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Oct. 4, 1913	Caldwell, Idaho	Ruth Elizabeth Schreiber	John Michael Schreiber
SUPPORTING RECORD 2.	Type of Document: War Ration Book	By whom issued and signed: Local Board No. 14-1, Canyon Co., Idaho	Date Issued: May 7, 1942	Date Orig. Entry: May 7, 1942
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	age 28	---	---	---
SUPPORTING RECORD 3.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 23, 1942
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	Oct. 4, 1913	Canyon Co. Caldwell, Idaho	Ruth Elizabeth Morgan	John Michael Schreiber

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	July 17, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

263-24-028-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-742

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Herbert Henry Bolich
2. Date Of Birth (month) June (day) 24 (year) 1913
3. Color or Race: W
4. Sex: M
5. Place of Birth a. County: Kootenai b. City or Town of Birth: Harrison

FATHER

6. Full Name of Father: Daniel Edgar Bolich
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Ruth R. Waldo
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Herbert Henry Bolich
11. Present Address of Registrant: E1107 Gordon Spokane Wash

NOTARY (Seal)

Subscribed and sworn to before me on: March 3, 1958
12. Signature of Notary: Clyde Bouchin
13. Notary Commission expires: October 15, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	School Record	Kootenai County Commissioners' Office, Coeur d'Alene, Idaho	2-3-58	Sept. 8, 1921
	Date of Birth: age 8	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Lodge Record	By whom issued and signed: Spokane Aerie No. 2, Eagles Spokane, Washington	Date Issued:	Date Orig. Entry: Oct. 10, 1944
	Date of Birth: June 24, 1913	Birth Place: Harrison, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, age 66	By whom issued and signed: Mrs. Ruth R. Bolich	Date Issued: 8-25-58	Date Orig. Entry:
	Date of Birth: June 24, 1913	Birth Place: Harrison, Idaho	Full Name of Mother: Ruth R. Waldo	Name of Father: Daniel Edgar Bolich

QUALIFYING INFORMATION

Marriage Record; Kootenai County, Idaho; Feb. 4, 1958: as of Oct. 12, 1940 -- age 27; birth date June 24, 1913; birthplace Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	nr Nancy Richards	Sept. 10, 1958

FORM BH 56067

213-214-075-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-774

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Bertha Irene Bacon		2. Date of Birth (month) Oct (day) 14 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nez Perce b. City or Town of Birth: Lewiston	State: Idaho
FATHER	6. Full Name of Father: William Henry Bacon		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Alouise Mary Knight		9. State or Country of Mother's Birth: Wallowa Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha Irene Bacon Meyer	11. Present Address of Registrant: Box 618 R Lindsey Creek Rd Lewiston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 28th Day August 1958	12. Signature of Notary: Dan D Emery	13. Notary Commission expires: My Commission Expires April 29 1959	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 60	By whom issued and signed: Sarah Ruth (Bacon) Lucas	Date Issued: 8-28-58	Date Orig. Entry:	
	Date of Birth: Oct. 14, 1913	Birth Place: Nez Perce Co. Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 28, 1936	
	Date of Birth: Oct. 14, 1913	Birth Place: Lewiston, Idaho	Full Name of Mother: Alouiese Mary Knight	Name of Father: William Henry Bacon	
SUPPORTING RECORD 3.	Type of Document: Physician's Record	By whom issued and signed: J. S. Newton, M.D. Lewiston, Idaho	Date Issued: 9-18-58	Date Orig. Entry: July 10, 1952	
	Date of Birth: age 38	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barsom	nr Nancy Richards	Sept. 25, 1958

FORM BH 56067 (Revised)

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

SEP 25 1958

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race 4. Sex 5. Place of Birth 6. County	7. City or Town of Birth
FATHER	8. Full Name of Father	9. State or Country of Father's Birth
MOTHER	10. Full Name of Mother	11. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant 13. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on 15	14. Signature of Notary 15. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

APPROPRIATING RECORD 1	Type of Document: Affidavit by sister, age 60	By whom issued and signed: Sara Hunt (Tacoma) Lucas	Date Issued: 9-28-58	Date Orig. Entry
	Date of Birth: [illegible] 1913	Birth Place: New Jersey Co. Lewiston, Idaho	Full Name of Mother: —	Name of Father: —
APPROPRIATING RECORD 2	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 28, 1958
	Date of Birth: [illegible]	Birth Place: Lewiston, Idaho	Full Name of Mother: Nicolaus Henry Friant	Name of Father: [illegible] Henry Tacoma
APPROPRIATING RECORD 3	Type of Document: Physician's Record	By whom issued and signed: [illegible] Lewiston, Idaho	Date Issued: 9-18-58	Date Orig. Entry: July 20, 1952
	Date of Birth: age 38	Birth Place: —	Full Name of Mother: —	Name of Father: —
QUALIFYING INFORMATION				

CERTIFICATION (Seal) I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	Sept. 29, 1958

493-213-031-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De58-872

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: MILLIE ZERILDA ANN MILLS
2. Date of Birth: July 13 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Lewis; b. City or Town of Birth: Russell

FATHER

6. Full Name of Father: Samuel F. Mills
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Fannie L. Porter
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Millie Zerilda Ann Mills Bond
11. Present Address of Registrant: Rt. 2, Box 352 Washougal, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: October 24 1958

12. Signature of Notary: Julia L. Boston
13. Notary Commission expires: June 21 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Samuel F. Mills	Date Issued: 10-24-58	Date Orig. Entry:
	Date of Birth: July 13, 1913	Birth Place: Russell, Idaho	Full Name of Mother: Fannie L. Porter	Name of Father: Samuel F. Mills	
SUPPORTING RECORD 2.	Type of Document: Employment Record		By whom issued and signed: Crown Zellerbach Corp. Camas, Washington	Date Issued: 10-24-58	Date Orig. Entry: June 16, 1943
	Date of Birth: July 13, 1913	Birth Place: Russell, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: Mutual Benefit Health &	Date Issued: 6-18-47	Date Orig. Entry: June 18, 1947
	Date of Birth: July 13, 1913	Birth Place: Russel, Idaho	Full Name of Mother: Accident Assoc	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	Oct. 30, 1958

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

OCT 3 0

331-166-005-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-035

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Clayton
2. Date of Birth (month) (day) (year): November 6th 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Tensed, Idaho, Benewah
b. City or Town of Birth: Tensed

FATHER

6. Full Name of Father: George Edgar Clayton
7. State or Country of Father's Birth: Dayton, Columbia Cty. Wash.

MOTHER

8. Full Maiden Name of Mother: Zilpha Mae Foster
9. State or Country of Mother's Birth: Salem, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd Clayton
11. Present Address of Registrant: Post Office Box 4093 Spokane, 31 Washington

NOTARY (Seal)

Subscribed and sworn to before me on: December 16th 1958

12. Signature of Notary: T. W. Dolphin
13. Notary Commission expires: May 14th 1959 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Chauffeur's License	Idaho #25966	11-18-53	Nov. 18, 1953
	Date of Birth: Nov. 6, 1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (born Sept. 1903)	By whom issued and signed: Velma Marie Cherry	Date Issued: 12-22-58	Date Orig. Entry:
	Date of Birth: Nov. 6, 1913 / Birth Place: Tensed, Idaho	Full Name of Mother: Zelpha Mae Foster	Name of Father: George Edgar Clayton	
SUPPORTING RECORD 3.	Type of Document: Hospital Record	By whom issued and signed: St. Joseph's Hospital Lewiston, Idaho	Date Issued: 1-12-59	Date Orig. Entry: July 16, 1952
	Date of Birth: Nov. 6, 1913 / Birth Place: Tensed, Idaho	Full Name of Mother: Ziltha Foster	Name of Father: George Edgar Clayton	

QUALIFYING INFORMATION

School Record, Columbia Co., Washington; 12-3-58: Census of May 1921; birth date- Nov. 6, 1913; mother-Zilpha Clayton.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	nr Nancy Richards	Jan. 23, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 23 1959

	Jayne Clayton	
	Male Twined, Idaho, Several	Date of birth November 6th 1913
	George Eugene Clayton	
	Burton, Columbia Gypsum.	
	Burley, Oregon	
	Clayton Co Rancher	
	May 14th 1959	

866-206-025-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-076

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLARISSA Genevieve HOWARD	2. Date of Birth (month) Nov. (day) 6 (year) 1913
	3. Color or Race: White; 4. Sex: Females; 5. Place of Birth: Stites, Ida. a. County: Idaho	b. City or Town of Birth: Stites
FATHER	6. Full Name of Father: DANIEL CYRUS HOWARD	7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: HATTIE FLORENCE PERCIFULL	9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. 10. Signature of Registrant: C. Genevieve Howard Hoit	11. Present Address of Registrant: 1101 No Jackson Tacoma Wash
NOTARY (Seal)	Subscribed and sworn to before me on: November 7, 1958 12. Signature of Notary: Arthur L. Hawman	13. Notary Commission expires: Feb. 24, 1959

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 73	By whom issued and signed: Hattie Florence Howard	Date issued: 11-7-58	Date Orig. Entry:
	Date of Birth: Nov. 6, 1913; Birth Place: Idaho Co. Stites, Idaho	Full Name of Mother: Hattie Florence Howard, nee Perdifull	Name of Father: Daniel Cyrus Howard	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Ins. Co.	Date issued:	Date Orig. Entry: June 18, 1942
	Date of Birth: Nov. 6, 1913; Birth Place: Stites, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Bible Record (photostat)	By whom issued and signed: original viewed by Notary Public Arthur L. Hawman; Walla Walla, Wash.	Date issued: 1-26-59	Date Orig. Entry: obviously old
	Date of Birth: Nov. 6, 1913; Birth Place: ---	Full Name of Mother: Hattie Florence Howard	Name of Father: Daniel Cyrus Howard	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	nr Nancy Richards	Feb. 2, 1959

FORM BH 56067

FEB 2 1959

RECEIVED CERTIFICATE OF BIRTH

STATE OF IDAHO

413203-034-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Neda O. Dall'Olio			2. Date Of Birth: (month) April (day) 3 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Rupert - Ida - Minidoka	b. City or Town of Birth: Rupert
FATHER	6. Full Name of Father: Stefano Dall'Olio			7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Maria Muneri			9. State or Country of Mother's Birth: Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Neda O. Dall'Olio (now) Neda O Zabaldi		11. Present Address of Registrant: 760 Hemlock Pocatello - Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 20, 1959	12. Signature of Notary: Leona J. Allred		13. Notary Commission expires: Apr. 24, 1959

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record--Baptism	By whom issued and signed: Church of St. Nicholas, R.C., Rupert (State not shown)	Date Issued: 12-27-58	Date Orig. Entry: Dec. 15, 1929
	Date of Birth: April 3, 1913 / Birth Place: Rupert (State not shown)	Full Name of Mother: Maria Munari	Name of Father: Stephano Dallolio	
SUPPORTING RECORD 2. (age 28)	Type of Document: Hospital Record	By whom issued and signed: Mayo Clinic Rochester, Minnesota	Date Issued: 12-23-58	Date Orig. Entry: June 16, 1941
	Date of Birth: April 3, 1913 / Birth Place: Ruphert, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Minidoka County, Idaho	Date Issued: 1-12-59	Date Orig. Entry: July 2, 1938
	Date of Birth: age 25 / Birth Place: Rupert, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Nancy Richards		Date Filed: Feb. 3, 1959

FORM BH 56067

FEB 3 1959

DECEASED

Died 10-9-03

03-7561

5-63-226-025-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-085

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Wilma Anna Nolan			2. Date Of Birth (month) Sept. (day) 26 (year) 1913	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Ferdinand, Idaho	b. City or Town of Birth: State of Idaho	
FATHER	6. Full Name of Father: Walter Eugene Nolan			7. State or Country of Father's Birth: Texas	
MOTHER	8. Full Maiden Name of Mother: Ivy Maude Dorman			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilma Anna Simon		11. Present Address of Registrant: 702 15th St. Clarkston, Wn.	
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 19 59	12. Signature of Notary: Ogle M. Davis		13. Notary Commission expires: Feb. 15 19 59	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (12 yrs. older)		By whom issued and signed: Esther M. Hayden	Date Issued: 1-20-59	Date Orig. Entry:
	Date of Birth: Sept. 26, 1913	Birth Place: Idaho Co. Ferdinand, Idaho	Full Name of Mother: Ivy Maude Nolan (formerly Dorman)	Name of Father: Walter Eugene Nolan	
SUPPORTING RECORD 2.	Type of Document: Insurance Application		By whom issued and signed: Northern Life Ins. Co. Seattle, Wash.	Date Issued:	Date Orig. Entry: March 30, 1935
	Date of Birth: Sept. 26, 1913	Birth Place: Ferdinand, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #424096	Date Issued:	Date Orig. Entry: child born Aug. 16, 1946
	Date of Birth: age 32	Birth Place: Ferdinand, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	Feb. 4, 1959

FORM BH 56067

FEB 4 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.

CHILD	1. Full Name at Birth: [illegible] Nolan	2. Date of Birth: Month Sept. (day) 26 (year) 1913
Person whose Birth is being registered	3. Sex: Female	4. Place of Birth: Ferdinand, Idaho
	5. City or Town of Birth: [illegible]	6. County: State of Idaho
FATHER	6. Full Name of Father: Walter Eugene Nolan	7. State or Country of Father's Birth: Texas
MOTHER	8. Full Maiden Name of Mother: Ivy Maude Norman	9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby swear upon oath that the statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
	11. Present Address of Registrant: [illegible] St. Clarkston, Wash.	
NOTARY	Subscribed and sworn to before me on: Feb. 15 1959	12. Signature of Notary: [illegible]
	13. Notary Commission Expires: Feb. 15 1959	

SUPPORTING DOCUMENT	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING DOCUMENT	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]

CERTIFICATE

I hereby certify that no prior delayed certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registered: [illegible]	Filed by: [illegible]	Date Filed: [illegible] 1959

615-203-022-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-163

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Claudia Josephine Farnworth			2. Date Of Birth (month) May (day) 3 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ashton-Home Freemont	b. City or Town of Birth: Ashton Idaho	
FATHER	6. Full Name of Father: George Cyrus Farnworth			7. State or Country of Father's Birth: Mt. Pleasant Utah - Sanpet Co.	
MOTHER	8. Full Maiden Name of Mother: Ora Cunningham			9. State or Country of Mother's Birth: Lewiston Utah - Cash Co.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Claudia J. Wolff	11. Present Address of Registrant: 2197-57th St. Sacramento	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 23 1959		12. Signature of Notary: Russell J. Browne	13. Notary Commission expires: Feb 13 1959	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record---Baptism		By whom issued and signed: Palisade Ward LDS Church	Date Issued:	Date Orig. Entry: Sept. 16, 1921
	Date of Birth: May 3, 1913	Birth Place: Fremont Co. Ashton, Idaho	Full Name of Mother: Ora Cunningham	Name of Father: George C. Farnworth	
SUPPORTING RECORD 2.	Type of Document: Employment Application		By whom issued and signed: Pacific Gas & Electric Co.	Date Issued:	Date Orig. Entry: Feb. 15, 1944
	Date of Birth: May 3, 1913	Birth Place: Ashton, Idaho	Full Name of Mother: Mrs. Ora Farnworth	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Statement regarding Hospital Record		By whom issued and signed: Sutter Community Hospitals Sacramento, Calif. Verla E. Petersen, Medical Record Librarian	Date Issued: 2-18-1959	Date Orig. Entry: Patient from 8-6-46 to 8-16-19 46
	Date of Birth: Age 33	Birth Place: --	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Feb. 24, 1959

FORM BH 56067

FEB 24

689-116-022-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-192

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Beauregard Whittaker		2. Date Of Birth (month) May (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Lyman Fremont; b. City or Town of Birth: Lyman Idaho.
FATHER	6. Full Name of Father: Henry Whittaker		7. State or Country of Father's Birth: Salt Lake City Utah
MOTHER	8. Full Maiden Name of Mother: Bessie Pauline Ginn		9. State or Country of Mother's Birth: Grays Hampton South Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry B. Whittaker	11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 19, 1959 19 59	12. Signature of Notary: Alice Tout	13. Notary Commission expires: June 27 19 59

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination (showing baptism)	By whom issued and signed: Fremont Stake Archer Ward, LDS Church	Date Issued: 6-7-25	Date Orig. Entry: baptized Aug. 6, 1921
	Date of Birth: May 16, 1913	Birth Place: Fremont Co. Lyman, Idaho	Full Name of Mother: Bessie P. Ginn	Name of Father: Henry Whittaker
SUPPORTING RECORD 2.	Type of Document: Affidavit by lifelong friend & neighbor, age 68, Carl J. Johnson	By whom issued and signed	Date Issued: 1-23-59	Date Orig. Entry
	Date of Birth: May 16, 1913	Birth Place: Lyman, Idaho	Full Name of Mother: Bessie P. Whittaker	Name of Father: Henry Whittaker
SUPPORTING RECORD 3.	Type of Document: Employment Identification Card	By whom issued and signed: Idaho State Employment Service, Office #031, Rexburg	Date Issued:	Date Orig. Entry: Nov. 26, 1940
	Date of Birth: May 16, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	Nancy Richards	March 4, 1959

FORM BH 56067

MAR 4 1950

893-103-009-866

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-227
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BENJAMIN ALVIN HILDEN
2. Date of Birth (month) (day) (year): September 3 1913
3. Color or Race: White
4. Sex: male
5. Place of Birth: a. County: Idaho Bonner; b. City or Town of Birth: Sandpoint

FATHER

6. Full Name of Father: H enry Gordon Hilden
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Lillie Marietta Howard
9. State or Country of Mother's Birth: Michigan

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: B Hilden Benjamin Hilden
11. Present Address of Registrant: 400 Front Rd San Juan Bautista Calif.

NOTARY (Seal)

Subscribed and sworn to before me on January 10, 1959 February 10 1961

12. Signature of Notary: Joseph P. Talbot
13. Notary Commission expires: February 4 1961

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1. Class* B	affidavit by mother	Lillie Howard Hilden Landreth	9-2-55	
	Date of Birth	**Birth Place**	**Full Name of Mother**	**Name of Father**
	September 3, 1913	Sandpoint, Idaho Bonner County	Lillie Marietta Howard	Henry Gordon Hilden
SUPPORTING RECORD 2. Class B	Social Security Record	Treasury Dept.		June 30, 1937
	Sept. 3, 1913	Sandpoint, Idaho	Lillie Mary Howard	Henry Gordon Hilden
SUPPORTING RECORD 3. Class B	Church Record	Watsonville Branch, Monterey Bay Dist., Calif. Mission, LDS CHURCH	2-17-59	March 17, 1940
	Sept. 3, 1913	Sandpoint, Idaho	Lily Mary Howard	Henry Gordon Hilden

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	bw nr Nancy Richards	March 16, 1959

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAR 16 1955

395-201-029-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-306

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN PAULINE LINER		2. Date Of Birth (month) AUGUST (day) 1 (year) 1913
	3. Color or Race: WHITE	4. Sex: FE.	5. Place of Birth a. County: b. City or Town of Birth: BOVILL, IDAHO
FATHER	6. Full Name of Father: ERNEST GEARHARD LINER		7. State or Country of Father's Birth: WASHINGTON, USA
MOTHER	8. Full Maiden Name of Mother: LENNIE CLARITA BREEDING		9. State or Country of Mother's Birth: WASHINGTON, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Pauline Parker	11. Present Address of Registrant: RT. 3, Box 417 PORT ORCHARD, WASH.
NOTARY (Seal)	Subscribed and sworn to before me on: 3-17 1959	12. Signature of Notary: [illegible]	13. Notary Commission expires: [redacted]/24 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Ernest G. Liner & Lennie C. Liner	Date Issued: 3-17-59	Date Orig. Entry:	
	Date of Birth: Aug. 1, 1913	Birth Place: Bovill, Idaho	Full Name of Mother: Lennie C. Liner	Name of Father: Ernest G. Liner	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Bremerton High School Bremerton, Wash.	Date Issued: 3-20-59	Date Orig. Entry: Sept. 4, 1929	
	Date of Birth: Aug. 1, 1913	Birth Place: Bovel, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: State Health Dept., Seattle, Washington	Date Issued: 4-22-43	Date Orig. Entry: child born June 23, 1935	
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. L. Rogers	Evidence reviewed by: Nancy Richards	Date Filed: April 3, 1959

FORM BH 56067

APR 3 1959

312-201-010-769

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-413

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carrie Adeline Casper		2. Date of Birth (month) Dec. (day) 1 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: Ira Winston Casper		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Eneid Zoe Portner		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adeline Wiklund	11. Present Address of Registrant: Rt. 2 Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Apr. 27, 1959 19	12. Signature of Notary: George Jensen	13. Notary Commission expires: May 10, 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father, age 71	By whom issued and signed: Ira Winston Casper	Date issued: 2-21-59	Date Orig. Entry:
	Date of Birth: Dec. 1, 1913; Birth Place: Bonneville Co. Idaho Falls, Idaho	Full Name of Mother: Eneid Zoe Casper	Name of Father: Ira Winston Casper	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #438242	Date issued:	Date Orig. Entry: child born June 23, 1947
	Date of Birth: age 33; Birth Place: Idaho Falls, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Frank L. Wernett, Pastor Sunday School	Date issued: 10-1-17	Date Orig. Entry: Dec. 13, 1913
	Date of Birth: Dec. 1, 1913; Birth Place: —	Full Name of Mother: —	Name of Father: —	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. U. Benson	Nancy Richards	May 15, 1959

FORM BH 56067

1 copy pd

DECEASED

689-201-007-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-415

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Juanita Loraine White			2. Date Of Birth (month) July (day) 1, (year) 1913
	3. Color or Race: White	4. Sex:	5. Place of Birth a. County: Blaine	b. City or Town of Birth: Picabo
FATHER	6. Full Name of Father: Horace R. White			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Neoma Loraine Broadie			9. State or Country of Mother's Birth: Oklahoma
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Juanita Loraine Rainbolt		11. Present Address of Registrant: Nyssa City Ore R2 B1940
NOTARY (Seal)	Subscribed and sworn to before me on: 5/4 1959	12. Signature of Notary: John Rosenberry		13. Notary Commission expires: ~~5/4~~ 4/5 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible		By whom issued and signed:	Date issued:	Date Orig. Entry: obviously old
	Date of Birth: July 1, 1913	Birth Place: Picabo, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: on file Idaho Vital Statistics #354172	Date issued:	Date Orig. Entry: child born July 8, 1942
	Date of Birth: age 29	Birth Place: Picabo, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother		By whom issued and signed: Neoma Loraine Judge	Date issued: April 27, 1959	Date Orig. Entry: --
	Date of Birth: July 1, 1913	Birth Place: Picabo, Idaho	Full Name of Mother: Neoma Loraine Broadie	Name of Father: Horace R. White	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Joyce B. Foltz Nancy Richards	May 15, 1959

FORM BH 56067

4-27-59

MAY 15 1959

State File No. [illegible]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Full Name at Birth: Lanita Loraine White	2. Date of Birth (Month) July (day) 1 (year) [illegible]	
Person whose birth is being registered	3. Color or Race: White	4. Place of Birth: Blaine	5. City or Town of Birth: Picabo
FATHER	6. Full Name of Father: Horace [illegible] White	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Norma Loraine Broadie	9. State or Country of Mother's Birth: Oklahoma	
	10. Name of Registrant	11. Present Address of Registrant	
NOTARY (Seal)	12. Name of Notary	13. Signature of Notary	14. Notary Commission Expires

APPLICATION FOR DELAYED BIRTH CERTIFICATE

SUPPORTING RECORD 1	Type of Document: Family Bible	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth: July 1, 1913	Birth Place: Picabo, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 2	Type of Document: One child's birth certificate	By whom issued and signed: Bureau of Vital Statistics	Date Issued	Date Orig. Entry: July [illegible]
	Date of Birth: Age 2	Birth Place: Picabo, Idaho	Full Name of Mother	Name of Father
SUPPORTING RECORD 3	Type of Document: Affidavit by Father	By whom issued and signed	Date Issued: April 27,	Date Orig. Entry
	Date of Birth: July 1, 1913	Birth Place: Picabo, Idaho	Full Name of Mother: Norma Loraine Broadie	Name of Father: Horace [illegible] White

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

Registrar | Date Filed

Roger [illegible] | Vice Registrar | Date Filed: May 15, 1959

FORM BH 88087

455-204-039-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-452

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nina Mae Meeker		2. Date Of Birth (month) Sept. (day) 4 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho a. County: ? b. City or Town of Birth: Fruitland
FATHER	6. Full Name of Father: Adam Meeker		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Ida Josephine Schabow		9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Mae Belcastro	11. Present Address of Registrant: Rt 1, Box 206, Weed, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: May 15th 1959	12. Signature of Notary: A. Andriatta	13. Notary Commission expires: May 8 20 1962

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Adam Meeker and Ida J. Meeker	Date issued: 11-6-41	Date Orig. Entry:
	Date of Birth: Sept. 4, 1913 / Birth Place: Fruitland, Idaho	Full Name of Mother: Ida J. Meeker	Name of Father: Adam Meeker	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: Sept. 20, 1948
	Date of Birth: Sept. 4, 1913 / Birth Place: Fruitland, Idaho	Full Name of Mother: Ida Josephine Schabow	Name of Father: Adam Meeker	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Oregon #162	Date issued: 5-6-59	Date Orig. Entry: child born April 25, 1935
	Date of Birth: age 21 / Birth Place: Fruitland, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards	May 26, 1959

FORM BH 56067

MAY 26

217-23-018-254

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-511

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLINTON GEORGE BAGLEY			2. Date Of Birth (month) (day) (year): APRIL 23 1913
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: CLEARWATER	b. City or Town of Birth: ELK RIVER
FATHER	6. Full Name of Father: FRANK WILLIAM BAGLEY			7. State or Country of Father's Birth: MINNESOTA
MOTHER	8. Full Maiden Name of Mother: HARRIETTE LENORE BEULEN			9. State or Country of Mother's Birth: WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Clinton G. Bagley	11. Present Address of Registrant: Box 63 Hines, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 4 1959		12. Signature of Notary: [illegible]	13. Notary Commission expires: 8/10 1962

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Harriette L. Woomer	Date Issued: 6-4-59	Date Orig. Entry:
	Date of Birth: April 23, 1913 / Birth Place: Clearwater Co. Elk River, Idaho	Full Name of Mother: Harriette Lenore Beulen Woomer	Name of Father: Frank William Bagley	
SUPPORTING RECORD 2.	Type of Document: Bible Record (copy)	By whom issued and signed: original viewed by Notary Public Leonard H. Waterman; Harney Co., Ore.	Date Issued: 6-3-59	Date Orig. Entry: "record of considerable age"
	Date of Birth: April 23, 1913 / Birth Place: Clearwater Co. Elk River, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Edward Hines Lumber Co., Branch #80, Hines, Oregon	Date Issued:	Date Orig. Entry: Jan. 23, 1936
	Date of Birth: April 23, 1913 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D. L. Bowen	Evidence reviewed by: Nancy Richards	Date Filed: June 12, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUN 12 1950

319-202.044-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-519

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Maurine ~~Murphy~~ Carlile
2. Date of Birth (month) (day) (year): Aug. 2 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Wash. Co.
b. City or Town of Birth: Cambridge Idaho

FATHER

6. Full Name of Father: Charles William Carlile
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Mabel Kinney
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois Maurine Murphy
11. Present Address of Registrant: 4708 7th Ave. N. E. Seattle, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: May 22nd 19 59
12. Signature of Notary: [signature]
13. Notary Commission expires: January 7 1960

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by father, age 65	Charles William Carlile	10-2-58	
	Date of Birth: Aug. 2, 1913 / Birth Place: Cambridge, Idaho	Full Name of Mother: Mabel Kinney Carlile	Name of Father: Charles William Carlile	
SUPPORTING RECORD 2.	School Record	Whitman College Walla Walla, Washington	9-4-53	Sept. 15, 1931
	Date of Birth: Aug. 2, 1913 / Birth Place: Cambridge, Idaho	Full Name of Mother: —	Name of Father: C. W. Carlile	
SUPPORTING RECORD 3.	Hospital Certificate of own child's birth	St. Mary's Hospital Walla Walla, Washington		child born Oct. 5, 1942
	Date of Birth: Aug. 2, 1913 / Birth Place: Cambridge, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Nancy Richards	June 16, 1959

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 24 1950

343-22-216-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Violet Mae Lutes		2. Date Of Birth (month) (day) (year): Nov 22 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County	b. City or Town of Birth: Burley, Idaho
FATHER	6. Full Name of Father: Jacob Owen Lutes			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Nancy M. Bench			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Violet Lutes Hornbuckle	11. Present Address of Registrant: 5623 N. Encinita Temple City
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1959		12. Signature of Notary: J. M. Rogers	13. Notary Commission expires: My Commission Expires March 2, 1963 19

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Dec. 17, 1936
	Date of Birth: Nov. 22, 1913	Birth Place: Burley, Idaho	Full Name of Mother: Nancy Mildred Bench	Name of Father: Jacob Owen Lutes	
SUPPORTING RECORD 2.	Type of Document: Marriage Record		By whom issued and signed: Los Angeles Co., Calif.	Date Issued: 7-17-59	Date Orig. Entry: May 6, 1939
	Date of Birth: age 25	Birth Place: Idaho	Full Name of Mother: Nancy Mildred Bench	Name of Father: Jacob Owen Lutes	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: City of Pasadena, Calif.	Date Issued: 7-10-56	Date Orig. Entry: child born Nov. 2, 1943
	Date of Birth: age 29	Birth Place: Burley, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barnes	Evidence reviewed by: nr Nancy Richards	Date Filed: Aug. 3, 1959

FORM BH 56067

2 copy paid Receipt 12087

AUG 3 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

795-218-001-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-662

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen May Prestwich			2. Date Of Birth: (month) March (day) 18, (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Meridian	
FATHER	6. Full Name of Father: Leonard Isaac Prestwich			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Ethel Deldee Jackman			9. State or Country of Mother's Birth: Fremont, Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Ellen May Hathaway		11. Present Address of Registrant: 3311 Hamilton Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: July 30th 1959	12. Signature of Notary: [illegible]		13. Notary Commission expires: Dec 26 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics, Idaho #259628		Date Issued:	Date Orig. Entry: child born 9-3-1937
	Date of Birth: Age 24	Birth Place: Meridian, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Application for renewal of Operator's license #630	By whom issued and signed: A.A. Moline, Sheriff Canyon County		Date Issued: 1-24-46	Date Orig. Entry:
	Date of Birth: 3/18/13	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Ethel Prestwich		Date Issued: July 16, 1959	Date Orig. Entry:
	Date of Birth: March 18, 1913	Birth Place: Meridian, Ada Co., Idaho	Full Name of Mother: Ethel Deldee Jackman	Name of Father: Leonard Isaac Prestwich	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	ses Nancy Richards	Aug. 12, 1959

FORM BH 56067

COPY

AUG 12 1968

CERTIFICATE OF BIRTH

STATE OF UTAH

386-219-004-252

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-734

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Cerissa Thompson		2. Date Of Birth (month) March (day) 19 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County Bear Lake; b. City or Town of Birth Bloomington
FATHER	6. Full Name of Father: Neils Hyrum Thompson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Cerissa Sessions		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Cox	11. Present Address of Registrant: 2744 S.E. 35th Pl. Portland Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 1 1959	12. Signature of Notary: N A Havercamp	13. Notary Commission expires: 6/10 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Cerissa Sessions Thompson	Date issued: 8-26-59	Date Orig. Entry:
	Date of Birth: March 19, 1913	Birth Place: Bloomington, Idaho	Full Name of Mother: Cerissa Sessions Thompson	Name of Father: Neils Hyrum Thompson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing		By whom issued and signed: Bloomington Ward, Bloomington, Idaho, LDS Church	Date issued:	Date Orig. Entry: May 3, 1913
	Date of Birth: March 19, 1913	Birth Place: Bear Lake Co. Bloomington, Idaho	Full Name of Mother: Cerissa Sessions	Name of Father: Nels Hyrum Thompson	
SUPPORTING RECORD 3.	Type of Document: Bible record--photostat		By whom issued and signed: original viewed by Notary Public, Wm. H. Brunner; Oregon.	Date issued: 9-1-59	Date Orig. Entry: apparently old
	Date of Birth: March 19, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W U Benson	Nancy Richards	Sept. 4, 1959

FORM BH 56067

[illegible]

SEP 4

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

152-228-934-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-844

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Hazel West			2. Date Of Birth (month) March (day) 28 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth Home county: Heyburn, Idaho	b. City or Town of Birth: Heyburn, Idaho
FATHER	6. Full Name of Father: Joseph Wallace West			7. State or Country of Father's Birth: Pleasant Grove, Utah U.S.A
MOTHER	8. Full Maiden Name of Mother: Leah Halliday			9. State or Country of Mother's Birth: Pleasant Grove Utah U.S.A
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen W. Malouf		11. Present Address of Registrant: 1929 So. 23rd E. S.L.C.
NOTARY (Seal)	Subscribed and sworn to before me on: June 24, 1959	12. Signature of Notary: Karen W. Smith		13. Notary Commission expires: RESIDING IN SALT LAKE CITY COMMISSION EXPIRES MAR[illegible] 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: J. Wallace West and Leah H. West		Date Issued: 10-8-58	Date Orig. Entry:
	Date of Birth: March 28, 1913	Birth Place: Heyburn, Idaho	Full Name of Mother: Leah H. West	Name of Father: J. Wallace West	
SUPPORTING RECORD 2.	Type of Document: Church Record-Baptism	By whom issued and signed: LDS Church Salt Lake City, Utah		Date Issued: 9-10-59	Date Orig. Entry: Sept. 30, 1923
	Date of Birth: March 28, 1913	Birth Place: Heyburn, Idaho	Full Name of Mother: Leah Halliday	Name of Father: J. Wallace West	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Utah #348		Date Issued: 8-27-59	Date Orig. Entry: child born Jan. 18, 1943
	Date of Birth: age 29	Birth Place: Heyburn, Idaho	Full Name of Mother: ---	Name of Father: ---	

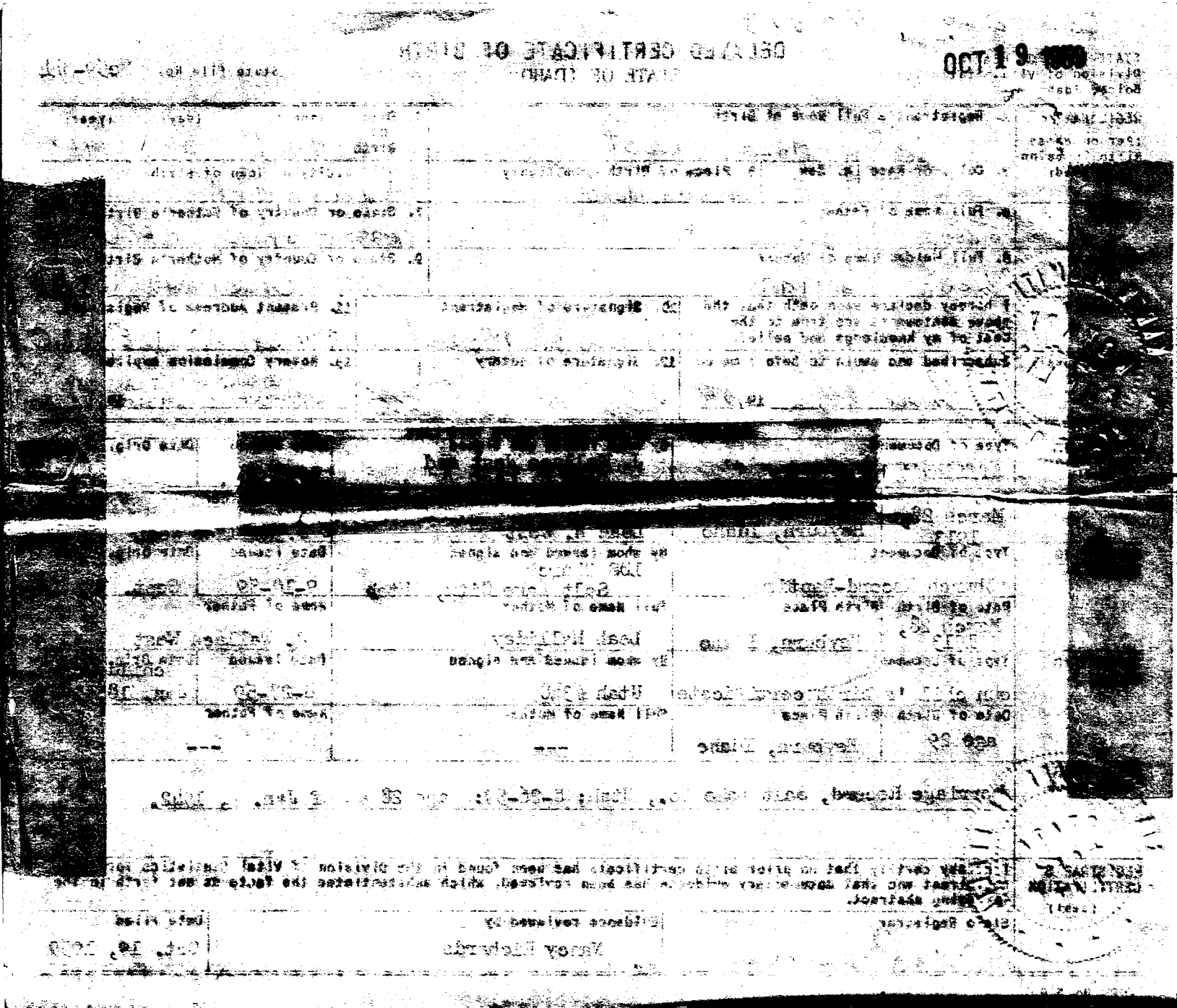
QUALIFYING INFORMATION: Marriage Record, Salt Lake Co., Utah; 8-26-59: age 28 as of Jan. 9, 1942.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Nancy Richards nr	Oct. 19, 1959

FORM BH 56067 1 copy pd.



231-725-020-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-850

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lee Dove Slater		2. Date Of Birth (month) (day) (year): December 25, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore; b. City or Town of Birth: Mayfield
FATHER	6. Full Name of Father: Otto W. Slater		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Pearl Jennie Dove		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lee Slater	11. Present Address of Registrant: Detroit Ore
NOTARY (Seal)	Subscribed and sworn to before me on: June 24 1959	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date issued:	Date Orig. Entry: June 23, 1937
	Date of Birth: Dec. 25, 1913; Birth Place: Mayfield, Idaho	Full Name of Mother: Pearl Jennie Dove	Name of Father: Otto W. Slater	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 76	By whom issued and signed: Otto W. Slater	Date issued: 8-22-59	Date Orig. Entry:
	Date of Birth: Dec. 25, 1913; Birth Place: Mayfield, Idaho	Full Name of Mother: Pearl Jennie Dove Slater	Name of Father: Otto W. Slater	
SUPPORTING RECORD 3.	Type of Document: Selective Service Registration Record	By whom issued and signed: Selective Service System Portland, Oregon	Date issued: 9-28-59	Date Orig. Entry: Oct. 25, 1940
	Date of Birth: Dec. 25, 1913; Birth Place: Mayfield, Idaho	Full Name of Mother: ---	Name of Father: Otto W. Slater	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Nancy Richards	Date Filed: Oct. 21, 1959

FORM BH 56067

1 copy paid -

OCT 21 1959

DECEASED

294-219-022-593

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-869

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Louise Simonds		2. Date of Birth (month) August (day) 19 (year) 1913
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Lamont, Idaho. a. County: Fremont; b. City or Town of Birth: Lamont
FATHER	6. Full Name of Father: Owen Roger Simonds		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Laura Nichols		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Louise Simonds (Mrs. Hulett)	11. Present Address of Registrant: Laramie, Wyoming
NOTARY (Seal)	Subscribed and sworn to before me on: October 23 1959	12. Signature of Notary: Leta Deveraux	13. Notary Commission expires: My Commission expires December 4, 1961 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: O. R. Simonds	Date issued: 10-12-59	Date Orig. Entry:
	Date of Birth: Aug. 19, 1913; Birth Place: Freemont Co. Lamont, Idaho	Full Name of Mother: Laura Nichols Simonds	Name of Father: O. R. Simonds	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Colorado #4236	Date issued: 10-20-59	Date Orig. Entry: child born April 18, 1933
	Date of Birth: age 19; Birth Place: Lamont, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Marriage Record	By whom issued and signed: Montrose County, Colorado	Date issued: 10-13-59	Date Orig. Entry: April 30, 1946
	Date of Birth: age 32; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION	Insurance Application, Bankers Life & Casualty Co.; May 21, 1952: born Aug. 19, 1913.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: Nancy Richards	Date Filed: Oct. 29, 1959

FORM BH 56067

One copy paid 14605

OCT 29 1959

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Division of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Full Name at Birth: Norma Louise Simonds	2. Date of Birth (Month) August 19 (Day) 1913
	3. Color or Race: White	4. Place of Birth: Lamont, Idaho. Fremont (County)	5. City or Town of Birth: Lamont
FATHER	6. Full Name of Father: Owen Roger Simonds	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Laura Nichols	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	10. Hereby declare upon oath that the statements are true to the best of my knowledge and belief.	11. Signature of Registrant: Norma Nichols	12. Present Address of Registrant: Laramie, Wyoming
NOTARY	13. Sworn and sworn to before me on	14. Signature of Notary	15. Notary Commission expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Affidavit by Mother	By whom Issued and Signed: [illegible]	Date Issued: [illegible]
	Date of Birth: 1913	Place of Birth: Lamont, Idaho	Full Name of Mother: Laura Nichols Simonds	Date Orig. Entry: [illegible]
SUPPORTING RECORD 2	Type of Document: own child's birth certificate	By whom Issued and Signed: Colorado [illegible]	Date Issued: 10-20-59
	Date of Birth: Age 19	Place of Birth: Lamont, Idaho	Full Name of Mother: ---	Date Orig. Entry: [illegible] 18, 1933
SUPPORTING RECORD 3	Type of Document: Marriage Record	By whom Issued and Signed: Montrose County, Colorado	Date Issued: 10-12-59	Date Orig. Entry: April 30, 1946
	Date of Birth: Age 20	Place of Birth: ---	Full Name of Mother: ---	Date Orig. Entry: ---

QUALIFYING INFORMATION: In accordance application, Bankers Life & Casualty Co., [illegible] 21, 1959; Bermudez, 19, 1913.

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence Reviewed	Date Filed
[illegible]	Nancy Richards	Oct. 29, 1959

FORM 80 [illegible]

296-21D-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-948

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nona Ann Brower
2. Date of Birth: (month) May (day) 12 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont Co.; b. City or Town of Birth: Marysville, Idaho

FATHER

6. Full Name of Father: Ernest A. Brower
7. State or Country of Father's Birth: Richmond Utah

MOTHER

8. Full Maiden Name of Mother: Olive Ezila Smith
9. State or Country of Mother's Birth: Auburn Wyoming

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: (Brower) Nona Ann Brower
11. Present Address of Registrant: Box 473 West Yellowstone, Montana

NOTARY (Seal)

Subscribed and sworn to before me on 6/29 1959
12. Signature of Notary: James Haueee
13. Notary Commission expires: 7/31 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Record--Baptism	LDS Church Marysville Ward, Marysville, Ida.		June 4, 1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 12, 1913 / Marysville, Idaho	Olive E. Smith	Ernest A. Brower	
SUPPORTING RECORD 2.	Social Security Record	Treasury Dept.		Oct. 15, 1947
	May 12, 1913 / Fremont Co. Marysville, Idaho	Olive Ezila Smith	Ernest A. Brower	
SUPPORTING RECORD 3.	Insurance Record (2 sections)	Gem State Mutual Life Assoc.		March 24, 1945
(age 31)	May 12, 1913 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Brown
Evidence reviewed by: Nancy Richards
Date Filed: Nov. 20, 1959

FORM BH 56067

NOV 20 1964

446-203-042-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De59-956

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velva Margaret Duffin		2. Date Of Birth (month) May (day) 3 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Alma C. Duffin		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Margarett May Batty		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velva Duffin Moller	11. Present Address of Registrant: 824 6th St. Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 9, 19 59	12. Signature of Notary: [signature]	13. Notary Commission expires: Feb. 16, 19 60

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Margarett May Batty Duffin	Date issued: 11-9-59	Date Orig. Entry:
	Date of Birth: May 3, 1913; Birth Place: Idaho-Twin Falls Co.	Full Name of Mother: Margarett May Batty Duffin	Name of Father: Alma C. Duffin	
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: Minidoka County Schools Rupert, Idaho	Date issued: 11-9-59	Date Orig. Entry: census records 1919-45
	Date of Birth: May 3, 1913; Birth Place: Twin Falls, Idaho	Full Name of Mother: Margaret May Duffin	Name of Father: Alma C. Duffin	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #256237	Date issued:	Date Orig. Entry: child born April 26, 1937
	Date of Birth: age 23; Birth Place: Twin Falls, Idaho	Full Name of Mother: —	Name of Father: —	

QUALIFYING INFORMATION: Marriage Record, Minidoka County, Rupert, Ida.; 11-16-59: age 22 as of March 14, 1936.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Nancy Richards	Nov. 23, 1959

Corr. Corr. on file in (B) FORM BH 56067 Corr. Files. 10-27-59 (Search Made)

1 Copy paid receipt # 59-16470

NOV 24 1959

FEB 26 1970

DECEASED

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DELAYED CERTIFICATE (Be sure the information is complete and accurate)

State File No. De59-995

689 - 116-004-983

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 552

RECEIVED NOV 13 1959 Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY: Bear Lake Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raymond, Idaho P.O
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Raymond, Idaho.
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) William; b. (Middle) W; c. (Last) White

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) March (Day) I6, (Year) I913

FATHER OF CHILD

7. FULL NAME: a. (First) William; b. (Middle) E; c. (Last) White

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Stella; b. (Middle); c. (Last) Richards

13. COLOR OR RACE: White

14. AGE (At time of this birth): 40 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Farmington, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? ●

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Stella White — Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: [signature]

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Idaho

18d. DATE SIGNED: November 5, I959

19. DATE REC'D BY LOCAL REG.: II/5/59

20. REGISTRAR'S SIGNATURE: [signature]

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: 40 WEEKS

22b. WEIGHT AT BIRTH: 7 LBS. 0 OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [X]

Approximate date: DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum: I% A.G.N.O.-3

Form DPH-48001

LOCAL REGISTRATION OF BIRTHS

DEC 9 1959

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of ..... none

(b) Labor: Complication ..... none

..... Induced? .....

(c) State all operations for delivery ..... none

(d) Did baby have any:

(1) Congenital Malformation? none

Describe: .....

(2) Birth Injury? none

Describe: .....

(e) Signature of Physician:

[signature]

569-221-016-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-004

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Nordstrom			2. Date Of Birth (month) (day) (year): October 21 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Cassia County	b. City or Town of Birth: Burley	
FATHER	6. Full Name of Father: John G. Nordstrom			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Mary Jane Blake			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edith N. Rockwood	11. Present Address of Registrant: 1351 So Monterey, Ontario Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: December 8 1959		12. Signature of Notary: NOTARY PUBLIC In and for the County of San Bernardino, State of California — Olga G. Travers	13. Notary Commission expires: February 19 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record		By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Sept. 5, 1946
	Date of Birth: Oct. 21, 1913	Birth Place: Cassia Co. Burley, Idaho	Full Name of Mother: Mary Jane Blake	Name of Father: John G. Nordstrom	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: San Antonio Community Hospital Upland, California	Date Issued: 11-23-59	Date Orig. Entry: March 21, 1954
	Date of Birth: Oct. 21, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Son's Insurance Application		By whom issued and signed: Prudential Ins. Co. of Amer.	Date Issued:	Date Orig. Entry: Apr. 28, 1949
	Date of Birth: age 35	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

own insurance application, Prudential Ins. Co. of America; Oct. 15, 1941: shows Oct. 1913 as birth date but day of birth incorrectly. Birthplace-Burley, Cassia Co., Idaho; parents--John Nordstrom and Jane Blake. On Feb. 24, 1942, birth date was corrected to show Oct. 21, 1913.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Jensen	Nancy Richards	Jan. 4, 1960

FORM BH 56067

1 copy paid receipt 13027

JAN 4 1960

AUG 15 1975

correspondence filed under
Mrs. Jane B. Nordstrom
8-21-59

254-208-015-715

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-045

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVA BEUS			2. Date of Birth (month) October (day) 8, (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Bannock~~ Near Soda Springs, Idaho. (Now Caribou COUNTY)	b. City or Town of Birth: 6 Mi. E. of Soda Springs, Ida.	
FATHER	6. Full Name of Father: Albert Beus			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Dora Panting			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Eva Beus Butterfield / Eva Beus Butterfield.	11. Present Address of Registrant: Soda Springs, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 24th 1959		12. Signature of Notary: [signature]	13. Notary Commission expires: July 1st 1960.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Albert Beus	Date Issued: 12-24-59	Date Orig. Entry:
	Date of Birth: Oct. 8, 1913	Birth Place: 6 miles East of Soda Springs, Idaho	Full Name of Mother: Dora Panting Beus	Name of Father: Albert Beus	
SUPPORTING RECORD 2.	Type of Document: Lodge Record		By whom issued and signed: Camp #9294, Royal Neighbors of America, Soda Springs, Ida.	Date Issued:	Date Orig. Entry: June 12, 1952
	Date of Birth: age 38	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Beneficial Life Ins. Co.	Date Issued:	Date Orig. Entry: Nov. 14, 1935
	Date of Birth: Oct. 8, 1913	Birth Place: Soda Springs, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	Jan. 19, 1960

FORM BH 56067

one copy paid #16317 10-29-59

JAN 19 1960

FEB 3 1976

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: October 8, 1913
	3. Sex: Female	4. Place of Birth: Bannock, Near Soda Springs, Idaho (Now Caribou COUNTY)
	5. Mailing Address of Birth: 6 M.E. of Soda Springs, Ida.	
FATHER	6. Full Name of Father: Albert Bens	7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Name of Mother: Dora Fanting	9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: Soda Springs, Idaho
	12. Signature of Notary: [illegible]	13. Notary Commission Expires: July 1st 1960
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 24th 1959	

SUPPORTING	Type of Document: [illegible] by Father	By whom Issued and Signed: Albert Bens	Date Issued: 12-24-59	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: [illegible] Soda Springs, Idaho	Full Name of Mother: Dora Fanting Bens	Name of Father: Albert Bens
SUPPORTING	Type of Document: [illegible]	By whom Issued and Signed: [illegible] Soda Springs, Ida.	Date Issued: June 12, 1959	Date Orig. Entry
	Date of Birth: [illegible]	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING	Type of Document: [illegible]	By whom Issued and Signed: [illegible] Ind. Co.	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Soda Springs, Idaho	Full Name of Mother: ---	Name of Father: ---
MULTIPLE INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this Registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence registered by: [illegible]	Date Filed: Jan. 19, 1960

FORM NO. [illegible] one copy paid [illegible] 10-29-59

469-203-022-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-100

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vera Alberta Morgenstern			2. Date of Birth (month) January (day) 3 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County	b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: Fred Daniel Morgenstern			7. State or Country of Father's Birth: Montana USA
MOTHER	8. Full Maiden Name of Mother: Mabel Viola Caudle			9. State or Country of Mother's Birth: Illinois USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vera M. Turley		11. Present Address of Registrant: 509 No. 41st Place, Phoenix, Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: January 6 1960	12. Signature of Notary: Eleanor Hall		13. Notary Commission expires: My Commission Expires Mar. 12, 1960

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Nov. 18, 1952
	Date of Birth: Jan. 3, 1913	Birth Place: St. Anthony, Ida.	Full Name of Mother: Mabel Caudle	Name of Father: Fred Daniel Morgenstern
SUPPORTING RECORD 2.	Type of Document: Civil Service Record (Designation of Beneficiary)	By whom issued and signed: U. S. Civil Service Comm.	Date Issued:	Date Orig. Entry: May. 5, 1945
	Date of Birth: Jan. 3, 1913	Birth Place: ---	Full Name of Mother: Mabel V. Morgenstern	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Service Record	By whom issued and signed: Dept. of Agriculture, U. S. Forest Service, Albuquerque, N.M.	Date Issued: 8-2-50	Date Orig. Entry: May 16, 1938
	Date of Birth: Jan. 3, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 5, 1960

FORM BH 56067

FEB 5 1960

JAN 10 1961

285225 · 218-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALTO SHELBURN			2. Date Of Birth (month) (day) (year): April 28 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Orofino
FATHER	6. Full Name of Father: Hardy Shelburn			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Hester Kastile			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alto Walter		11. Present Address of Registrant: Marlin, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: February 5 1960	12. Signature of Notary: M Helen Miller Notary Public in and for The State of Washington,		13. Notary Commission expires: April 12 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 58		By whom issued and signed: Pearl Gamble	Date Issued: 2-9-60	Date Orig. Entry:
	Date of Birth: April 28, 1913	Birth Place: Orofino, Idaho	Full Name of Mother: Hester Shelburn, nee Kastile	Name of Father: Hardy Shelburn	
SUPPORTING RECORD 2.	Type of Document: Hospital Record		By whom issued and signed: Memorial Hospital Odessa, Washington	Date Issued: 2-10-60	Date Orig. Entry: July 13, 1951
	Date of Birth: April 28, 1913	Birth Place: Idaho	Full Name of Mother (born-Nebr.): Hester Kastile	Name of Father (born-Wisc.): Hardy Shelburn	
SUPPORTING RECORD 3.	Type of Document: Marriage Record		By whom issued and signed: Adams Co. Auditor, Wash.	Date Issued: 2-5-60	Date Orig. Entry: Sept. 8, 1948
	Date of Birth: age 35	Birth Place: Orofino, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Jenson	Evidence reviewed by: Nancy Richards	Date Filed: Feb. 15, 1960

FORM BH 56067

1 copy paid Receipt # 12477

FEB 16 1960

J18-21-028-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Nevada Bayne			2. Date of Birth: (month) April (day) 11 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Kootenai	b. City or Town of Birth: Worley	
FATHER	6. Full Name of Father: Grant Ulysses Bayne			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Nevada Lee Love			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie N Boskins		11. Present Address of Registrant: 2205 Alder Avenue Sumner, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: January 27 1960	12. Signature of Notary: Vernan C Benson		13. Notary Commission expires: September 17 1961	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Dept.		Date Issued:	Date Orig. Entry: June 9, 1937
	Date of Birth: April 11, 1913	Birth Place: Kootenai Co. Worley, Idaho	Full Name of Mother: Nevada Lee Love		Name of Father: Grant Bayne
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Recorder's Office, City & Co. of San Francisco, Calif. #4579		Date Issued: 1-14-60	Date Orig. Entry: May 4, 1934
	Date of Birth: age 21	Birth Place: Idaho	Full Name of Mother (born-Mo.): Nevada Lee Lane		Name of Father (born-Mo.): Grant Bayne
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: California #35-051102		Date Issued: 2-11-60	Date Orig. Entry: child born July 3, 1935
	Date of Birth: age 22	Birth Place: Idaho	Full Name of Mother: ---		Name of Father: ---
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
V M Benson	Nancy Richards nr	Feb. 17, 1960

FORM BH 56067 11-25-59 one copy paid $7390

FEB 17 1960

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT	1. Registrant's Full Name at Birth: Marjorie Nevada Bayne	2. Date of Birth (month) April (day) 11 (year) 1913	
	3. Sex: Anita	4. Age: 7	5. Place of Birth: Idaho Kootenai
		Locality or Town of Birth: Worley	
PARENT	6. Full Name of Father: Grant Ulysses Bayne	7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Nevada Lee Love	9. Mother's Country of Mother's Birth: Missouri	
AFFIDAVIT	10. I declare upon path that the [illegible] are true to the [illegible] knowledge and belief.	11. Signature of Registrant: [illegible]	12. Present Address of Registrant: 2705 Alder Avenue, Sumner, Washington
	Subscribed and sworn to before me on [illegible] 1959	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued:	Date Orig. Entry: June [illegible]
	Date of Birth: April 11, 1913	Birth Place: Kootenai Co. Worley, Idaho	Full Name of Mother: Nevada Lee Love	Name of Father: Grant Bayne
SUPPORTING RECORD 2	Type of Document: Marriage Record	By whom issued and signed: Recorder's Office, City & Co. of San Francisco, Calif. #[illegible]	Date Issued: 1-11-60	Date Orig. Entry: May [illegible]
	Date of Birth: Age 21	Birth Place: Idaho	Full Name of Mother: Nevada Lee Love	Name of Father: Grant Bayne
SUPPORTING RECORD 3	Type of Document: One child's birth certificate	By whom issued and signed: California [illegible]	Date Issued: 2-11-60	Date Orig. Entry: Child born July 3, 1938
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATE (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing Abstract.

Registrar's Signature	Evidence reviewed by	Date Filed
	Nancy Richards	Feb. 17, 1960

FORM 48 SECRET 11-25-59 one cpy paid #7390

45-225.001-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-174

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Susan DeMeyer		2. Date Of Birth (month) Feb. (day) 25 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Edward DeMeyer		7. State or Country of Father's Birth: Belgium	
MOTHER	8. Full Maiden Name of Mother: Emma Marie Geveart		9. State or Country of Mother's Birth: Belgium	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Susan DeMeyer	11. Present Address of Registrant: 2510 State St. Boise	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____	12. Signature of Notary: S. L. Gale	13. Notary Commission expires: 5-15 19 62	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise, Idaho	Date Issued: Feb. 25, 1960	Date Orig. Entry: baptized April 20, 1913
	Date of Birth: Feb. 25, 1913	Birth Place: Idaho	Full Name of Mother: Emma Geveart	Name of Father: Edward DeMeyer
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Emma DeMeyer	Date Issued: --	Date Orig. Entry: Feb. 29, 1960
	Date of Birth: Feb. 25, 1913	Birth Place: Boise, Idaho	Full Name of Mother: Emma Geveart DeMeyer	Name of Father: Edward DeMeyer
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #211981	Date Issued: --	Date Orig. Entry: child born May 7, 1933
	Date of Birth: age 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Lois Ayers	Feb. 29, 1960

FORM BH 56067

MAR 1 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File Number

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Sex	5. Place of Birth 6. County
			7. Name of Birth
FATHER	8. Full Name of Father		9. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Name of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — TO BE WRITTEN BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Certificate of Baptism	By whom issued and signed: St. John's Cathedral, Boise, Idaho	Date Issued: Feb. 25, 1960	Date Orig. Entry: Feb. 20, 1913
	Date of Birth: Feb. 25, 1913	Full Name of Mother: Emma Geveart	Name of Father: Edward DeMeyer	
	Place of Birth: Idaho			
SUPPORTING RECORD 2	Type of Document: Affidavit by Mother	By whom issued and signed: Mrs. Emma DeMeyer	Date Issued: --	Date Orig. Entry: Feb. 29, 1960
	Date of Birth: Feb. 25, 1913	Full Name of Mother: Emma Geveart DeMeyer	Name of Father: Edward DeMeyer	
	Place of Birth: Boise, Idaho			
SUPPORTING RECORD 3	Type of Document: Own child's birth certificate	By whom issued and signed: On file Vital Statistics #2,1981	Date Issued: --	Date Orig. Entry: child born May 7, 1933
	Date of Birth: Age 20	Full Name of Mother: ---	Name of Father: --	
	Place of Birth: Idaho			
QUALIFIED INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the following abstract.

State Registrar	Evidence Reviewed by	Date Filed
W. W. Benson	Lois Ayers	Feb. 29, 1960

FORM NO. 66667

713-206-016-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-209

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Agnes Evelyn Galbraith
2. Date of Birth (month) (day) (year): Oct. 6, 1913
3. Color or Race: White
4. Sex: Fe.
5. Place of Birth a. County: Declo, Idaho — Cassia Co.
b. City or Town of Birth: Declo, Idaho

FATHER

6. Full Name of Father: Robert B. Galbraith
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Pamela Isabel Dayton
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Agnes E. Wells
11. Present Address of Registrant: 246 E. Highland Ave., Tracy, California

NOTARY (Seal)

Subscribed and sworn to before me on: February 17, 1960
12. Signature of Notary: Clarence R. Collins
13. Notary Commission expires: June 12, 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father	Robert B. Galbraith	2-17-60	

Date of Birth	Birth Place	Full Name of Mother (maiden name-Dayton)	Name of Father
Oct. 6, 1913	Declo, Idaho	Pamela Isabel Galbraith	Robert B. Galbraith

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Record	Tracy Union High School Tracy, Calif.		1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 6, 1913	Idaho	---	Robert Galbraith

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	San Joaquin Co. Recorder Stockton, Calif.	2-19-60	child born April 17, 1949

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 35	Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. L. Benson	Nancy Richards	March 9, 1960

FORM BH 56067 2-11-60

MAR 16 1960

DELAYED CERTIFICATE OF BIRTH

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

CERTIFICATE (Person, Name, Birth, Registered)	1. Registrant's Full Name at Birth: Agnes Evelyn Galbraith	2. Date of Birth (month) Oct. (day) 6, (year) 1913
	3. Sex: White; 4. Sex: Fe.; 5. Place of Birth: Decio, Idaho; 6. County: Cassia Co.; 7. City or Town of Birth: Decio, Idaho	
FATHER	8. Full Name of Father: Robert B. Galbraith	9. State or Country of Birth: [illegible]
MOTHER	8. Full Maiden Name of Mother: Fercia Isabel Dayton	9. State or Country of Birth: [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on 19	12. Signature of Notary: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: [illegible]	By whom issued and signed: Robert B. Galbraith	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: 1913	Birth Place: Decio, Idaho	Full Name of Mother: Fercia Isabel Galbraith	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: School Record	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Oct. 6, 1913	Birth Place: Idaho	Full Name of Father: ---	Name of Father: Robert Galbraith
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Age 35	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---

SUPPORTING TERMINATION

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the Corrected Abstract.

State Registrar	Evidence reviewed by	Date Filed
	Nancy Richards	March 9, 1960

[illegible]

813228-014-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-277

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Evelyn Hall			2. Date Of Birth (month) (day) (year): Feb. 28, 1913
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Emmett, Idaho, Canyon	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: John Charles Hall			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: (AMANDA ISABEL MOULTON) Amanda Isabel Moulton			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred E. Wills		11. Present Address of Registrant: Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 9, 1960	12. Signature of Notary: C. W. Zuger		13. Notary Commission expires: Sept. 20, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 81	By whom issued and signed: Amanda Isabel Knouse	Date Issued: 2-9-60	Date Orig. Entry:
	Date of Birth: Feb. 28, 1913 / Birth Place: Emmett, Idaho	Full Name of Mother: Amanda Isabel Moulton	Name of Father: John Charles Hall	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #213236	Date Issued:	Date Orig. Entry: child born June 18, 1933
	Date of Birth: age 20 / Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Social Security record	By whom issued and signed: Treasury Dept.	Date Issued:	Date Orig. Entry: Sept. 7, 1937
	Date of Birth: Feb. 28, 1913 / Birth Place: Emmett, Idaho	Full Name of Mother: Amanda E. Moulton	Name of Father: John Charles Hall	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr Nancy Richards	March 29, 1960

FORM BH 56067

1 copy paid

MAR 29 1960

514-209-024-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-382

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Sarah Vader			2. Date Of Birth (month) November (day) 9 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Gooding Co.	b. City or Town of Birth: Hagerman, Idaho
FATHER	6. Full Name of Father: Roy J. Vader			7. State or Country of Father's Birth: Ketchum, Idaho
MOTHER	8. Full Maiden Name of Mother: Ona Dilatush			9. State or Country of Mother's Birth: Lebanon, Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs Louise Bevins		11. Present Address of Registrant: Hagerman, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 9 Day of Dec 1959	12. Signature of Notary: Emmond Pugmire		13. Notary Commission expires: 12-20 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents		By whom issued and signed: Roy J. and Ona Vader	Date issued: 9-11-57	Date Orig. Entry:
	Date of Birth: Nov. 9, 1913	Birth Place: Hagerman, Idaho	Full Name of Mother: Ona Dilatush	Name of Father: Roy J. Vader	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Idaho #227410	Date issued:	Date Orig. Entry: child born Nov. 13, 1934
	Date of Birth: age 21	Birth Place: Hagerman, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Statement re. Lodge Record, Hagerman, Idaho		By whom issued and signed: Union Rebekah Lodge No. 45 Elizabeth Behrens, Sec'y.	Date issued: April 5, 1940	Date Orig. Entry: initiated March 21, 1940
	Date of Birth: age 26	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: nr Joyce B. Foltz	Date Filed: May 10, 1960

FORM BH 56067

MAY 11 1968

AUG 6 1971

942-15-1034-652

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-557
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Joe Lee Rush
2. Date Of Birth: (month) Dec. (day) 15 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Minidoka; b. City or Town of Birth: Rupert, Idaho

FATHER

6. Full Name of Father: Grover Monroe Rush
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Hallie Bell West
9. State or Country of Mother's Birth: Hickory County, Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Joe Lee Rush
11. Present Address of Registrant: Carey, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 11 19 60
12. Signature of Notary: Charles H. Cason
13. Notary Commission expires: Jan 16 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class*_____	Type of Document: own child's birth certificate	By whom issued and signed: Idaho #307328	Date Issued: ----	Date Orig. Entry: child born Jan 26, 1941
	Date of Birth: age 27	Birth Place: Rupert, Idaho	Full Name of Mother: -----	Name of Father: ----
SUPPORTING RECORD 2. Class_____	Type of Document: statement regarding school records	By whom issued and signed: Minidoka County Schools, Dis. No. 331, Rupert, IW. Merril, Clerk	Date Issued: May 10, 1960	Date Orig. Entry: census of 1919-1924
	Date of Birth: Dec. 15, 1913	Birth Place: Rupert, Idaho	Full Name of Mother: Hallie Bell West	Name of Father: Grover Monroe Rush
SUPPORTING RECORD 3. Class_____	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Omagaye Coates 15 years older	Date Issued: April 11, 1960	Date Orig. Entry: -----
	Date of Birth: Dec. 15, 1913	Birth Place: Rupert, Idaho	Full Name of Mother: Hallie Bell West	Name of Father: Grover Monroe Rush

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny Patterson	June 23, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JUN 23 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Bir. No.

Local Reg. No.

Reg. Dist. No.

REGISTRANT (Person whose name is being registered)	1. Registrant's Full Name at Birth: Joe Lee Rush	2. Date of Birth (month) (day) (year): Dec. 15 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Rupert; a. County: Minidoka	b. City or Town of Birth: Rupert, Idaho
FATHER	6. Full Name of Father: Grover Monroe Rush	7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Hallie Bell West	9. State or Country of Mother's Birth: Hickory County, Mo.
APPLICANT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant:
		11. Present Address of Registrant: Carey, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on April 11 19 60	12. Signature of Notary:
		13. Notary Commission expires: Jan 16 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother		
Class				
SUPPORTING RECORD 2	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
SUPPORTING RECORD 3	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Date of Birth / Birth Place	Full Name of Mother	Name of Father	
Class				
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.	
	State Registrar	Date Filed: June 23, 1960

*Class A Records are those made and dated before the registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 year old.

Form CPR 4904

216-22-201-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-633

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Margaret Mary Boone
2. Date Of Birth (month) (day) (year): 6 - 20 - 13
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Near Eagle
a. County: Ada
b. City or Town of Birth: Near Eagle Idaho

FATHER

6. Full Name of Father: Edward Trechsel Boone
7. State or Country of Father's Birth: Pennsylvannia

MOTHER

8. Full Maiden Name of Mother: Isabella Carswell Finlay
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret B. Arnold
11. Present Address of Registrant: 1619 Rosalia Alamogordo, N.M.

NOTARY (Seal)

Subscribed and sworn to before me on: June 16, 1969 19___

12. Signature of Notary: Norman E. Arnold
13. Notary Commission expires: Oct 2, 1961 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	State of Washington, #3678 Irwin R. Vaughn, State Reg.	March 27, 1951	Child born April 15, 1946
	Date of Birth age 32 / **Birth Place** Boise, Idaho	**Full Name of Mother** ----	**Name of Father** -----	
SUPPORTING RECORD 2.	affidavit by friend of family at time of birth	Arthur F. Graves	Aug. 15, 1940	----
	Date of Birth June 20, 1913 / **Birth Place** Boise, Idaho	**Full Name of Mother** ---	**Name of Father** ---	
SUPPORTING RECORD 3.	statement regarding church records	First Presbyterian Church, Junction City, Kansas, D.E. Hiett	July 11, 1960	baptized Dec. 15, 1914
	Date of Birth June 20, 1913 / **Birth Place** -----	**Full Name of Mother** Isabella C. Boone	**Name of Father** Edward T. Boone	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pp Penny Patterson	July 19, 1960

FORM BH 56067

6-14-60 one copy paid #00960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JUL 19 1960

1. Name of child (First, middle, last)		2. Date of birth (month)	(day) (year)
3. Sex	4. Color or race	5. Place of birth	
6. Name of father		7. Maiden name of mother	
8. Birthplace of father		9. Birthplace of mother	
10. Occupation of father		11. Occupation of mother	
12. Age of father at child's birth		13. Age of mother at child's birth	
14. Number of previous children born to mother		15. Number of previous children now living	
16. Number of previous children born dead		17. Number of children born to this marriage	
18. Date married (month)	(day) (year)	19. Place married (city)	(county) (state)
20. Was birth attended by physician?		21. Was birth attended by midwife?	
22. Was birth attended by other person?		23. Was birth in hospital?	
24. Was birth in clinic?		25. Was birth at home?	
26. Was birth enroute to hospital?		27. Was birth enroute to home?	
28. Was birth enroute to clinic?		29. Was birth enroute to other place?	
30. Was birth accidental?		31. Was birth natural?	
32. Was birth premature?		33. Was birth normal?	
34. Was birth multiple?		35. Was birth single?	
36. Was birth twin?		37. Was birth triplet?	
38. Was birth quadruplet?		39. Was birth quintuplet?	
40. Was birth sextuplet?		41. Was birth septuplet?	
42. Was birth octuplet?		43. Was birth nonuplet?	
44. Was birth decuplet?		45. Was birth undecuplet?	
46. Was birth duodecuplet?		47. Was birth tredecuplet?	
48. Was birth quattuordecuplet?		49. Was birth quindecuplet?	
50. Was birth sexdecuplet?		51. Was birth septendecuplet?	
52. Was birth octodecuplet?		53. Was birth novemdecuplet?	
54. Was birth vigintuplet?		55. Was birth more than vigintuplet?	

I hereby swear (or affirm) that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19_____.

(Seal)

_____
(Signature of Notary Public)

My commission expires _____

SUPPORTING RECORD 1 — Type of Document | By whom filed | Date filed | Date of Birth | Name at Birth

SUPPORTING RECORD 2 — Type of Document | By whom filed | Date filed | Date of Birth | Name at Birth

SUPPORTING RECORD 3 — Type of Document | By whom filed | Date filed | Date of Birth | Name at Birth

---

I hereby certify that no prior birth certificate has been issued in the Bureau of Vital Statistics for this child and that documentary evidence has been reviewed which substantiates the facts as set forth in the above statements.

Signature of Registrar | Evidence reviewed by | Date filed

Form No. 8007 — 5-14-60 — One copy paid $0250.0

84412 1042-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis Walden Quast		2. Date Of Birth (month) Oct. (day) 12 (year) 1913
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Frank Louis Quast		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Nellie Mae Brassfield		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis W Quast	11. Present Address of Registrant: Chandler, Oklahoma
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 19 60	12. Signature of Notary: Edna Bevins	13. Notary Commission expires: Dec. 10 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding school records		By whom issued and signed: Lincoln County, Chandler, Okla. Dis. #I-1, Willa Matheny, Enum.	Date issued: Jan. 29, 1921	Date Orig. Entry: Jan. 29, 1921
	Date of Birth: Oct. 12, 1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: F. L. Quast	
SUPPORTING RECORD 2.	Type of Document: certified copy of application for marriage license		By whom issued and signed: State of Florida, #45946, Book 82, pg. 45946, Nolie Baxley	Date issued: June 20, 1960	Date Orig. Entry: March 1, 1945
	Date of Birth: age 31	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother		By whom issued and signed: Mrs. Frank Quast	Date issued: Aug. 8, 1960	Date Orig. Entry: ----
	Date of Birth: Oct. 12, 1913	Birth Place: Twin Falls, Idaho	Full Name of Mother: Nellie Mae Brassfield	Name of Father: Frank Louis Quast	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: pp Penny Patterson	Date Filed: Aug. 15, 1960

Corr. Corr. on file in Corr. files. 6-9-60 (V)
FORM BH 56067
1 Copy paid receipt #01938
Search made in Twin Falls Co.

AUG 10 1960

STATE OF IDAHO

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: [illegible] Walden Guest	2. Date of Birth (Month) (Day) (Year): Oct. 13 1913
	3. Color or Type: White	4. Sex: M
	5. Place of Birth: Twin Falls	6. City or Town of Birth: Twin Falls
FATHER	7. Full Name of Father: Frank Louis Guest	8. State or Country of Father's Birth: Illinois
MOTHER	9. Full Maiden Name of Mother: Nellie Mae Grossfield	10. State or Country of Mother's Birth: Missouri
OFFICIAL	11. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]
	13. Present Address of Registrant: Chandler, Oklahoma	
NOTARY (Seal)	14. Subscribed and sworn to before me on June 16 19 63	15. Signature of Notary: [illegible]
	16. Notary Commission Expires: Dec. 10 19 63	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Comment revealing second [illegible]	By whom issued and signed: Lincoln County, [illegible]	Date Issued: Jan. [illegible]	Date Orig. Entry: Jan. [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: June [illegible]	Date Orig. Entry: March [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
CONCLUDING INFORMATION				
RESIDENTIAL CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar	Evidence reviewed by	Date Filed	

449-22-041-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-753

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hilda Clara Durtschi ~~XXXXXXX~~
2. Date of Birth: (month) January (day) 22 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Driggs, Idaho - Teton
   b. City or Town of Birth: Driggs, Idaho

FATHER

6. Full Name of Father: Edward Durtschi
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Elizabeth Muetzenberg
9. State or Country of Mother's Birth: Switzerland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hilda D. Weston
11. Present Address of Registrant: Driggs, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: 20th June 1960
12. Signature of Notary: Ogden A. Gordon
13. Notary Commission expires: July 10, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's birth certificate	Idaho #415121	----	child born Nov. 30, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	Driggs, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
copy of certificate of blessing	L.D.S. Church, Pratt Ward, Alma J. Duersch, clerk	July 10, 1960	blessed April 6, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.22,1913	Driggs, Idaho Fremont County	Elizabeth Muetzenberg	Edward Durtschi,Jr.

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by uncle	Alfred Durtschi	Aug.26,1960	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.22,1913	Driggs, Idaho	Elizabeth Muetzenberg	Edward Durtschi

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	pp Penny Patterson	Aug. 30, 1960

FORM BH 56067

6-16-60 one copy paid #00991

AUG 30 1960

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRAR (Person where Birth is before registered)	1. Registrant's Full Name at Birth: Hilda Clara Dietschi XXXXXX	2. Date of Birth (month) (day) (year): January 22 [illegible]
	3. Color or Race: White	4. Sex: Female
	5. Place of Birth: Driggs, Idaho	6. County: Idaho - Teton
		7. Place of Birth: Driggs, Idaho
FATHER	8. Full Name of Father: Edward Dietschi	7. State or Country of Father's Birth: Switzerland
MOTHER	9. Maiden Name of Mother: Elizabeth Duetzenberg	9. State or Country of Mother's Birth: Switzerland
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant: Driggs, Idaho
	12. Signature of Notary	13. Notary Commission expires: July 1, 1963

APPLICATION — DO NOT WRITE BELOW IN SLIDE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: Jan. 28, 1913	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: ----
	Date of Birth: Jan. [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing affidavit.

Signature of Registrar	Evidence reviewed by	Date Filed: Aug. 30, [illegible]

FORM [illegible] 6-16-60 one copy paid $00991

186-126-040-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-764

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kaarlo Edwin Aho			2. Date Of Birth (month) March (day) 26 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wallace, Idaho	
FATHER	6. Full Name of Father: Onni Michael Aho			7. State or Country of Father's Birth: Vasa, Finland	
MOTHER	8. Full Maiden Name of Mother: Olga Johanna Fredrickson			9. State or Country of Mother's Birth: Jakabstad, Finland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kaarlo Edwin Aho		11. Present Address of Registrant: Box 4 Kingston Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 11 1958	12. Signature of Notary: [illegible]		13. Notary Commission expires: January 29 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor who helped at time of birth, age 73		By whom issued and signed: Sandra Tervo	Date Issued: 10-28-57	Date Orig. Entry:
	Date of Birth: March 26, 1913	Birth Place: Wallace, Idaho	Full Name of Mother: Olga Aho	Name of Father: Mike Aho	
SUPPORTING RECORD 2.	Type of Document: Family Record on parents' marriage certificate		By whom issued and signed: (said to be father's handwriting) viewed by Div. Vital Statistics	Date Issued: 12-17-57	Date Orig. Entry: old record
	Date of Birth: March 26, 1913	Birth Place: ---	Full Name of Mother: Olga Fredrickson	Name of Father: Mike Aho	
SUPPORTING RECORD 3.	Type of Document: own childs birth certificate		By whom issued and signed: Idaho #342291	Date Issued: -----	Date Orig. Entry: child born Mar. 31, 1942
	Date of Birth: age 29	Birth Place: Wallace, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	mr Penny Patterson	Sept. 1, 1960

FORM BH 56067

SEP 2 1960

669-223-014-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-934

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Chauvet Wortell			2. Date of Birth (month) (day) (year): November 23, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Nampa Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: George Wortell			7. State or Country of Father's Birth: California
MOTHER	8. Full Maiden Name of Mother: Caroline Daisy Rayer			9. State or Country of Mother's Birth: California
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Chauvet Wortell Harris		11. Present Address of Registrant: Orangevale, California
NOTARY (Seal)	Subscribed and sworn to before me on: September 13, 19 60	12. Signature of Notary: Jeanne E. Steele		13. Notary Commission expires: May 16, 19 64

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Caroline Daisy Rayer Wortell		Date Issued: Sept.9,1960	Date Orig. Entry: -----
	Date of Birth: Nov.23,1913	Birth Place: Nampa, Idaho	Full Name of Mother: Caroline Daisy Rayer		Name of Father: George Wortell
SUPPORTING RECORD 2.	Type of Document: statement regarding insurance records	By whom issued and signed: California-Western States Life Insurance Co.		Date Issued: May 20,1960	Date Orig. Entry: 1943
	Date of Birth: Nov.23,1913	Birth Place: ----	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: transcript of school credits	By whom issued and signed: Roseville Union High School Roseville,Calif.J.W.Hanson		Date Issued: Oct.18,1960	Date Orig. Entry: 1927-1931
	Date of Birth: Nov.23,1913	Birth Place: Nampa, Idaho	Full Name of Mother: ------		Name of Father: -----
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W H Benson	pw Penny L. Wing	Oct. 25, 1960

FORM BH 56067

OCT 25 1960

APR 27 1962

DELAYED REGISTRATE OF BIRTH
STATE OF UTAH

965-224-044-635

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 60-955

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY ILEEN ROE		2. Date of Birth (month) (day) (year): JULY 24 1913
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: WASHINGTON; b. City or Town of Birth: MIDVALE IDAHO
FATHER	6. Full Name of Father: FRED PECK ROE		7. State or Country of Father's Birth: ENGLAND
MOTHER	8. Full Maiden Name of Mother: GRACE G. O'LEARY		9. State or Country of Mother's Birth: LONG PINE NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Ileen Roe Storm	11. Present Address of Registrant: WEISER, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: October 31 1960	12. Signature of Notary: Monahee	13. Notary Commission expires: May 17 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Physician Affidavit by Attending	By whom issued and signed: F. A. Schmitz M. D.	Date Issued: October 31, 1960	Date Orig. Entry: -----
	Date of Birth: July 24, 1913 / Birth Place: Midvale, Idaho	Full Name of Mother: Grace G. O'Leary	Name of Father: Fred P. Roe	
SUPPORTING RECORD 2.	Type of Document: Affidavit by cousin Age 62	By whom issued and signed: A. G. O'Leary	Date Issued: October 31, 1960	Date Orig. Entry: -----
	Date of Birth: July 24, 1913 / Birth Place: Midvale, Idaho	Full Name of Mother: Grace G. O'Leary	Name of Father: Fred P. Roe	
SUPPORTING RECORD 3.	Type of Document: Notarized statement regarding marriage records	By whom issued and signed: Alice I. Snook Ex-Officio auditor and recorder in Payette	Date Issued: October 28, 1960	Date Orig. Entry: September, 1938
	Date of Birth: Age 25 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	October 31, 1960

FORM BH 56067

NOV 1 1960

			October 31, -----
			1960
			Fred P. Roe
			October 31, -----
			1960
			Fred P. Roe
			October 28, September, 1938

895-21-025-996

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-997
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Frances Hinkley
2. Date of Birth (month) 8 (day) 17 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Pollock — Idaho
b. City or Town of Birth: Pollock, Idaho

FATHER

6. Full Name of Father: Bert B. Hinkley
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Ida Belle Irwin
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Frances Hinkley
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: Oct. 10 1960
12. Signature of Notary: Carlyn E Hopper.
13. Notary Commission expires: Jan. 15 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Census Record	Bureau of the Census	Aug. 5, 1960	census of Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 6	Idaho	Ida B. Hinkley	Bert B. Hinkley

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Marriage License Affidavit	Gem County Idaho, Lillian M. Campbell, recorder	Aug. 11, 1960	July 25, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 19	----	----	----

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
affidavit by friend of family at time of birth	Anna Rhoades age 63	Nov. 3, 1960	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 17, 1913	Pollock, Idaho	Ida Belle Irwin	Bert B. Hinkley

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Nov. 15, 1960

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DBH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NOV 15

413-119-008-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De60-1062

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Carol Dalton		2. Date Of Birth (month) February (day) 19, (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Boise; b. City or Town of Birth: Roseberry
FATHER	6. Full Name of Father: Frank McMurran		7. State or Country of Father's Birth: United States (3rd [illegible])
MOTHER	8. Full Maiden Name of Mother: Goldie Stredder		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David Carol Dalton	11. Present Address of Registrant: 320-Staats St. Bend Ore
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 1 1960	12. Signature of Notary: [illegible]	13. Notary Commission expires: 9-28 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date issued: ----	Date Orig. Entry: Nov.27,1936
	Date of Birth: Feb.19,1913	Birth Place: Roseberry, Idaho	Full Name of Mother: Goldie Stredder	Name of Father: James Lee Dalton
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Trinity Ev.Lutheran Church Elmore F.Carlson,Pastor	Date issued: ----	Date Orig. Entry: baptized Dec.4,1949
	Date of Birth: Feb.19,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Goldie Dalton age 68	Date issued: Oct.26,1960	Date Orig. Entry: ----
	Date of Birth: Feb.19,1913	Birth Place: Roseberry, Idaho	Full Name of Mother: Foldie Stredder	Name of Father: Frank McMurran

QUALIFYING INFORMATION

Note: The original name at birth was David McMurran. His mother married Mr. Dalton soon thereafter and he has used the name Dalton since, however he was never legally adopted by Mr. Dalton.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Penny L. Wing	Dec. 5, 1960

FORM BH 56067

DEC 5 1980

84-22-004-356

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-016

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Quayle			2. Date Of Birth (month) June (day) 21 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Dingle, Idaho	
FATHER	6. Full Name of Father: William Randolph Quayle			7. State or Country of Father's Birth: Cedar Fort, Utah	
MOTHER	8. Full Maiden Name of Mother: Edith Mary Lewis			9. State or Country of Mother's Birth: Paris, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: June Quayle Richelson		11. Present Address of Registrant: 849 Grant St. Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 8 1960	12. Signature of Notary: Gertrude A. McCart.		13. Notary Commission expires: 9-12-1961 GERTRUDE A. McCART, NOTARY PUBLIC MY COMMISSION EXPIRES SEPTEMBER 12, 1961	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt	By whom issued and signed: Blanche Quayle age 72		Date Issued: Dec.8,1960	Date Orig. Entry: ------
	Date of Birth: June 21, 1913	Birth Place: Bear Lake County Dingle, Idaho	Full Name of Mother: Edith Mary Lewis	Name of Father: William Randolph Quayle	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: -----	Date Orig. Entry: Sept.18,1952
	Date of Birth: June 21, 1913	Birth Place: Bear Lake County Dingle, Idaho	Full Name of Mother: Edith Mary Lewis	Name of Father: William Randolph Quayle	
SUPPORTING RECORD 3.	Type of Document: Marriage License Application	By whom issued and signed: Bear Lake County, Idaho. Sam V. Tunks, clerk		Date Issued: Dec.19,1960	Date Orig. Entry: July 30, 1938
	Date of Birth: June 21, 1913	Birth Place: Dingle, Idaho	Full Name of Mother: Mary Lewis	Name of Father: William Quayle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	pw Penny L. Wing	Jan. 5, 1961

FORM BH 56067

12-6-60 1 copy paid

JAN 6 1961

12-8-60 1 copy paid

165-224-204-677

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-021

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NORMA JONELY		2. Date Of Birth (month) SEPT (day) 24 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: BEAR LAKE; b. City or Town of Birth: MONTPELIER, IDAHO
FATHER	6. Full Name of Father: WILLIAM JONELY		7. State or Country of Father's Birth: SWITZERLAND
MOTHER	8. Full Maiden Name of Mother: ANNA OPPLIGER		9. State or Country of Mother's Birth: LAUSANNE, SWITZERLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Jonely Rote	11. Present Address of Registrant: 133 Jackson St. Montpelier Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: January 3 1961	12. Signature of Notary: Gertrude A McCue	13. Notary Commission expires: 9-16 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record of Age	By whom issued and signed: Bear Lake Co. Idaho, Class A. Dist. #33, H.W. Phillips, Princ.	Date Issued: Jan. 4. 1961	Date Orig. Entry: Sept. 1927
	Date of Birth: ~~Sept. 24,~~ 1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Joseph Einzinger age 65	Date Issued: Jan. 4, 1961	Date Orig. Entry: -----
	Date of Birth: Sept. 24, 1913	Birth Place: Bear Lake County Montpelier, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Church certificate of Member	By whom issued and signed: LDS Church, Montpelier 4th ward Lewis V. Larsen, clerk	Date Issued: ----	Date Orig. Entry: blessed Feb. 8, 1914
	Date of Birth: Sept. 24, 1913	Birth Place: Montpelier, Idaho	Full Name of Mother: Anna Appliger	Name of Father: William Johely
QUALIFYING INFORMATION	—			

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	pw Penny L. Wing	Jan. 9, 1961

FORM BH 56067 12-30-60 1 copy paid

JAN 9 1961

263-21-3035 - 3665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Ellen Bolick			2. Date Of Birth (month) April (day) 13 (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Culdesac
FATHER	6. Full Name of Father: William Thomas Bolick			7. State or Country of Father's Birth: North Carolina
MOTHER	8. Full Maiden Name of Mother: Julia Emma Cook			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Ellen Bolick Elliott		11. Present Address of Registrant: 3619 - 12th Street Lewiston Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 9 1960	12. Signature of Notary: W Nelson		13. Notary Commission expires: June 10 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: University of Idaho D. D. DuSault, Registrar		Date Issued: Apr.3,1954	Date Orig. Entry: Matriculated Sept.15,1952
	Date of Birth: Apr.13,1913	Birth Place: Culdesac, Idaho	Full Name of Mother: ----	Name of Father: W. T. Bolick	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital records	By whom issued and signed: St. Joseph's Hospital, Lewiston, Sister Ann Loretta, Adm,		Date Issued: Dec. 29, 1960	Date Orig. Entry: June 12, 1949
	Date of Birth: Apr.13,1913	Birth Place: Culdesac, Idaho	Full Name of Mother: Julis E. Cook	Name of Father: W. T. Bolick	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Emma Bolick		Date Issued: Sept.9,1960	Date Orig. Entry: ----
	Date of Birth: Apr.13,1913	Birth Place: Culdesac, Idaho	Full Name of Mother: Emma Bolick	Name of Father: W. T. Bolick	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W Nelson	Penny L. Wing	Jan. 10, 1961

FORM BH 56067

4-22-60 one copy paid #20997

JAN 10 1961

DECEASED

469-201-020-893

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-044
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELLA J. MORROW	2. Date Of Birth (month) (day) (year): JULY 1 1913
	3. Color or Race: WHITE; 4. Sex: FEMALE; 5. Place of Birth: IDAHO; a. County: ELMORE	b. City or Town of Birth: HAMMETT
FATHER	6. Full Name of Father: GEORGE SILVANNAH MORROW	7. State or Country of Father's Birth: NORTH CAROLINA
MOTHER	8. Full Maiden Name of Mother: MOLLY BELL HILL	9. State or Country of Mother's Birth: NORTH CAROLINA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ella J. Sinniger; 11. Present Address of Registrant: 1560 Charnelton
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 3, 1960	12. Signature of Notary: [signature]; 13. Notary Commission expires: June 2, 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: Bureau of the Census	Date issued: Apr.1,1960	Date Orig. Entry: census of Jan.1,1920
Class*	Date of Birth: age 6	Birth Place: Idaho	Full Name of Mother: Mollie B. Morrow	Name of Father: George S. Morrow	
SUPPORTING RECORD 2.	Type of Document: Notarized copy of page from family Bible		By whom issued and signed: Jack Roberts, Notary Public	Date issued: Apr.21,1960	Date Orig. Entry: obviously old
Class	Date of Birth: July 1,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Social Security Record		By whom issued and signed: Treasury Department	Date issued: ----	Date Orig. Entry: August 10,1938
Class	Date of Birth: July 1,1913	Birth Place: Hamett, Idaho	Full Name of Mother: Mollie Bell Hill	Name of Father: George Sylvanna Morrow	

QUALIFYING INFORMATION

Permanent School Record Card from Glenns Ferry High School, signed by D.C.Rickert, Principal. Ella Morrow graduated in 1931, entered the school in 1927 at age 14. Parent George Morrow.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	Jan. 16, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 16 1961

296-228-007-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Be61-134

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Karen Browning			2. Date of Birth (month) August (day) 28 (year) 1913	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Gannett Blaine	b. City or Town of Birth: Gannett	
FATHER	6. Full Name of Father: John Browning			7. State or Country of Father's Birth: Denmark	
MOTHER	8. Full Maiden Name of Mother: Marie Stensson			9. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Marie Karen Smith	11. Present Address of Registrant: Hailey, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 10, 1961		12. Signature of Notary: Joseph W. Fuld	13. Notary Commission expires: Feb. 24, 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Aug. 1, 1947
	Date of Birth: Aug.28,1913	Birth Place: Blaine County Gannett, Idaho	Full Name of Mother: Marie Stensson	Name of Father: John Browning
SUPPORTING RECORD 2.	Type of Document: affidavit by friend of family at time of birth	By whom issued and signed: Holger Albrecthsen age 64	Date Issued: Jan.9,1961	Date Orig. Entry: ----
	Date of Birth: Aug.28,1913	Birth Place: Gannett, Idaho	Full Name of Mother: Marie Stensson	Name of Father: John R. Browning
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: Mar.25,1947	Date Orig. Entry: Mar.4,1947
	Date of Birth: Aug.28,1913	Birth Place: Gannet, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Feb. 14, 1961

K FORM BH 56067

1 copy paid #8775 11-18-60

FEB 14 1961

MAY 4 1967

APR 27 1966

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Name of Birth (Person whose birth is being registered)	Marie Karen Browning	2. Date of Birth (month) August (day) 28 (year) 1919	
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth: Garnett; 6. County: Blaine	Ability or Town of Birth: Garnett	
FATHER	4. Full Name of Father: John Browning	7. State or Country of Father's Birth: Denmark	
MOTHER	5. Full Maiden Name of Mother: Marie Stensson	8. State or Country of Mother's Birth: Denmark	
AFFIDAVIT	1. Affidavit: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief	10. Signature of Registrant	11. Present Address of Registrant: Hailey, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on Feb. 10, 1951	12. Signature of Notary	13. Notary Commission expires: Feb. 24, 1954

APPLICATION DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Application	By whom issued and signed: Treasury Department	Date Issued: ----	Date Orig. Entry: Aug. 3, 1947
	Date of Birth: Aug. 28, 1913; Birth Place: Garnett, Idaho	Full Name of Mother: Marie Stensson	Name of Father: John Browning	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Friend of Family at time of Birth	By whom issued and signed: Robert Allgoodsen	Date Issued: Jan. 9, 1961	Date Orig. Entry: ----
	Date of Birth: Aug. 28, 1913; Birth Place: Garnett, Idaho	Full Name of Mother: Marie Stensson	Name of Father: John H. Browning	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: Mar. 28, 1947	Date Orig. Entry: Mar. 4, 1947
	Date of Birth: Aug. 28, 1913; Birth Place: Garnett, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: Bonny L. Wing	Date Filed: Feb. 24, 1961

FORM NO. 0000 1 copy paid $5.75 [illegible]

231-19-035-919

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-168

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lloyd Slatter
2. Date of Birth (month) (day) (year): October 19 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Idaho. Nez Perce
   b. City or Town of Birth: Leland

FATHER

6. Full Name of Father: Jacob Henry Slatter
7. State or Country of Father's Birth: New York City New York

MOTHER

8. Full Maiden Name of Mother: Rosa M Rains
9. State or Country of Mother's Birth: Almond Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lloyd Slatter
11. Present Address of Registrant: 1137 Hemlock Lewiston Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 17 1961

12. Signature of Notary: W L Teel
13. Notary Commission expires: Notary Public for Idaho Residing at Lewiston Therein. My Commission Expires Feb. 1, 1965.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Record	Treasury Department	-----	June 2, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1913	Nez Perce County Leland, Idaho	Rosanna Melvina Rains	Jacob Henry Slatter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Asotin County Washington, DaDoris J. Smith, auditor	Dec.2,1950	July 16, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 31	Leland, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Rora M. Niklosky	Feb.17,1961	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1913	Leland, Idaho	Rosa M. Rains	Jacob Henry Slatter

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Penny L. Wing	Feb. 21, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

FEB 21 1961

419-203-033-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-254

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ressa Mae Martin			2. Date of Birth (month) July (day) 3 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: At home Thornton, Idaho Madison	b. City or Town of Birth: Thornton	
FATHER	6. Full Name of Father: George Elldrige Martin			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Tillie Alma Carlson			9. State or Country of Mother's Birth: Sweeden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jessa M. Bader		11. Present Address of Registrant: 44 Crestmont Drive Daly City, Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: March 15, 1961	12. Signature of Notary: NOTARY PUBLIC in and for the County of San Francisco State of California		13. Notary Commission expires: March 29, 1962	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own childs birth certificate	By whom issued and signed: Utah #4766		Date Issued: June 8,1960	Date Orig. Entry: child born Sept.15,1945
	Date of Birth: age 32	Birth Place: Thornton, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Notification-Personnel Action	By whom issued and signed: Dept.of Army,Helen P.Walsh,Ch,		Date Issued: Oct.10,1955	Date Orig. Entry: Oct.10,1955
	Date of Birth: July 3,1913	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: George E. Martin		Date Issued: March 2,1961	Date Orig. Entry: ----
	Date of Birth: July 3,1913	Birth Place: Thornton, Idaho	Full Name of Mother: Tillie Alma Carlson	Name of Father: George E. Martin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Bowen	Penny L. Wing	March 20, 1961

FORM BH 56067

2-Certificate Rec'd Nov. 11 '46 2-13-61

MAR 20 [redacted]

Bader

SEP 22 1976

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Person whose Birth is Registered	1. Full Name at Birth: [illegible]	2. Date of Birth (month) July (day) 3	
	3. Sex: Male	4. Place of Birth: Thornton, Idaho Madison	5. Place of Birth: Thornton
FATHER	6. Full Name of Father: [illegible]	7. State or Country of Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Willie Alma Garison	9. State or Country of Mother: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Mailing Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission Expires

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Chilled Birth Certificate	By whom issued and signed: Hugh [illegible]		
	Date of Birth: Dec 22	Place of Birth: Thornton, Idaho	Name of Mother: ----	
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: Dept. of Army, [illegible]	Date Issued: Oct. 30, 1952	Date Orig. Entry: Oct. 10, 1963
	Date of Birth: July 3, 1912	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Affidavit of Father	By whom issued and signed: George E. Martin	Date Issued: March 1, 1961	Date Orig. Entry: ----
	Date of Birth: July 3, 1912	Birth Place: Thornton, Idaho	Full Name of Mother: Willie Alma Garison	Name of Father: George E. Martin
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

469-203-001-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-268

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Latimore, Helen Dorothea
2. Date Of Birth (month) (day) (year): 11 - 3 - 13
3. Color or Race: White
4. Sex: f
5. Place of Birth a. County: Boise, Ida. Ada
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: Daniel Webster Latimore
7. State or Country of Father's Birth: Vonore Tennessee

MOTHER

8. Full Maiden Name of Mother: Laura Mellen
9. State or Country of Mother's Birth: Winnemucca, Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen L. Rhodes
11. Present Address of Registrant: 16400 Matilija Dr. Los Gatos Calif

NOTARY (Seal)

Subscribed and sworn to before me on March 17, 1961
12. Signature of Notary: Helen W. Seefeldt
13. Notary Commission expires: March 2, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript of Credits	Univerity of Idaho, Ella L. Olesen, registrar	Feb.23,1935	matric. Sept.15,1931
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.3,1913 / Boise, Idaho	Laura Mellen	Dan W. Latimore	
SUPPORTING RECORD 2.	affidavit by mother	Laura Mellen Latimore	Mar.14,1961	----
	Nov.3,1913 / Ada County Boise, Idaho	Laura Mellen	Daniel Webster Latimore	
SUPPORTING RECORD 3.	Insurance policy application	Occidental Life Insurance Co.	----	Aug. 4, 1938
	Nov.3,1913 / Boise, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Barnes
Evidence reviewed by: Penny L. Wing
Date Filed: March 22, 1961

FORM BH 56067

3-8-61 1 copy paid

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 22 1961

489-213-039-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 61-367

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Lydia Uhrich			2. Date Of Birth: (month) March (day) 13, (year) 1913	
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Rockland, a. County: Power	b. City or Town of Birth: Rockland	
FATHER	6. Full Name of Father: Henry Albert August Uhrich			7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Magdalena Walters			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther Lydia Larson		11. Present Address of Registrant: 1635 SW 152nd Seattle, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: September 6, 1960	12. Signature of Notary: [illegible] Residing at American Falls, Ida.		13. Notary Commission expires: January 3d, 1963.	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Magdalena Freiling		Date Issued: September 6, 1960	Date Orig. Entry: ---
	Date of Birth: March 13, 1913	Birth Place: Rockland, Power County, Idaho	Full Name of Mother: Magdalena Walters	Name of Father: Henry Albert August Uhrich	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: Dept. of Public Health Seattle., Washington		Date Issued: August 16, 1955	Date Orig. Entry: July 26, 1937
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: The Prudential Insurance Co.		Date Issued: October 25, 1950	Date Orig. Entry: October 25, 1950
	Date of Birth: March 13, 1913	Birth Place: ------	Full Name of Mother: --------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Elaine Coy	April 26, 1961

FORM BH 56067

1-27-60 one copy paid #19127

APR 27 1961

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

1. Registrant's present name (First, middle, last)	2. Registrant's full name at birth		3. Date of birth (Month, day, year)
(Person whose birth is being registered)	Eleanor Lydia Jepson		March 13, 1913
4. Color or race	5. Sex	6. Place of birth	7. Present residence
White	Female	Cleveland, Tuscarawas County, Ohio	Seattle, King County, Washington
8. Father's full name		9. Mother's full name	
Harry Albert Jepson		Magdalena Dalpra	
10. Father's birthplace		11. Mother's birthplace	
Ohio		Ohio	
12. Occupation of father		13. Occupation of mother	
Farmer		Housewife	
14. Name and address of informant		15. Relationship to registrant	
Eleanor Lydia Jepson, 2815 Eastlake Ave., Seattle, Wash.		Self	
16. Name and address of person having custody of registrant at time of birth		17. Relationship to registrant	
Harry Albert Jepson, 2815 Eastlake Ave., Seattle, Wash.		Father	

18. Was birth in hospital or institution? (Yes or No) No

19. If not in hospital or institution, give street address or location

2815 Eastlake Ave., Seattle, Wash.

20. I hereby certify that I attended the birth of the person above named who was born on the date above stated.

Attended birth at 2815 Eastlake Ave., Seattle, Wash.

Date signed: March 13, 1913

Signature: Magdalena Dalpra

Address: 2815 Eastlake Ave., Seattle, Wash.

21. I hereby certify that I have supervised the disposition of the body of the child described above.

Date of disposition: March 13, 1913

Signature: Harry Albert Jepson

Address: 2815 Eastlake Ave., Seattle, Wash.

22. Evidence submitted with this application (Check appropriate boxes and fill in data requested)

- [ ] Physician's or midwife's certificate
- [ ] Certificate of baptism
- [ ] Religious record
- [ ] School record
- [ ] Census record
- [ ] Insurance policy
- [ ] Bible record
- [ ] Family record
- [ ] Newspaper file
- [ ] Hospital record
- [ ] Other documentary evidence (Specify)

23. Does any other certificate of birth for this person exist in the files of the State Office of Vital Statistics? No

24. Remarks:

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant, and that documentary evidence has been reviewed, which establishes the facts as set forth in the foregoing application.

Signature: W. Benson

Evidence reviewed by: Eloise Coy

Date filed: April 25, 1961

753-223-003-841

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-531
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Erma Margaret Peterson
2. Date Of Birth (month) (day) (year): June 23 1913
3. Color or Race: White
4. Sex: F.
5. Place of Birth (b. County): Central, Bannock
b. City or Town of Birth: Central

FATHER

6. Full Name of Father: Martin Leander Peterson
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Wilhelmina Qualman
9. State or Country of Mother's Birth: Germany

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Erma Peterson Chamberlain
11. Present Address of Registrant: 925 S Lorraine Mesa, Ariz

NOTARY (Seal)

Subscribed and sworn to before me on: April 21 1961
12. Signature of Notary: Mary Hall
13. Notary Commission expires: [illegible] 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own twins birth certificates	Idaho #51-14183 & #51-14184	-----	twins born Nov.9,1951

Class*

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 38	Central, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy application	Postal Life & Casualty Co.	---	June 8,1943

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 23, 1913	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, Central Ward, Fred C. Christensen, Jr. Clerk	Aug.7,1921	baptized Aug 6,1921

Class

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 23, 1913	Bannock County Central, Idaho	Minnie Qualman	M.Leander Peterson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Penny L. Wing	June 23, 1961

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

519-122-024-127

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61-537

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOSEPH EDWARD LARAGAN			2. Date of Birth (month) May (day) 22 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gooding	b. City or Town of Birth: Hagerman, Idaho
FATHER	6. Full Name of Father: Marcelino Laragan			7. State or Country of Father's Birth: Spain
MOTHER	8. Full Maiden Name of Mother: Maria Aspitarte			9. State or Country of Mother's Birth: Spain
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Joseph Edward Laragan	11. Present Address of Registrant: Box 807, Ketchum, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 22 19 61		12. Signature of Notary: [signature]	13. Notary Commission expires: Mar. 14 19 62

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: Church of St. Peter, Shoshone, Rev. A. J. Tracy	Date Issued: Aug. 6, 1940	Date Orig. Entry: June 23, 1913
	Date of Birth: May 22, 1913	Birth Place: ----	Full Name of Mother: Maria Aspitarte	Name of Father: Marcelino Larragan	
SUPPORTING RECORD 2.	Type of Document: affidavit by parents		By whom issued and signed: Maria Aspitarte Laragan, Marcelino Laragan	Date Issued: June 20, 1961	Date Orig. Entry: ----
	Date of Birth: May 22, 1913	Birth Place: Gooding County Hagerman, Idaho	Full Name of Mother: Maria Aspitarte	Name of Father: Marcelino Laragan	
SUPPORTING RECORD 3.	Type of Document: Certificate of Service		By whom issued and signed: U.S. Army, Ervin A. Adler, CWO	Date Issued: Dec. 30, 1949	Date Orig. Entry: Aug. 13, 1947
	Date of Birth: May 22, 1913	Birth Place: Hagerman, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Penny L. Wing	June 27, 1961

FORM BH 56067

2 copies paid 6-7-61

JUN 27 1961

315418.028-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 662

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Lee Lane			2. Date of Birth (month) August (day) 18 (year) 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Worley
FATHER	6. Full Name of Father: G. W. Lane			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Laura Elsie Wilson			9. State or Country of Mother's Birth: Oregon
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Lee Lane		11. Present Address of Registrant: Pullman, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1961	12. Signature of Notary: Claude K. Lam		13. Notary Commission expires: April 3 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department	Date Issued: -----	Date Orig. Entry: Nov. 17,1937
	Date of Birth: Aug.18,1913 / Birth Place: Worley, Idaho	Full Name of Mother: Elsie Wilson	Name of Father: George Washington Lane	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Washington #363	Date Issued: Nov.14,1946	Date Orig. Entry: child born Oct.13,1946
	Date of Birth: age 33 / Birth Place: Worley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: affidavit by sister	By whom issued and signed: Mabel Brown age 69	Date Issued: July 24, 1961	Date Orig. Entry: Aug.18,1913
	Date of Birth: Aug.18,1913 / Birth Place: Kootenai County Worley, Idaho	Full Name of Mother: Elsie Lane	Name of Father: G. W. Lane	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Beeson	Penny L. Wing	August 14, 1961

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Irwin & Friel

att

AUG 14 1961

155-123-016-149

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 725

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILFORD AUGUST JENSEN			2. Date of Birth (month) July (day) 23, (year) 1913	
	3. Color or Race: WT	4. Sex: MALE	5. Place of Birth a. County: ALMO CASSIA, IDAHO	b. City or Town of Birth: ALMO IDAHO	
FATHER	6. Full Name of Father: LEWIS E. JENSEN			7. State or Country of Father's Birth: DENMARK	
MOTHER	8. Full Maiden Name of Mother: ANNIE I. AMIDAN			9. State or Country of Mother's Birth: MARRIOTT, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wilford August Jensen		11. Present Address of Registrant: 2275 N. 2000 W. Ogden, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: August 21 1961	12. Signature of Notary: LAWRENCE M. MALAN County Clerk By Jenny L. Smith Deputy		13. Notary Commission expires: ----- 19	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: LDS Church, Farr West Ward, Clifford H. Dabb, ward clerk		Date Issued: Feb.8,1931	Date Orig. Entry: ordained Feb. 8, 1931
	Date of Birth: July 23, 1913	Birth Place: Cassia County Almo, Idaho	Full Name of Mother: Annie I. Amidan	Name of Father: Lewis E. Jensen	
SUPPORTING RECORD 2.	Type of Document: Marriage License Application	By whom issued and signed: Weber County, Utah, Lawrence M. Malan, County Clerk		Date Issued: Aug.11,1961	Date Orig. Entry: Oct.3,1935
	Date of Birth: July 23, 1913	Birth Place: Almo, Idaho	Full Name of Mother: Annie Amidan	Name of Father: Lewis Jensen	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Annie Isabell Amidan Wayment		Date Issued: Aug.23,1961	Date Orig. Entry: -----
	Date of Birth: July 23, 1913	Birth Place: Cassia County Almo, Idaho	Full Name of Mother: Annie Isabell Amidan	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Aug. 31, 1961

FORM BH 56067(J) 6-30-61 1 Copy Paid Rec. # 17976 Search made in Cassia Co.

AUG 31 1961

313-113-005-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 730

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Herbert CALLAWAY			2. Date Of Birth (month) March (day) 13 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Benewah (formerly Kootenai)	b. City or Town of Birth: Ferrell
FATHER	6. Full Name of Father: John Wesley CALLAWAY			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mauve Barnsley			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Richard H. Herbert Callaway		11. Present Address of Registrant: 64 Broadway, Los Gatos, California
NOTARY (Seal)	Subscribed and sworn to before me on: August 25 1961	12. Signature of Notary: Harry H. Shipkey (HARRY H. SHIPKEY NOTARY PUBLIC SANTA CLARA CO. CAL.)		13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 9, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mauve B. Callaway		Date Issued: Mar.3,1934	Date Orig. Entry: ~~Mar.13~~,1913
	Date of Birth: Mar.13,1913	Birth Place: Ferrell, Idaho	Full Name of Mother: Mauve B. Callaway	Name of Father: John Wesley Callaway	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U.S. Navy,M.C.Stormes,Lt.Com.		Date Issued: June 14,1940	Date Orig. Entry: enlisted June 19, 1934
	Date of Birth: Mar.13,1913	Birth Place: Ferrell, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge Paper	By whom issued and signed: U.S.Navy,W.E.Martin.Commander		Date Issued: Dec.18,1945	Date Orig. Entry: enlisted Sept.12,1940
	Date of Birth: Mar.13,1913	Birth Place: Ferrell, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Barron	Evidence reviewed by: Penny L. Wing	Date Filed: Sept. 1, 1961

FORM BH 56067

8-16-61

SEP 1 1981

JUN 7 1967

DELAYED CERTIFICATE OF BIRTH

293-102-028-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 853

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Webster Kilburn			2. Date Of Birth (month) July (day) 2 (year) 1913	
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Spirit Lake	
FATHER	6. Full Name of Father: Edward L. Kilburn			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Ella G. Webster			9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward W. Kilburn		11. Present Address of Registrant: Apt #6, 410 E 3rd Watsonville California	
NOTARY (Seal)	Subscribed and sworn to before me on: October 9th 1961	12. Signature of Notary: Edith S. Bowie		13. Notary Commission expires: EDITH S. BOWIE My Commission Expires July 10, 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Record	By whom issued and signed: Treasury Department		Date Issued: -----	Date Orig. Entry: Aug. 22, 1955
	Date of Birth: July 2, 1913	Birth Place: Spirit Lake, Idaho	Full Name of Mother: Ella G. Webster	Name of Father: Edward L. Kilbourne	
SUPPORTING RECORD 2.	Type of Document: Marriage affidavit	By whom issued and signed: San Mateo County, California Hazel Burns, Deputy		Date Issued: Aug. 31, 1961	Date Orig. Entry: Apr. 7, 1945
	Date of Birth: age 31	Birth Place: Spirit Lake, Idaho	Full Name of Mother: Ella G. Webster	Name of Father: Edward L. Kilbourne	
SUPPORTING RECORD 3.	Type of Document: affidavit by friend of family	By whom issued and signed: Edith Burr Rothman age 74		Date Issued: Sept. 6, 1961	Date Orig. Entry: -----
	Date of Birth: July 2, 1913	Birth Place: Spirit Lake, Idaho	Full Name of Mother: Genevieve Kilbourne	Name of Father: Edward L. Kilbourne	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: pw Penny L. Wing	Date Filed: Oct. 12, 1961

FORM BH 56067

OCT 13 1961

Rec'd Oct. 25, 1961

245 - 107
022 - 368

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De61- 884
Local Reg. No.
Reg. Dist. No.

RECEIVED
OCT 25 1961
Bureau of Vital Statistics

1. PLACE OF BIRTH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print) a. (First) ERICK b. (Middle) ERNEST c. (Last) KUEHL

4. SEX Male

5a. THIS BIRTH SINGLE [V] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born) 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) Sept (Day) 7 (Year) 1961

FATHER OF CHILD

7. FULL NAME a. (First) Ernest b. (Middle) c. (Last) Kuehl

8. COLOR OR RACE White

9. AGE (At time of this birth) 98 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town) Germany

11a. USUAL OCCUPATION Farmer

11b. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Ida b. (Middle) c. (Last) Dolf

13. COLOR OR RACE White

14. AGE (At time of this birth) 29 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town) Germany

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE E. L. Hargis

18c. ADDRESS Ashton Idaho

18b. ATTENDANT AT BIRTH M. D. [V] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED Oct 20 1961

19. DATE REC'D BY LOCAL REG. 10-25-61

20. REGISTRAR'S SIGNATURE W. W. Benson, State Registrar

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS

22b. WEIGHT AT BIRTH LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [V]

Approximate date

2-19-06

Name prophylactic used to prevent Ophthalmia Neonatorum Silver Nitrate

ID

DELAYED

Form DPH-48001

06 - 1327

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1961

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

DISCARDED

219-224-51C-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 993

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zina Louise Bailey			2. Date Of Birth (month) (day) (year): February 24, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville, Idaho	b. City or Town of Birth: Ucon, Idaho Willow Creek Ward
FATHER	6. Full Name of Father: William Thomas Bailey			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Zina Dee Ritchie			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zina Louise Bailey Day		11. Present Address of Registrant: 258 So. Tremont St. Tremonton, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: November 21, 1961 19___	12. Signature of Notary: [signature]		13. Notary Commission expires: April 23, 1962 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Willow Creek Ward Peter Cramer, Clerk		Date Issued: -----	Date Orig. Entry: blessed Apr.6,1913
	Date of Birth: Feb.24,1913	Birth Place: Bonneville Willow Creek, Ida.	Full Name of Mother: Zina Ritchie		Name of Father: William Bailey
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: Idaho #282364		Date Issued: Nov.1,1960	Date Orig. Entry: child born July 31,1939
	Date of Birth: age 26	Birth Place: Ucon, Idaho	Full Name of Mother: -----		Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: affidavit by uncle	By whom issued and signed: Joseph R. Ritchie age 72		Date Issued: Oct.25,1961	Date Orig. Entry: -----
	Date of Birth: Feb.24,1913	Birth Place: Bonneville Ucon, Idaho	Full Name of Mother: Zina Dee Ritchie		Name of Father: William Thomas Bailey
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Penny L. Wing	Nov. 27, 1961

FORM BH 56067

10-26-60

NOV 30 1961

813-210-022-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1037

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALIDA MARIE HATHAWAY	2. Date Of Birth (month) (day) (year): AUG. 10 1913
	3. Color or Race / 4. Sex / 5. Place of Birth a. County	b. City or Town of Birth: ASHTON IDAHO
FATHER	6. Full Name of Father: ELISHA TILMAN HATHAWAY	7. State or Country of Father's Birth: One- U.S.A
MOTHER	8. Full Maiden Name of Mother: ALIDA DEE	9. State or Country of Mother's Birth: SCHIEDAM HOLLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alida Marie Hathaway
		11. Present Address of Registrant: 320 N. GROVE ST
NOTARY (Seal)	Subscribed and sworn to before me on: November 20 1961	12. Signature of Notary: Ruth M. Kirkby
		13. Notary Commission expires: the County of [illegible] My Commission [illegible] 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record	By whom issued and signed: Bureau of the Census	Date Issued: Nov.9,1961	Date Orig. Entry: Jan.1,1920
	Date of Birth: age 6 / Birth Place: Idaho	Full Name of Mother: Elida Hathaway	Name of Father: Elisha Hathaway	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Ashton Ward, Joseph F. Smith, Historian	Date Issued: Nov. 2,1961	Date Orig. Entry: recorded Oct.12,1913
	Date of Birth: Aug.10,1913 / Birth Place: Fremont Ashton, Idaho	Full Name of Mother: Alida Dee	Name of Father: Elisha Tillman Hathaway	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Miller Ward, W. J. Guest, clerk	Date Issued: July 2,1922	Date Orig. Entry: baptized June 24,1922
	Date of Birth: Aug.10,1913 / Birth Place: Ashton, Idaho	Full Name of Mother: Alida Dee	Name of Father: Elisha Tillman Hathaway	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Penny L. Wing	Dec. 11, 1961

FORM BH 56067

1 copy paid 10-4-61

DEC 11 1961

APR 1 1 1989

856-101-039-221

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De61- 1043

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: GLENN MELVIN HEWITT
2. Date Of Birth (month) (day) (year): November 1, 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho, Power County,
b. City or Town of Birth: American Falls

FATHER

6. Full Name of Father: EARL H. HEWITT
7. State or Country of Father's Birth: United States of America

MOTHER

8. Full Maiden Name of Mother: DELLA ANN SKAGGS
9. State or Country of Mother's Birth: United States of America

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glenn M. Hewitt
11. Present Address of Registrant: 5908 East Knox, Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: November 24 1961

12. Signature of Notary: George Y. Kumata
13. Notary Commission expires: August 4 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Spokane Reg. #1338	Nov.24,1961	July 29,1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 22 / Idaho	-----	-----	
SUPPORTING RECORD 2.	Insurance Policy	Mutual Life Insurance Co.	Feb.25,1934	Feb.35,1934
	Nov.1,1913 / American Falls,Ida.	Della Hewitt	-----	
SUPPORTING RECORD 3.	affidavit by aunt	Alta H. Snedden, Born 1887	Nov.30,1961	-----
	Nov.1,1913 / American Falls,Ida.	Della Ann Skaggs	Earl H. Hewitt	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Penny L. Wing	Dec. 11, 1961

FORM BH 56067

11-20-61

DEC 12 1961

867-222-044-168

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-091
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Myrtle Doris Hopper
2. Date of Birth (month) November (day) 22 (year) 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Washington
b. City or Town of Birth: Midvale

FATHER

6. Full Name of Father: Leonard Aurther Hopper
7. State or Country of Father's Birth: Midvale Idaho

MOTHER

8. Full Maiden Name of Mother: Bessie Maude Johns
9. State or Country of Mother's Birth: Otsa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Myrtle Doris Hopper
11. Present Address of Registrant: Weiser Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Aug - 2 1957
12. Signature of Notary: John B Lloyd
13. Notary Commission expires: April 1 - 1958

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Date Orig. Entry	Name of Father
SUPPORTING RECORD 1. Class* B	Affidavit by attending dr. at time of birth	Nov. 22, 1913	Midvale, Idaho	F. A. Schmitz, M.D.	---	8-2-57	----	---
SUPPORTING RECORD 2. Class	notarized photo copy of page in family Bible	Nov. 22, 1913	----	John B. Lloyd, Notary Public Weiser, Idaho	Bessie M. Johns	Aug. 2, 1957	Nov. 22, 1913	Leonard A. Hopper
SUPPORTING RECORD 3. Class	affidavit by both parents	Nov. 22, 1913	Midvale, Idaho	Leonard A. Hopper Bessie M. Hopper	Bessie M. Hopper	Jan. 4, 1962	---	Leonard A. Hopper

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

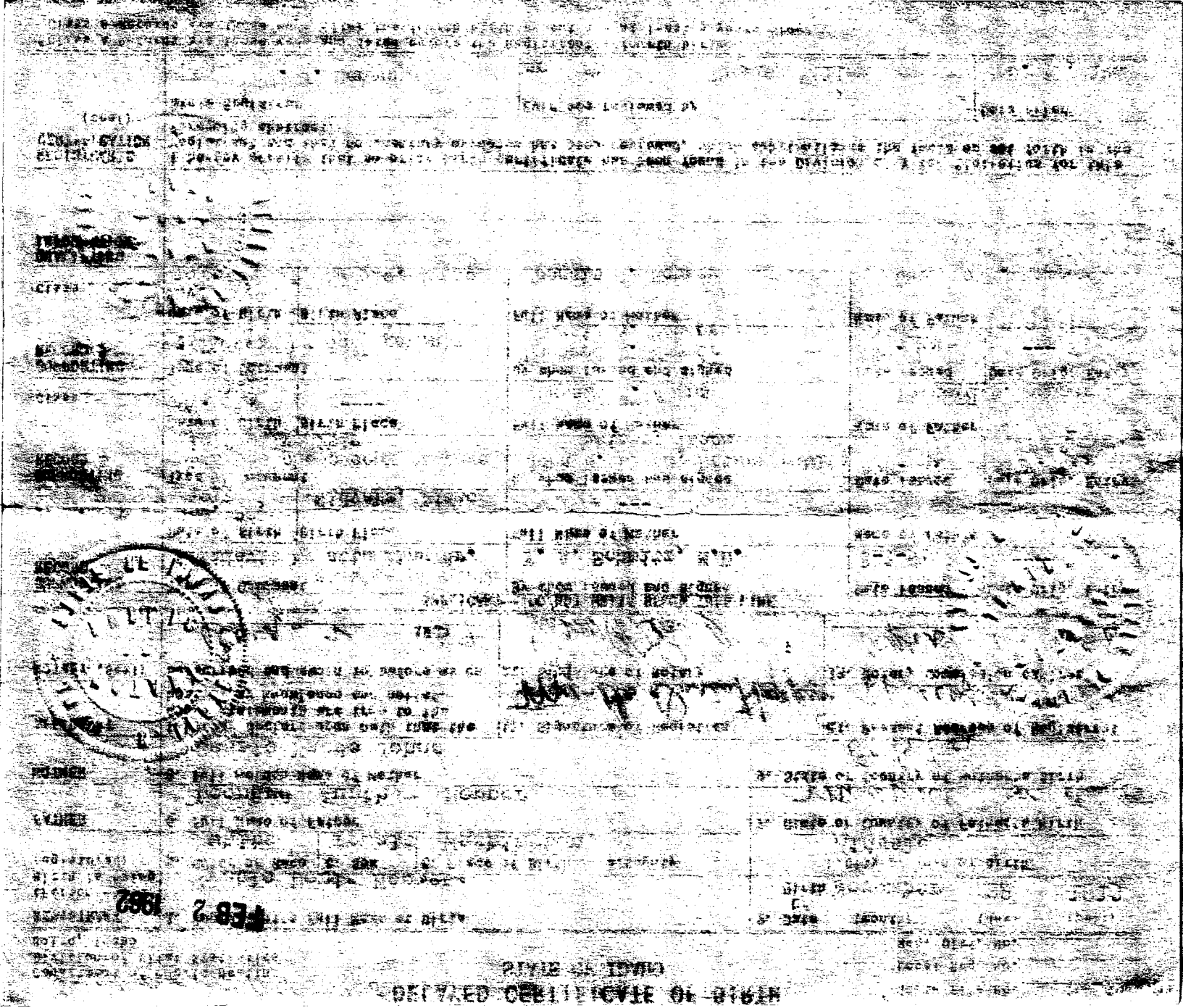
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	nr sm Shirley Miller	Jan. 31, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy paid

Form PRH #0067



27-111-044-816

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-112
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marjorie Willie Spalding
2. Date of Birth (month) (day) (year): DECEMBER 11, 1913
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: IDAHO (WASHINGTON)
b. City or Town of Birth: WEISER

FATHER

6. Full Name of Father: FRANK LEE SPALDING
7. State or Country of Father's Birth: MISSOURI

MOTHER

8. Full Maiden Name of Mother: NETTIE MAY HAWLEY
9. State or Country of Mother's Birth: TENNESSEE

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marjorie M. Bishop
11. Present Address of Registrant: 413 39th Street, Newport Beach, Calif. [CALIF. BLVD.]

NOTARY (Seal)

Subscribed and sworn to before me on: 2-5 1962
12. Signature of Notary: Luther H Mahoney
13. Notary Commission expires: LUTHER H. MAHONEY My Commission Expires Dec. 29, 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Nettie May Spaulding Blackburn	Aug. 29, 1955	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 11, 1913	Weiser, Idaho	Nettie May Hawley	Frank Lee Spalding

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school record	Vernette Werhane, Sec. to Principal, Highland Park Hi	Dec. 14, 1955	Sept., 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec. 11, 1913	--	Mae Spalding	Frank Spalding

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Bureau of the Census Washington, D.C.	Jan. 30, 1962	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age : 6	Idaho	Mae Spalding	Frank Spalding

QUALIFYING INFORMATION

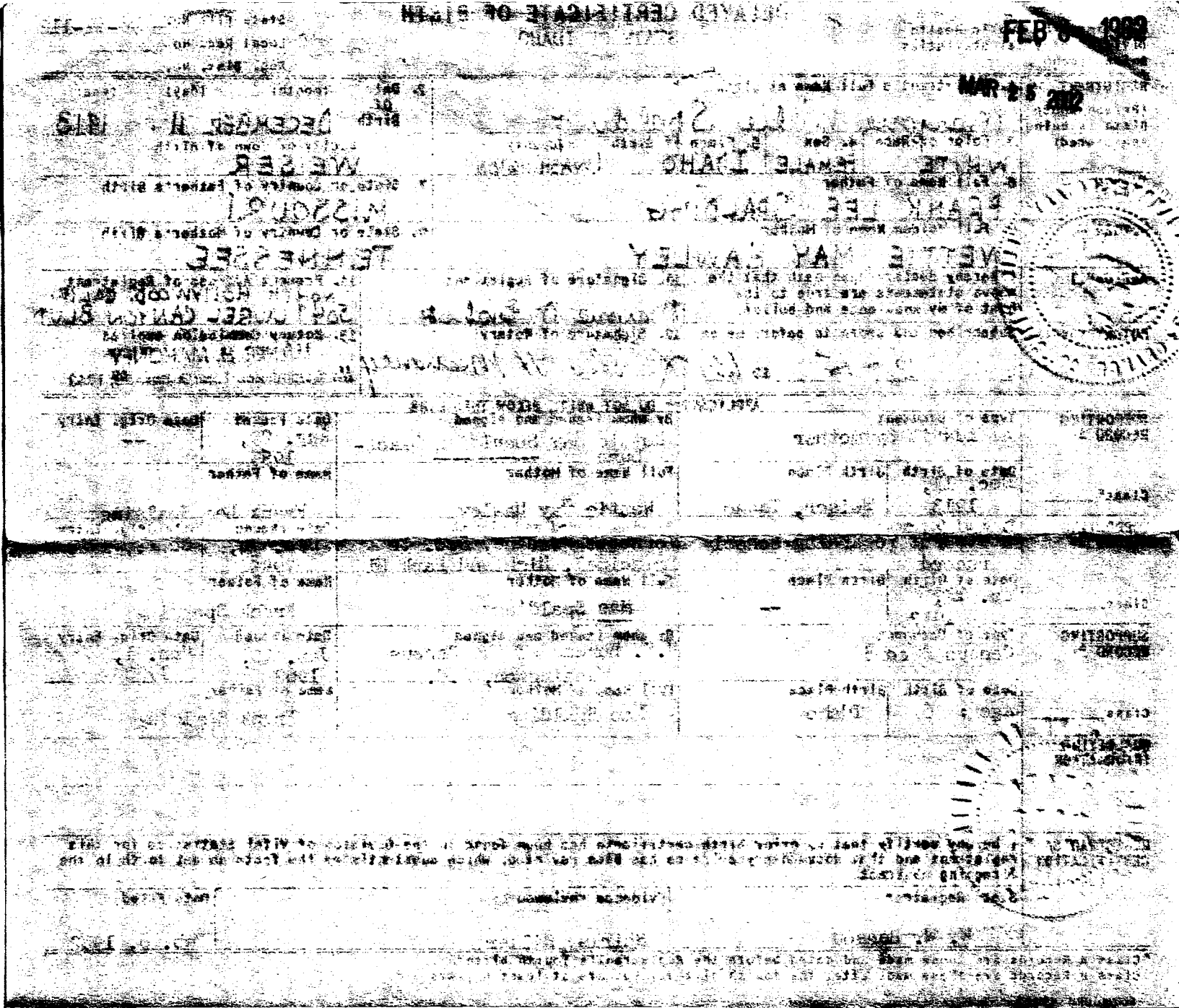
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	Feb. 8, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067



763-108.028-394

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-197

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clyde Edward Owen Golar
2. Date of Birth (month) (day) (year): August 8 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: St. Maries, Idaho

FATHER

6. Full Name of Father: Joseph Arthur Golar
7. State or Country of Father's Birth: Quebec, Canada

MOTHER

8. Full Maiden Name of Mother: Rosabell Trumbell
9. State or Country of Mother's Birth: Oshkosh, Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clyde Edward Golar
11. Present Address of Registrant: 2535 First St., Baker, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: May 29 1961
12. Signature of Notary: Evelyn F. Bopp
13. Notary Commission expires: Sept. 15 1961

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Rosabell Bpwen	March 1, 1962	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 8, 1913	Kootenai County St. Maries, Idaho	Rosabell Trumbel Golar	Joseph Arthur Golar

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Life Insurance Policy	Equitable Life Assurance Society of the United States	Dec. 4, 1935	Dec. 4, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 8, 1913	St. Maries, Idaho Benewah Co.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate #2109	State of Oregon Marian Martin, Registrar	March 1 1962	child born March 30, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32	St. Maries, Idaho	------	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw bf Joyce B. Foltz	March 6, 1962

FORM BH 56067

MAR 6 1962

281-23-007-25-9

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-234
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Goldy Eileen Shaner
2. Date of Birth (month) (day) (year): December 23 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Idaho — Blaine; b. City or Town of Birth: Richfield

FATHER

6. Full Name of Father: Ralph H Shaner
7. State or Country of Father's Birth: Illinois, Saxon, Henry County,

MOTHER

8. Full Maiden Name of Mother: Idah M. Berg
9. State or Country of Mother's Birth: Ill. Bishop Hill, Henry Co.,

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Goldie Eileen Shaner Mary
11. Present Address of Registrant: 4911 - 45 Th Ave So Seattle

NOTARY (Seal)

Subscribed and sworn to before me on: May 9 1956
12. Signature of Notary: Janice C. Watson
13. Notary Commission expires: Nov. 27 1956

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: statement re school record
By whom issued and signed: Boise Public Schools Boise, Idaho
Date Issued: 5-22-56
Date Orig. Entry: September 1923
Class*: B
Date of Birth: December 23, 1913
Birth Place:
Full Name of Mother:
Name of Father: R. H. Shaner

SUPPORTING RECORD 2.

Type of Document: Statement regarding Insurance Policy Records
By whom issued and signed: John Hancock Ins. Co.
Date Issued: September 7, 1960
Date Orig. Entry: Feb. 27, 1956
Class:
Date of Birth: December 23, 1913
Birth Place: Richfield, Idaho
Full Name of Mother: -------
Name of Father: ----------

SUPPORTING RECORD 3.

Type of Document: Age 65 affidavit by brother
By whom issued and signed: Carl M. Shaner
Date Issued: March 21, 1962
Date Orig. Entry: ----
Class:
Date of Birth: December 23, 1913
Birth Place: Richfield, Blaine County, Idaho
Full Name of Mother: Idah M. Berg
Name of Father: Ralph H. Shaner

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Benson
Evidence reviewed by: bw Elaine Coy
Date Filed: March 21, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

MAR 21 1962

APR 2 2 1962

State File No. D62-234

Local Reg. No.

Reg. Dist. No.

1. Place where birth occurred (Name of hospital or institution, or if not in hospital or institution, give street address or location)

2. Date of birth (month) (day) (year)

3. Sex

4. Color or race

5a. Full name at birth

5b. Present name (if different from item 5a)

6. Date of birth (month) (day) (year)

7. Age (at last birthday)

8a. City or town of birth

8b. County of birth

9. State or country of birth

10. Usual residence (Street address or location, city or town, county, state)

11. Name of father

12. Birthplace of father (State or country)

13. Maiden name of mother

14. Birthplace of mother (State or country)

15. Usual occupation of father (Kind of work done during most of working life, even if retired)

16. Kind of business or industry

17. Father of this child

18. Mother of this child

19. Number of other children born to this mother

20. Number of other children now living

21. Informant

22. Mailing address of informant

23. Attendant

24. Address of attendant

25. Date received by local registrar (month) (day) (year)

26. Signature of local registrar

27. Remarks

28. Date delayed certificate filed (month) (day) (year)

29. Signature of official

30. Title of official

31. Address of official

32. Date accepted for registration (month) (day) (year)

33. Signature of registrar

34. Title of registrar

35. Address of registrar

36. Date issued (month) (day) (year)

37. Signature of issuing officer

38. Title of issuing officer

39. Address of issuing officer

40. Date of marriage (month) (day) (year)

41. Place of marriage (City or town, county, state)

42. Husband's usual occupation

43. Husband's kind of business or industry

44. Husband's birthplace (State or country)

45. Husband's age at last birthday

46. Wife's usual occupation

47. Wife's kind of business or industry

48. Wife's birthplace (State or country)

49. Wife's age at last birthday

50. Husband's present residence

51. Wife's present residence

52. Husband's present marriage (number)

53. Wife's present marriage (number)

54. Husband's former marriage (date of termination)

55. Wife's former marriage (date of termination)

56. Husband's former wife (name)

57. Wife's former husband (name)

58. Husband's children by former wife (number)

59. Wife's children by former husband (number)

60. Husband's children by present wife (number)

61. Wife's children by present husband (number)

62. Husband's children by other wives (number)

63. Wife's children by other husbands (number)

64. Husband's children by adoption (number)

65. Wife's children by adoption (number)

66. Husband's children by other than marriage (number)

67. Wife's children by other than marriage (number)

68. Husband's children living (number)

69. Wife's children living (number)

70. Husband's children dead (number)

71. Wife's children dead (number)

72. Husband's children living elsewhere (number)

73. Wife's children living elsewhere (number)

74. Husband's children living with him (number)

75. Wife's children living with her (number)

76. Husband's children living with neither parent (number)

77. Wife's children living with neither parent (number)

78. Husband's children living with both parents (number)

79. Wife's children living with both parents (number)

80. Husband's children living with father (number)

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122. Husband's children living with father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother (number)

123. Wife's children living with father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother (number)

124. Husband's children living with father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father and mother and father (number)

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811-215-039-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-287

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loraine Lone Haag			2. Date of Birth (month) (day) (year): May 15 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: IDAHO POWER	b. City or Town of Birth: AMERICAN FALLS
FATHER	6. Full Name of Father: ADOLPH CARL HAAG			7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: OLGA MINNIE WALKER			9. State or Country of Mother's Birth: SOUTH DAKOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaRayne H. Haag		11. Present Address of Registrant: 18027 7th Ave. N.E. Seattle 55, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: April 27 1962	12. Signature of Notary: Lyanne Bruyman		13. Notary Commission expires: Aug. 27 1965

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: M. E. Church, Pastor Methodist Episcopal Church	Date Issued: ---	Date Orig. Entry: Aug. 17, 1913	
	Date of Birth: May 15, 1913	Birth Place: American Falls, Idaho	Full Name of Mother: Olg M. Haag	Name of Father: Adolph Haag	
SUPPORTING RECORD 2.	Type of Document: statement regarding insurance policy	By whom issued and signed: Northern Life Insurance Co. Maurice W. Peek, Supervisor	Date Issued: Dec. 28, 1961	Date Orig. Entry: Aug. 17, 1932	
	Date of Birth: May 15, 1913	Birth Place: American Falls, Idaho	Full Name of Mother: Olga M. Haag	Name of Father: Adolph C. Haag	
SUPPORTING RECORD 3.	Type of Document: certfied copy of marriage return	By whom issued and signed: M. Eaton, Deputy	Date Issued: Jan. 22, 1962	Date Orig. Entry: Oct. 28, 1951	
	Date of Birth: May 15, 1913	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	April 4, 1962

FORM BH 56067

12-19-61

APR 5 1962

255-208-011-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-321

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ada Alberta Shearer		2. Date of Birth (month) (day) (year): July 8 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Meadow Creek Idaho; b. City or Town of Birth: Idaho, Meadow Creek.
FATHER	6. Full Name of Father: Ira Stanley Shearer		7. State or Country of Father's Birth: ~~Washington~~ Idaho
MOTHER	8. Full Maiden Name of Mother: Rose Ella McClain		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ada Alberta Drennand	11. Present Address of Registrant: 820 Rudkin Road, Yak.
NOTARY (Seal)	Subscribed and sworn to before me on: November 14 1960	12. Signature of Notary: Jay Allen	13. Notary Commission expires: July 18 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage Return		By whom issued and signed: Yakima County Washington, Eugene Naff, County Auditor	Date Issued: Mar. 28, 1961	Date Orig. Entry: Oct. 16, 1933
	Date of Birth: age 20	Birth Place: Meadow Creek, Idaho	Full Name of Mother: Rose McLain	Name of Father: Ira Shearer	
SUPPORTING RECORD 2.	Type of Document: Marriage License		By whom issued and signed: Washington County, Idaho. Naomi Ross, recorder	Date Issued: -----	Date Orig. Entry: Sept. 23, 1952
	Date of Birth: age 29	Birth Place: Meadow Creek, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement pertaining to hospital record		By whom issued and signed: Yakima County Health Dist. Yakima Washington	Date Issued: April 9, 1960	Date Orig. Entry: Feb. 5, 1956
	Date of Birth: July 8, 1913	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw Shirley Miller	April 13, 1962

FORM BH 56067

1 copy paid 11-10-60 #

APR 15 1962

FEB 24

395-22-1031-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-330

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ida Ruth Treadwell
2. Date of Birth (month) (day) (year): October 22 1913
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Lewis County
b. City or Town of Birth: Vollmer, Idaho Craigmont

FATHER

6. Full Name of Father: Marvin George Treadwell
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Florence Alice Presnell
9. State or Country of Mother's Birth: North Carolina

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida Ruth Treadwell
11. Present Address of Registrant: Culdesac, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: November 27th. 1961
12. Signature of Notary: [signature]
13. Notary Commission expires: Feb. 27th. 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own childs birth certificate	Idaho #385521	-----	child born Nov. 27, 1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 30 / Craigmont, Idaho	-----	-----	
SUPPORTING RECORD 2.	statement concerning hospital record	St. Joseph's Hospital Lewiston, Idaho	Feb. 12, 1962	Aug. 9, 1931
	Oct. 22, 1913 / Craigmont, Idaho	Florence Presnell	George Treadwell	
SUPPORTING RECORD 3.	Child Health Inspection Card Grade: 17	Frances M. Wann, R.N. Lillia M. Harbke, Superintendent	--999--	Sept. 20, 1927
	Age: 13 / ----------	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	pw sm Shirley Miller	April 17, 1962

FORM BH 56067

3-28-61 1 copy paid #12404

4-17-62

APR 18 1962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.

REGISTRAR (Person whose birth is being registered)	1. Registrar's Full Name of Birth: Ida Ruth Treadwell	2. Date of Birth (month) (day) (year): October 22 1913
	3. Color of Race: White	4. Sex: Female
	5. Place of Birth: Lewis County	6. City or Town of Birth: Vollmer, Idaho
FATHER	8. Full Name of Father: Darvin George Treadwell	7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Florence Alice Fresnell	9. State or Country of Mother's Birth: North Carolina
APPLICANT	10. Declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present address of Registrant: Guildasee, Idaho
NOTARY (Seal)	12. Signature of Notary: November 27th, 1961	13. Notary Commission Expires: Feb. 27th, 1963

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Document: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 2	Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Date of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentation [illegible] has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
		[illegible]

Filed by [illegible]

3-23-61 1 copy paid $1.00

242-224-010-632

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-382

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lucille Hannah Bushnell
2. Date Of Birth: (month) 11 (day) 24 (year) 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: BONNEVILLE
b. City or Town of Birth: Ozone, Idaho

FATHER

6. Full Name of Father: Cyrus Edward Bushnell
7. State or Country of Father's Birth: South Dakota

MOTHER

8. Full Maiden Name of Mother: Marie Anna Olson
9. State or Country of Mother's Birth: South Dakota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille Hannah Bushnell
11. Present Address of Registrant: 538 Col. Ste. Longview

NOTARY (Seal)

Subscribed and sworn to before me on: April 23, 1962
12. Signature of Notary: J. R. Donser
13. Notary Commission expires: February 26 1964

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Horace, Turner, Pastor, Methodist Episcopal Church	----	baptized April 20, 1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 24, 1913	Ozone, Idaho	Marie Anna Bushnell	Cyrus Edward Bushnell

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School record, report card	Esther Messenger, Teacher Jackson Co., Ore. Public Sch	----	Entered Feb. 20, 1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 14	---------	---------	---------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Marie Anna Bushnell	May 9, 1962	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 24, 1913	Ozone, Idaho	Marie Anna Bushnell	Cyrus Edward Bushnell

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Shirley Miller	May 10, 1962

FORM BH 56067 7-29-60 1 COPY PAID

MAY 10 1962

Longview, Washington
April 23, 1962

I, Marie Anna Bushnell under oath do hereby state that Lucille Hanna Bushnell is my daughter and the information on the reverse side is correct.

Signed Marie Anna Bushnell

253-214-039-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-399

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Elaine Beckstead			2. Date Of Birth (month) (day) (year): November 16, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: William Warren Beckstead			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Jane Berg[illegible]d			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen Elaine Beckstead		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 14 1962	12. Signature of Notary: Paul Rulert Bagley		13. Notary Commission expires: Oct 24 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Mary B. Beckstead	Date Issued: April 16, 1962	Date Orig. Entry: ------
	Date of Birth: Nov. 16, 1913 / Birth Place: American Falls, Idaho	Full Name of Mother: Mary Berg Beckstead	Name of Father: William Warren Beckstead	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: Douglas W. Olson, Clerk LDS Church	Date Issued: April 16, 1962	Date Orig. Entry: blessed Nov. 23, 1913
	Date of Birth: Nov. 16, 1913 / Birth Place: American Falls, Idaho	Full Name of Mother: Mary Berg	Name of Father: William W. Beckstead	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for marriage license	By whom issued and signed: Ruth Baer, Deputy Clerk	Date Issued: April 4, 1962	Date Orig. Entry: Nov. 21, 1932
	Date of Birth: Nov. 16, 1913 / Birth Place: Idaho	Full Name of Mother: Mary Berg	Name of Father: W. W. Beckstead	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: May 16, 1962

FORM BH 56067 Copyed H 9826

1-23-62

MAY 17 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Filed No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race [illegible]	4. Sex [illegible]
	5. Place of Birth [illegible] County [illegible]	Birth or Town of Birth [illegible]
FATHER	6. Full Name of Father [illegible]	7. State or Country of Father's Birth [illegible]
MOTHER	8. Full Maiden Name of Mother [illegible]	9. State or Country of Mother's Birth [illegible]
AFFIDAVIT	10. Declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant [illegible]
		11. Present Address of Registrant [illegible]
NOTARY	12. Sworn and sworn to before me on [illegible]	13. Signature of Notary [illegible]
		14. Notary Commission expires [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	[illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
SUPPORTING RECORD	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible] Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
SUPPORTING RECORD	Type of Document [illegible]	By whom issued and signed [illegible]	Date Issued [illegible]	Date Orig. Entry [illegible]
	Date of Birth [illegible] Birth Place [illegible]	Full Name of Mother [illegible]	Name of Father [illegible]	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION — I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Title Registrar	Evidence Reviewed by	Date Filed
V. W. Benson	[illegible] Miller	May 16, 1962

FORM [illegible]

413-113-043-159

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-404

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Madison Matthews			2. Date of Birth (month) March (day) 13 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Valley	b. City or Town of Birth: VanWyck	
FATHER	6. Full Name of Father: John Madison Matthews			7. State or Country of Father's Birth: Star Valley Wyoming	
MOTHER	8. Full Maiden Name of Mother: Stella I. Jerguson			9. State or Country of Mother's Birth: Summerville, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on _____ 19____		12. Signature of Notary	13. Notary Commission expires _____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Stella Matthews	Date Issued: ———	Date Orig. Entry: March 28, 1962
	Date of Birth: March 13, 1913	Birth Place: Van Wyck, Idaho	Full Name of Mother: Stella I. Matthews	Name of Father: John Matthews	
SUPPORTING RECORD 2.	Type of Document: Family Record		By whom issued and signed: Old Family Record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: March 13, 1913	Birth Place: VanWyck, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: statement concerning employment regord		By whom issued and signed: C.G. Peterson, Personnel Officer J.I. Morgan, Inc., Logging	Date Issued: May 15, 1962	Date Orig. Entry: July 29, 1947
	Date of Birth: March 13, 1913	Birth Place: VanWyck, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson		Evidence reviewed by: Shirley Miller		Date Filed: May 21, 1962

FORM BH 56067

1 copy paid Search made in Boise Co. 6-30-61

MAY 21 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. Fe-52-[illegible]

REGISTRANT	1. Registrant's Full Name at Birth: George Madison Matthews		2. Date of Birth: March (month) 13 (day) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Valley	6. Birth or Name of Birth: VanWyck
FATHER	6. Full Name of Father: John Madison Matthews		7. State or Country of Father's Birth: Star Valley Wyoming	
MOTHER	8. Full Maiden Name of Mother: Stella I. Jerguson		9. State or Country of Mother's Birth: Summerville, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Person or Name of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires	

APPLICATION OF [illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by mother	2. Name Issued and Signed: Stella Matthews	Date Issued: ———	Date Orig. Entry: March 28, 1962
	March 13, 1913	Van Wyck, Idaho	[illegible]	[illegible]
SUPPORTING RECORD 2	Type of Document: Family Record	3. Name Issued and Signed: Old Family Record	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: March 13, 1913	Birth Place: VanWyck, Idaho	Full Name of Mother: ----	Name of Father: -----
SUPPORTING RECORD 3	Type of Document: [illegible] Record	4. Name Issued and Signed: [illegible]	Date Issued: [illegible] 1962	Date Orig. Entry: [illegible] 1962
	Date of Birth: March 13,	Birth Place: VanWyck, Idaho	Full Name of Mother: ----	Name of Father: ----
CERTIFICATE INFORMATION				
REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	Date Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: May 21, 1962	

I [illegible] Search made in Boise Co. 6-30-61

255-114-018-335

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-412
Local Reg. No. _____
Reg. Dist. No. _____

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David William Wallace Bennett		2. Date of Birth: (month) April (day) 14 (year) 1913	
	3. Color or Race: Wh.	4. Sex: Ma.	5. Place of Birth: a. County: Clearwater Co. Idaho	b. City or Town of Birth: Clearwater
FATHER	6. Full Name of Father: Walter Bennett		7. State or Country of Father's Birth: Clark County, Illinois	
MOTHER	8. Full Maiden Name of Mother: Ora Etta Cleland		9. State or Country of Mother's Birth: Whitley County, Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David William Wallace Bennett	11. Present Address of Registrant: R. 1, Albion, Indiana	
NOTARY (Seal)	Subscribed and sworn to before me on: May 8 1962	12. Signature of Notary: M. Tracy	13. Notary Commission expires: My commission expires March 20, 1963 ____ 19____	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible Record	Date Issued: obviously	Date Orig. Entry: old	
Class*_____	Date of Birth: April 14, 1913	Birth Place: Clearwater, Idaho	Full Name of Mother: Ora Cleland	Name of Father: Walter Bennett	
SUPPORTING RECORD 2.	Type of Document: certified statement pertaining to school record	By whom issued and signed: Hammond L. Schinbeckler Superintendent	Date Issued: May 11, 1962	Date Orig. Entry: May 1, 1919	
Class_____	Date of Birth: April 14, 1913	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: Walter Bennett	
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: L.B. Meyer, ENS., U.S.Navy	Date Issued: July 20, 1953	Date Orig. Entry: enlisted Sept. 26, 1950	
Class_____	Date of Birth: April 14, 1913	Birth Place: Clearwater, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Shirley Miller	Date Filed: May 22, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 23 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Registrar No. [illegible]
Local Registrar
Reg. District No.

REGISTRANT	1. Registrant's Full Name at Birth: David William Wallace Bennett	2. Date of Birth (month) April (day) 14 (year) 1913	
	3. Color or Race: Wh.	4. Sex: Ma.	5. Place of Birth: Clearwater Co. Idaho
			6. Duty or Town of Birth: Clearwater
FATHER	8. Full Name of Father: Walter Bennett		7. State or Country of Father's Birth: Clark County, Illinois
MOTHER	9. Full Maiden Name of Father: Ora Etta Cleland		9. State or Country of Mother's Birth: Whitley County, Indiana
SUBSCRIBE	10. Sworn declaration and that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: R. 1, Albion, Indiana
ATTEST	Subscribed and sworn to before me on: 19[illegible]	12. Signature of Attorney:	13. Notary Commission expires: 19

APPLICANT - DO NOT WRITE STATE THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Bible Record	Date Issued: obviously	Date Orig. Entry: old
	Date of Birth: 1913	Birth Place: [illegible]	Full Name of Mother:	Name of Father: [illegible]
SUPPORTING RECORD 2.	Type of Document: Certified statement [illegible] record	By whom issued and signed: [illegible]	Date Issued: May 11, 1962	Date Orig. Entry: May 1, 1919
	Date of Birth: [illegible] 1913	Birth Place: Idaho	Full Name of Mother:	Name of Father: Walter Bennett
SUPPORTING RECORD 3.	Type of Document: Honorable Discharge	By whom issued and signed: [illegible]	Date Issued: July 20, 1962	Date Orig. Entry: Unlisted Sept. 26, 1920
	Date of Birth: April 14, 1913	Birth Place: Clearwater, Idaho	Full Name of Mother:	Name of Father:

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. [illegible] Benson	Shirley Miller	May 29, 1962

Class A Records are those made and [illegible] before the Registrant's [illegible]
Class B Records are those made after the [illegible]

133-225-032-147

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-419

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: MARY LORRAINE ALLEN		2. Date Of Birth (month) April (day) 25 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth: IDAHO a. County: Lincoln b. City or Town of Birth: Shoshone
FATHER	6. Full Name of Father: CALVIN SMITH ALLEN		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: MARY ELIZABETH AUGUST		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary L. Orr	11. Present Address of Registrant: Rt. 1, Box 520 Winlock, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 21 19 62	12. Signature of Notary: Alice M. Thomson	13. Notary Commission expires: May 18 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by brother, 18 years older	By whom issued and signed: James R. Allen	Date issued: May 14, 1962	Date Orig. Entry: ------
	Date of Birth: April 25, 1913 / Birth Place: Shoshone, Idaho	Full Name of Mother: Mary Elizabeth August	Name of Father: Calvin Smith Allen	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Freda Oyer, Deputy Clerk	Date issued: May 17, 1962	Date Orig. Entry: Sept. 15, 1930
	Date of Birth: Age: 17 / Birth Place: ------	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: statement regarding school record	By whom issued and signed: Luella L. Kinsey, Clerk	Date issued: April 19, 1962	Date Orig. Entry: Jan. 11, 1928
	Date of Birth: Age: 14 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	May 24, 1962

FORM BH 56067 1 copy pd Rec. 8538 4-6-62

MAY 24 1962

Orr

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Division of Vital Statistics
Boise, Idaho

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: MARY LORRAINE ALLEN	2. Date of Birth: April 25, 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth: IDAHO
	6. County: Lincoln	7. City or Town of Birth: Shoshone	
FATHER	8. Full Name of Father: CALVIN SMITH ALLEN	9. State or Country of Father's Birth: Iowa	
MOTHER	10. Full Maiden Name of Mother: [illegible] ELIZABETH AUGUST	11. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby certify upon oath that the above statements are true to the best of my knowledge and belief.	12. Signature of Registrant: [illegible]	13. Present Address of Registrant: Rt. 1, Box 320, Winlock, Washington
NOTARY	14. Subscribed and sworn to before me on: May 21, 1962	15. Signature of Notary: [illegible]	16. Notary Commission expires: May 18, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: affidavit by brother, [illegible]	By whom issued and signed: James H. Allen	Date Issued: May 24, 1962	Date Orig. Entry: ———
	Date of Birth: April 25, 1913	Place of Birth: Shoshone, Idaho	Full Name of Mother: Mary Elizabeth August	Name of Father: Calvin Smith Allen
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: Freda Cyer, Deputy Clerk	Date Issued: May 17, 1962	Date Orig. Entry: Sept. 19, 1962
	Date of Birth: Aug. 17	Birth Place: ———	Full Name of Mother: ———	Name of Father: ———
SUPPORTING RECORD 3	Type of Document: statement regarding school record	By whom issued and signed: Loella L. Kinsey, Clerk	Date Issued: April 19, 1962	Date Orig. Entry: Dec. 11, 1962
	Date of Birth: Aug. 21	Birth Place: Idaho	Full Name of Mother: ———	Name of Father: ———
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATE (Date)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Evidence reviewed by: Shirley [illegible]	Date Filed: May 24, 1962	

38-211-203-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-449

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jeanette Della Chandler			2. Date Of Birth (month) Dec. (day) 11 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Bancroft
FATHER	6. Full Name of Father: James Steel Chandler			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Jeannette Gunnell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jeannette Della Chandler		11. Present Address of Registrant: 600 East Ave. C, Jerome, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 1962	12. Signature of Notary: Thomas Vincent D.		13. Notary Commission expires: Sept. 27 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: -----	Date Orig. Entry: June 2, 1937
	Date of Birth: Dec. 11, 1913 / Birth Place: Bancroft, Idaho Bannock, County	Full Name of Mother: Jeannette Chandler		Name of Father: James S. Chandler
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: John F. Dixon, Bishop	Date Issued: July 9, 1932	Date Orig. Entry: baptized July 2, 1932
	Date of Birth: Dec. 11, 1932 / Birth Place: Bancroft, Idaho Bannock, County	Full Name of Mother: Jannette Gunnell		Name of Father: Jeames S. Chandler
SUPPORTING RECORD 3.	Type of Document: Church record of family tree	By whom issued and signed: Francis S. Chandler, Witness	Date Issued: -----	Date Orig. Entry: April 23, 1953
	Date of Birth: Dec. 11, 1932 / Birth Place: Bancroft, Idaho	Full Name of Mother: Jeannette Gunnell		Name of Father: James Steel Chandler
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Shirley Miller	Date Filed: June 4, 1962

FORM BH 56067

5-11-62 1 copy paid

JUN 4 1962

713-205-029-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-450

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Ardath Palmer			2. Date Of Birth (month) (day) (year): August 5, 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Latah	b. City or Town of Birth:	
FATHER	6. Full Name of Father: Leroy Lewis Palmer			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Bernice May Warner			9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma Ardath Palmer Grumbach		11. Present Address of Registrant:	
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 19 62	12. Signature of Notary: F. H. Turbyfill		13. Notary Commission expires: Aug 29 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage license affidavit	By whom issued and signed: Rose Blanchard, Deputy Rec. Latah County, Idaho		Date Issued: Feb. 28, 1962	Date Orig. Entry: May 5, 1937
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: statement regarding hospital record	By whom issued and signed: Dolores Esteb, Reocrd Librarian Walla Walla Gen. Hosp.		Date Issued: Feb. 19 1962	Date Orig. Entry: Nov. 21, 1941
	Date of Birth: Aug. 5, 1913	Birth Place: Idaho	Full Name of Mother: Bernice Warner	Name of Father: Leroy Palmer	
SUPPORTING RECORD 3.	Type of Document: affidavit by father	By whom issued and signed: Leroy Lewis Palmer		Date Issued: May 29, 1962	Date Orig. Entry: ------
	Date of Birth: Aug. 5, 1913	Birth Place: Latah County,	Full Name of Mother: Bernice May Warner	Name of Father: Leroy Lewis Palmer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	June 5, 1962

FORM BH 56067

JUN 6 1982

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

331-214-039-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-526

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nancy Bernice Clark
2. Date of Birth: (month) July (day) 14 (year) 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Power b. City or Town of Birth: Rockland, Idaho

FATHER

6. Full Name of Father: John Clingman Clark
7. State or Country of Father's Birth: North Carolina - USA

MOTHER

8. Full Maiden Name of Mother: Anna Lee Foster
9. State or Country of Mother's Birth: Tennessee - USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Bernice Clark Abbott
11. Present Address of Registrant: 4259 Emory Way El Paso Tex.

NOTARY (seal)

Subscribed and sworn to before me on: March 31 1962

12. Signature of Notary: Charles Eugene Dierdorf
13. Notary Commission expires: June 1 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: statement regarding church record	By whom issued and signed: Eva L. Gass, Clerk, First Baptist Church, El Paso, Tex.	Date Issued: April 3, 1962	Date Orig. Entry: Mar. 14, 1943	
	Date of Birth: July 14, 1913	Birth Place: Rockland, Idaho	Full Name of Mother: Anna Lee Foster Clark	Name of Father: John Clingman Clark	
SUPPORTING RECORD 2.	Type of Document: affidavit by sister, 11 years older	By whom issued and signed: Verna Clark Davis	Date Issued: May 2, 1962	Date Orig. Entry: -----	
	Date of Birth: July 14, 1913	Birth Place: Rockland, Idaho	Full Name of Mother: Anna Lee Foster	Name of Father: John Clingman Clark	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage affidavit	By whom issued and signed: J.W. Fields, County Clerk	Date Issued: Jan. 2, 1962	Date Orig. Entry: April 22, 1936	
	Date of Birth: July 14, 1913	Birth Place: Rockland, Idaho	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	sm sm Shirley Miller	July 9, 1962

FORM BH 56067

12-26-61

JUL 9 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF TEXAS

263-116-032-834

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-578

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOMINGO SOLOAGA			2. Date of Birth (month) (day) (year): MARCH 16 1913
	3. Color or Race	4. Sex	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: SHOSHONE IDAHO
FATHER	6. Full Name of Father: DOMINGO SOLOAGA			7. State or Country of Father's Birth: ILUSTIA SPAIN
MOTHER	8. Full Maiden Name of Mother: ANTONIA YTUARTE			9. State or Country of Mother's Birth: ESPASTAR SPAIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Domingo Soloaga		11. Present Address of Registrant: SHOSHONE IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: July 26 1962	12. Signature of Notary: Penny M Shadduck		13. Notary Commission expires: July 13 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: file #53-7045	Date Issued: -------	Date Orig. Entry: June 19, 1953
	Date of Birth: Age 40	Birth Place: Shoshone, Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: Rev. John J. Casby, Pastor Roman Catholic Church	Date Issued: July 26, 1962	Date Orig. Entry: April 20, 1913
	Date of Birth: March 16, 1913	Birth Place: Shoshone, Idaho	Full Name of Mother: Dominico Soloaga	Name of Father: Antonia	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: New York Life #18 635 547	Date Issued: April 28, 1944	Date Orig. Entry: April 28, 1944
	Date of Birth: March 16, 1913	Birth Place: Shoshone, Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Elaine Coy	July 27, 1962

FORM BH 56067

7-18-62 1 copy paid

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389-23-1028-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-610

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Clara Frances Tyree
2. Date Of Birth (month) (day) (year): 7 31 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho Kootenai
b. City or Town of Birth: Coeur d' Alene

FATHER

6. Full Name of Father: Christopher Columbus Tyree
7. State or Country of Father's Birth: Henry County Mo

MOTHER

8. Full Maiden Name of Mother: Mary Frances Robison
9. State or Country of Mother's Birth: South West City - Mo.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Clara Tyree Holmbo
11. Present Address of Registrant: Box 299H - RT - C.DA - Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: April 9th 1962

12. Signature of Notary: Willis F Steede
13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho residing at Coeur d'Alene, Idaho. My commission expires May 7, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	own child's birth certificate	File No. 289554, Idaho	-----	child born Dec. 21, 1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 26 / Coeur d'Alene, Idaho	----------	----------	
SUPPORTING RECORD 2.	statement pertaining to lodge record	Mrs. Estella Barnett, Sec. Queen Ester Chap. #12, OES	April 9, 1962	Nov. 14, 1949
	July 31, 1913 / --------	----------	----------	
SUPPORTING RECORD 3.	affidavit by aunt, age; 73	Wessie Tyree Mealy	July 19, 1962	-----
	July 31, 1913 / Coeur d'Alene, Idaho	Mary Francis Robison Tyree	Christopher Columbus Tyree	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Larson
Evidence reviewed by: sm Shirley Miller
Date Filed: August 9, 1962

FORM BH 56067

AUG 10 1982

962-206-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 62-622
622

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Robinett			2. Date Of Birth (month) May (day) 6 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Drummond~~ Idaho Fremont	b. City or Town of Birth: Drummond
FATHER	6. Full Name of Father: George Burl Robinett			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Zora Williams			9. State or Country of Mother's Birth: ~~Missouri~~ Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Hall		11. Present Address of Registrant: Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 29th day of June 19 62	12. Signature of Notary: Zara B. [illegible]		13. Notary Commission expires: January 4 19 63

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by sister; 13 years older		By whom issued and signed: Elton Lorraine Robinett	Date Issued: June 2, 1962	Date Orig. Entry: ------
	Date of Birth: May 6, 1913	Birth Place: Drummond, Idaho Fremont County	Full Name of Mother: Zora Williams Robinett	Name of Father: George Burl Robinett	
SUPPORTING RECORD 2.	Type of Document: InsurancePolicy		By whom issued and signed: Gem State Mutual Life Assn.	Date Issued: July 17, 1950	Date Orig. Entry: K July 17, 1950
	Date of Birth: May 6, 1913	Birth Place: Drummond, Idaho	Full Name of Mother: Zora Robinett	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certif.		By whom issued and signed: File #302354 in Idaho	Date Issued: -------	Date Orig. Entry: August 25, 1940
	Date of Birth: Age 27	Birth Place: Drummond, Idaho	Full Name of Mother: ---------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Elaine Coy	August 13, 1962

FORM BH 56067

3-23-62

AUG 11 1982

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

336-209-003-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eliza Gertrude Lloyd			2. Date of Birth (month) (day) (year): May 9, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Oxford
FATHER	6. Full Name of Father: Lewis Lloyd			7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Eliza Ann Kendall			9. State or Country of Mother's Birth: Stockton, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eliza Gertrude Lloyd		11. Present Address of Registrant: Nyssa Oregon Rt 2 Box 22
NOTARY (Seal)	Subscribed and sworn to before me on: April 18 1961	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother-age 84	By whom issued and signed: Eliza Ann Lloyd	Date Issued: Oct 26, 1960	Date Orig. Entry: ---
	Date of Birth: May 9, 1913	Birth Place: Oxford, Idaho	Full Name of Mother: Eliza Ann Kendall	Name of Father: Lewis Lloyd
SUPPORTING RECORD 2.	Type of Document: Life Insurance Policy	By whom issued and signed: Beneficial Life Insurance Co., Salt Lake City, Utah	Date Issued:	Date Orig. Entry: Feb 19, 1946
	Date of Birth: May 9, 1913	Birth Place: Oxford, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Church Record of Birth	By whom issued and signed: L.D.S.Church Salt Lake City, Utah	Date Issued: Feb 13, 1962	Date Orig. Entry: Entered on record 7-6-1913
	Date of Birth: May 9, 1913	Birth Place: Oxford, Idaho Bannock County	Full Name of Mother: Annie Kendall	Name of Father: Lewis Lloyd
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	Aug. 22, 1962

FORM BH 56067

1 copy

AUG 23 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRAR	1. Registrant's Full Name of Birth: Eliza Gertrude Lloyd	2. Date of Birth (month) May (day) 9, (year) 1913
	3. Color of Race: White; 4. Sex: Female; 5. Place of Birth: Bannock	6. Birth Place of Birth: Oxford
FATHER	8. Full Name of Father: Lewis Lloyd	9. State or Country of Father's Birth: England
MOTHER	10. Full Maiden Name of Mother: Eliza Ann Kendall	11. State or Country of Mother's Birth: Stockton, Idaho
AFFIDAVIT	12. Person Mother Is Sworn Out that the above affidavit is true to the best of her knowledge and belief	13. Signature of Registrant: [signature]
	14. Subscribed and sworn to before me on: [signature]	15. Signature of Notary: [signature]
		16. Present Address of Registrant: [illegible]
		17. Notary Commission expires: [illegible]

SUBSTITUTE RECORD 1

Type of Document: Affidavit by Mother-age 54	Full Name of Mother: Eliza Ann Lloyd	Date Issued: Oct 25, 1960	Date Orig. Entry: ---
Date of Birth: May 9, 1913	Birth Place: Oxford, Idaho	Full Name of Mother: Eliza Ann Kendall	Name of Father: Lewis Lloyd

SUPPORTING RECORD 2

Type of Document: Life Insurance Policy	Full Name of Mother: Beneficial Life Insurance Co., Salt Lake City, Utah	Date Issued: Feb 19, 1945	Date Orig. Entry:
Date of Birth: May 9, 1913	Birth Place: Oxford, Idaho	Full Name of Mother: ----	Name of Father: ----

SUPPORTING RECORD 3

Type of Document: Source Record of Birth	Full Name of Mother: [illegible] Lake City, Utah	Date Issued: [illegible] 1962	Date Orig. Entry: Entered on record [illegible]
Date of Birth: May 9, 1913	Birth Place: Oxford, Idaho; Bannock County	Full Name of Mother: [illegible]	Name of Father: [illegible]

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no or no birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. K. [illegible]	[illegible]	Aug. 22, 1962

132-206-036-652

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-649
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Lee Atkinson		2. Date of Birth (month) May (day) 6 (year) 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Holbrook
FATHER	6. Full Name of Father: Oscar Atkinson		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Caroline Ann Webb		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary Lee Atkinson	11. Present Address of Registrant: Rt.1, box 29, RIPON, CALIFORNIA	
NOTARY (Seal)	Subscribed and sworn to before me on: JULY 26, 19 56	12. Signature of Notary: [signature]	13. Notary Commission expires: October 11, 19 56	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Class* B	Type of Document: Affidavit by parents	By whom issued and signed: Caroline Ann Webb, Oscar Atkinson	Date Issued: July 26,	Date Orig. Entry: 1956
	Date of Birth: May 6, 1913	Birth Place: Holbrook, Ida.	Full Name of Mother: Caroline Ann Webb	Name of Father: Oscar Atkinson
SUPPORTING RECORD 2. Class	Type of Document: photo copy of certified copy of own child's birth certificate	By whom issued and signed: File # 3997, California	Date Issued: Aug. 24, 1948	Date Orig. Entry: child born July 25, 1946
	Date of Birth: Age: 33	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3. Class	Type of Document: certified copy of permanent school record	By whom issued and signed: George Anderson, Head Counselor Stocton Hi School	Date Issued: Aug. 7, 1962	Date Orig. Entry: entered school Feb. 4, 1929
	Date of Birth: May 6, 1913	Birth Place: Holbrook, Idaho	Full Name of Mother: ---	Name of Father: Oscar Atkinson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: vr Shirley Miller	Date Filed: August 27, 1962

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH (F06)

SEP 6 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth: Mary Lee Atkinson	2. Date of Birth: May	3. Year of Birth: 1941
	4. Sex of Name: F	5. Place of Birth: Oneida	6. Place of Birth: Bellevue
FATHER	7. Full Name of Father: Oscar Atkinson	8. Place of Birth: Oneida	9. Place of Birth: Bellevue
MOTHER	10. Maiden Name of Mother: Carolina Ann Webb	11. Place of Birth: Oneida	12. Place of Birth: Oneida
RECORD	1. Name of Registrant: Mary Lee Atkinson	10. Signature of Registrant: [illegible]	11. Date of Birth: Oct. 1, box 29, [illegible]
NOTARY	1. Name of Registrant: Mary Lee Atkinson	12. Signature of Notary: [illegible]	13. Notary Commission Expires: October 22 [illegible]

SUPPORTING RECORD 1	Type of Document: Affidavit by [illegible]	By whom issued and signed: Caroline Ann Webb, Oscar Atkinson	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Caroline Ann Webb		
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: —	Name of Father: [illegible]	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION

I hereby certify that my prior birth certificate has been issued in the Division of Vital Statistics for this registrant and that [illegible] evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence Reviewed By	Date Filed
[illegible]	[illegible]	[illegible]

[illegible] those made and dated before the registrant's [illegible]
Class 3 [illegible] those made after the fourth birthday but [illegible] at least 5 years

416-217-044-916

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AUDRA GENEVIEVE DAWN			2. Date of Birth (month) (day) (year): DECEMBER 17 1913	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: WASHINGTON	b. City or Town of Birth: WEISER, IDAHO	
FATHER	6. Full Name of Father: LARSTON BLACKBURN DAWN			7. State or Country of Father's Birth: ARK	
MOTHER	8. Full Maiden Name of Mother: SARAH BELLE DAWN			9. State or Country of Mother's Birth: ARK	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Audra G. Anderson		11. Present Address of Registrant: 316 West 9th	
NOTARY (Seal)	Subscribed and sworn to before me on: September 10 1962	12. Signature of Notary: D. J. Newby		13. Notary Commission expires: September 28 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance	By whom issued and signed: the Equitable Life Assurance Society of the United States	Date Issued: ---	Date Orig. Entry: Oct. 12, 1934
	Date of Birth: Dec.17,1913 / Birth Place: Weiser, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Sarah Belle Dawn	Date Issued: Sept. 10, 1962	Date Orig. Entry: --
	Date of Birth: Dec.17,1913 / Birth Place: Washington County Weiser, Idaho	Full Name of Mother: Sarah Belle Dawn	Name of Father: Larston Blackburn Dawn	
SUPPORTING RECORD 3.	Type of Document: photo copy of application for insurance	By whom issued and signed: The Prudential Life Insurance Company of America	Date Issued: -----	Date Orig. Entry: Oct. 21, 1940
	Date of Birth: Dec.17, 1913 / Birth Place: Weiser, Idaho	Full Name of Mother: Belle S. Dawn	Name of Father: Larston B. Dawn	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Brown	Evidence reviewed by: Shirley Miller	Date Filed: September 12,1962

FORM BH 56067

9-6-62

SEP 18 1962

791-113-039-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-736

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Andrew Grant			2. Date Of Birth (month) March (day) 13 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Rockland	
FATHER	6. Full Name of Father: Clarence Edward Grant			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Alice M King			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Andrew Grant		11. Present Address of Registrant: 721 Ash. St. Kelso, Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: 29 Sept 1962	12. Signature of Notary: Paul D. Hicklin		13. Notary Commission expires: 20 January 1964	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by father	By whom issued and signed: Clarence E. Grant		Date Issued: Sept. 29, 1962	Date Orig. Entry: —
	Date of Birth: Mar.13,1913	Birth Place: Power County Rockland, Idaho	Full Name of Mother: —	Name of Father: Clarence E. Grant	
SUPPORTING RECORD 2.	Type of Document: statment regarding church record	By whom issued and signed: Frank . Ericksen, Pastor		Date Issued: May 25, 1962	Date Orig. Entry: baptized April 14, 1916
	Date of Birth: Mar.13,1913	Birth Place: Rockland, Idaho	Full Name of Mother: —	Name of Father: —	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage return	By whom issued and signed: Sarah Ivie, Auditor		Date Issued: April 13, 1962	Date Orig. Entry: Oct. 24, 1936
	Date of Birth: Age: 23	Birth Place: Rockland, Idaho	Full Name of Mother: Alice M. King	Name of Father: Clarence E. Grant	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. H. Benson	Evidence reviewed by: Shirley Miller	Date Filed: October 1, 1962

FORM BH 56067

Grant

OCT 2 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics
Boise, Idaho

REGISTRANT	1. Registrant's Full Name at Birth: Robert Andrew Grant	2. Date of Birth (month) March (day) 13 (year) 1913	
	3. Color of Race: White	4. Sex: Male	5. Place of Birth (Country): Idaho Dewey
		6. Birth or Town of Birth: Rockland	
FATHER	7. Full Name of Father: Clarence Edward Grant	8. State or Country of Father's Birth: Missouri	
	9. Maiden Name of Mother: Alice M King	10. State or Country of Mother's Birth: Missouri	
	11. Signature of Registrant: [illegible]	12. Address of Registrant: 721 [illegible] Boise, Idaho	
	13. Signature of Notary: [illegible]	14. Notary Commission expires: [illegible]	

APPLICANT DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: Clarence R. Grant	Date Issued: [illegible]	Date Orig. Entry: —
	Date of Birth: [illegible]	Birth Place: Rockland, Idaho	Name of Mother: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Rockland, Idaho	Name of Mother: —	Name of Father: —
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Oct. 24, 1936
	Date of Birth: [illegible]	Birth Place: Rockland, Idaho	Name of Mother: Alice M. King	Name of Father: Clarence R. Grant
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: October 1, 1962

FORM [illegible]

554-32-1059-455

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-812

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Otillia Neu			2. Date Of Birth (month) (day) (year): February 12, 1913	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: American Falls Power	b. City or Town of Birth: American Falls	
FATHER	6. Full Name of Father: Jacpb Neu			7. State or Country of Father's Birth: Neuberg, South Russia	
MOTHER	8. Full Maiden Name of Mother: Theresia Deeg			9. State or Country of Mother's Birth: Germany	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Otillia Neu	11. Present Address of Registrant: Box 217 Payette, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: 2 November 1962 19___		12. Signature of Notary: [signature]	13. Notary Commission expires: 10 March 1963	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Notarized Statement regarding Employment Record		By whom issued and signed: Walter Steffner, Gem State Bakery, Payette, Idaho	Date Issued: Nov 2, 1962	Date Orig. Entry: employed 26 years
	Date of Birth: Feb 12, 1913	Birth Place: American Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Baptismal Record Lutheran Church		By whom issued and signed: J.C.Schwabeuland Pastor	Date Issued:	Date Orig. Entry: Baptized April 20,1913
	Date of Birth: Feb 12, 1913	Birth Place: American Falls, Idaho	Full Name of Mother: Theresia Deeg	Name of Father: Jacob Neu	
SUPPORTING RECORD 3.	Type of Document: Certificate of Confirmation		By whom issued and signed: J. N. Sauer, Pastor	Date Issued: ---	Date Orig. Entry: confirmed June 10, 1928
	Date of Birth: Feb.12,1913	Birth Place: ---	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	bf Shirley Miller	November 7, 1962

FORM BH 56067

NOV 7 1962

New

DECEASED

751CC-005-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-819

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN WESLEY REAGAN			2. Date Of Birth (month) AUGUST (day) 6 (year) 1913
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: ~~TENSED~~ BENAWAH	b. City or Town of Birth: ~~TENSED~~ Desmet
FATHER	6. Full Name of Father: GEORGE WILLIAM REAGAN (Desmet)			7. State or Country of Father's Birth: TENN.
MOTHER	8. Full Maiden Name of Mother: ANNA POLLIN			9. State or Country of Mother's Birth: ILLINOIS.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John Wesley Reagan		11. Present Address of Registrant: KIMBERLY, IDAHO.
NOTARY (Seal)	Subscribed and sworn to before me on: AUGUST 29TH, 1962	12. Signature of Notary: [illegible]		13. Notary Commission expires: 1/26/1966. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for insurance		By whom issued and signed: Loyal Proctetive Life Insurance Company	Date Issued: ---	Date Orig. Entry: July 30, 1946
	Date of Birth: Aug. 6, 1913	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: own child's birth certificate		By whom issued and signed: Eile #52-16343, Idaho	Date Issued: ---	Date Orig. Entry: child born Dec. 16, 1952
	Date of Birth: Age: 39	Birth Place: Desmet, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: affidavit by aunt, born October 31, 1896		By whom issued and signed: Minnie E. Twiss	Date Issued: Oct.25,1962	Date Orig. Entry: ---
	Date of Birth: Aug.6,1913	Birth Place: Desmet, Idaho	Full Name of Mother: Anna Pollin	Name of Father: George W. Reagan	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: sm Shirley Miller	Date Filed: November 8, 1962

FORM BH 56067

1 copy paid 2-20-62

NOV 8 1962

864-129-025-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-833

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Earl Wallace Hodson
2. Date Of Birth (month) May (day) 29 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho County
b. City or Town of Birth: Woodland, Idaho

FATHER

6. Full Name of Father: Wilkin Loren Hodson
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Clara Winifred Bacon
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Earl Wallace Hodson
11. Present Address of Registrant: Live Oak, California

NOTARY (Seal)

Subscribed and sworn to before me on: October 25 1962
12. Signature of Notary: Kyoko Watanabe
13. Notary Commission expires: Dec. 21 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage return	Vesta Tebbs, Auditor	Oct. 20, 1962	Aug. 3, 1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 24	Woodland, Idaho	Winifred Bacon	Lawrence Hodson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by mother	Mrs. Winifred B. Hodson	Nov. 13, 1962	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29, 1913	Woodland, Idaho	Clara Winifred Bacon	Wilkin Loren Hodson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
statement regarding school record.	George B. McClelland, District Superintendent	Nov. 5, 1962	Sept. 19, 1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29, 1913	---	-- -	L. Hodson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Bacon	Shirley Miller	November 16, 1962

FORM BH 56067

1 copy paid 10-19-62

NOV 16 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State Board of Health
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Earl Wallace Hodson	2. Date of Birth: May 29 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: Idaho County	6. Birth Place of Birth: Woodland, Idaho
FATHER	6. Full Name of Father: William Loren Hodson	7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Clara Winifred Bacon	9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	1. Name of Delayed Person Date that the Delayed Statements are true to the best of its knowledge and belief.	10. Signature of Registrant: [illegible]
		11. Present Address of Registrant: Olive Oak, California
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]
		13. Notary Commission Expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: Oct. 20, [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Winifred Bacon	Name of Father: [illegible] Hodson	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom Issued and Signed: Mrs. Winifred B. Hodson	Date Issued: Nov. 1, [illegible]	Date Orig. Entry: —
	Date of Birth: May 29, [illegible] Birth Place: Woodland, Idaho	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom Issued and Signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Sept. 19, 1927
	Date of Birth: — Birth Place: —	Full Name of Mother: —	Name of Father: L. Hodson	
QUALIFYING INFORMATION				
RECISTRAR'S CERTIFICATION (Seal)	I hereby certify that my prior Vital Certificate has been issued in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: [illegible]	Evidence reviewed by: Shirley [illegible]	Date Filed: [illegible]	

FORM DH 8067

1 copy paid 1-19-62

466-22-0421-467

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-852

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Betty May Moore			2. Date Of Birth (month) July (day) 22 (year) 1913	
	3. Color or Race: white	4. Sex: F.	5. Place of Birth a. County: Twin Falls County	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: James Canning Moore			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Mary Louise Doxie also known Mary Clara			9. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Betty Moore Eick		11. Present Address of Registrant: 539 Loma Drive, Hermosa Bch California	
NOTARY (Seal)	Subscribed and sworn to before me on: October 15 1962	12. Signature of Notary: Harry R. Pittler		13. Notary Commission expires: My Commission Expires August 30, 1963 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of hospital birth certificate of own child	By whom issued and signed: Emma E. Keefe, R.N. Wilshire Hospital, Los Angeles, Calif.	Date Issued: --	Date Orig. Entry: child born July 30, 1944	
	Date of Birth: July 22, 1913	Birth Place: Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, Age: 68	By whom issued and signed: Kathleen Moore Gabbart	Date Issued: Oct. 18, 1962	Date Orig. Entry: --	
	Date of Birth: July 22, 1962	Birth Place: Twin Falls County Twin Falls, Idaho	Full Name of Mother: Mary Clara Doxey	Name of Father: James Canning Moore	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Bureau of the Census Washington, D.C.	Date Issued: Nov. 14, 1962	Date Orig. Entry: Jan. 1, 1920	
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Mamie Moore	Name of Father: James Moore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: sm Shirley Miller	Date Filed: November 23, 1962

FORM BH 56067

10-10-62 1 copy paid

NOV 23 1962

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File

Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose birth is being registered)	1. Registration Dist. Name of Birth: Betty May Moore	2. Date of Birth: July 22 1913	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Twin Falls County
	6. City or Town of Birth: Twin Falls		
FATHER	7. Name of Father: Jan Canning Moore	8. State or Country of Father's Birth: Pennsylvania	
MOTHER	9. Full Name of Mother: Marie Louise Doxie also known Mary Clara	10. State or Country of Mother's Birth: Minnesota	
AFFIDAVIT	I hereby certify that the above statements are true to the best of my knowledge and belief.	11. Signature of Registrant: [signature]	12. Present Address of Registrant: 539 Loma Drive, Hermosa Beach, California
NOTARY	Sworn and sworn to before me on: [illegible]	13. Signature of Notary: [signature]	14. Notary Commission expires: [illegible]

ADDITIONAL RECORD

SUPPORTING RECORD 1	Type of Document: Dr. [illegible]	By whom issued and signed: [illegible]	Date Issued: --	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Twin Falls County	Full Name of Mother: Mary Clara Doxey	Name of Father: [illegible]
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Oct. [illegible]	Date Orig. Entry: --
	Date of Birth: [illegible]	Birth Place: Twin Falls	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: U.S. Bureau of the Census, Washington, D.C.	Date Issued: Nov. [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]

QUALIFYING INFORMATION

REGISTRAR/AFFIDAVIT CERTIFICATION: I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which constitutes the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	November 23, 1962

10-10-62 1 copy paid

893-225 022318

(Be sure the information is complete and accurate)

State File No. De62-903

Local Reg. No.

Reg. Dist. No.

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH

STATE OF IDAHO

RECEIVED
NOV 8 1962
Bureau of Vital Statistics

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF BIRTH a. COUNTY: Fremont	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marysville
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	Alta	Blanch	Hillam

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	February 25 1913

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	Abraham	B.	Hillam	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
36 YEARS	Brigham City, Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Mamie		Taylor	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
34 YEARS	Brigham City, Utah	4	3	

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Mamie T. Hillam — Mother

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Hargis

18b. ATTENDANT AT BIRTH: M.D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Ashton, Idaho

18d. DATE SIGNED: Nov 5 1962.

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
Nov 8, 1962	W. W. Benson	

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]
40 WEEKS	8 LBS. 0 OZS.	Approximate date

DECEASED 3-17-07

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Form DPH-48001

07-2260

DEC 26 1962
JAN 14 1976

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

897-212-009-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-915

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laura Esther Higgins
2. Date Of Birth (month) May (day) 12 (year) 1913
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Bonner; b. City or Town of Birth: Sandpoint

FATHER

6. Full Name of Father: Harlan James Higgins
7. State or Country of Father's Birth: Montana

MOTHER

8. Full Maiden Name of Mother: Phoebe Saint
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laura Esther Coker
11. Present Address of Registrant: 2183 City View St. Eugene Oregon

NOTARY (Seal)

Subscribed and sworn to before me on July 19 1962

12. Signature of Notary: Hazel L. Hurlbert
13. Notary Commission expires: Sept. 28 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	File #394864	-------	August 16, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 31	Sandpoint, Idaho	--------	-------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by father Age 69	Harlan J. Higgins	------	July 19, 1962

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12, 1913	Sandpoint, Bonner County, Idaho	Phoebe Saint	Harlan James Higgins

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy	Metropolitan Life Insurance Company	---	Mar. 1, 1952

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age next birthday;39	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	ec Shirley Miller	December 17, 1962

FORM BH 56067

7-19-62

DEC 17 1962

FEB 10 1975

RECEIVED
497-117-022-562
NOV 21 1962
Bureau of Vital Statistics

Federal Security Agency
United States Public Health Service

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De62-922
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
a. COUNTY: Ashton Fremont County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): ✓

3. CHILD'S NAME (Type or print)
a. (First): Roy
b. (Middle): Francis
c. (Last): Dixon

4. SEX: Male
5a. THIS BIRTH: SINGLE ☑ TWIN ☐ TRIPLET ☐
5b. IF TWIN OR TRIPLET (This child born): 1ST ☐ 2ND ☐ 3RD ☐
6. DATE OF BIRTH: (Month) Feb. (Day) 17 (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Elgie
b. (Middle): Alfred
c. (Last): Dixon
8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Enley Ill.
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Olive
b. (Middle): Blanche
c. (Last): Noble
13. COLOR OR RACE: White

14. AGE (At time of this birth): 28 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Ino.
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 11
b. How many OTHER children were born alive but are now dead? None
c. How many children were stillborn (born dead after 20 weeks pregnancy)? None

17. INFORMANT'S SIGNATURE OR NAME (Relationship): Joyce P. Dixon Wife

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. L. Hargis
18b. ATTENDANT AT BIRTH: M. D. ☒ MIDWIFE ☐ OTHER (Specify)
18c. ADDRESS: Ashton Idaho
18d. DATE SIGNED: Nov 6 1962

19. DATE REC'D BY LOCAL REG.: Dec. 18, 1962
20. REGISTRAR'S SIGNATURE: W. W. Benson
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS
22b. WEIGHT AT BIRTH: LBS. OZS.
23. Was a standard serological test for syphilis performed? YES ☐ NO ☐
Approximate date

DELAYED

Name prophylactic used to prevent Ophthalmia Neonatorum

Form DPH-48001

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DEC 19 1962

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

.....

962-227-022-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-62-936

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ruth Robbins
2. Date Of Birth: May 27, 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Marysville, Idaho

FATHER

6. Full Name of Father: Roland LeRoy Robbins
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Alice Fidelia Whittle
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Ruth Robbins
11. Present Address of Registrant: Inkom, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 24, 1962
12. Signature of Notary: Thomas B Hargis
13. Notary Commission expires: 11/10 1963

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Bureau of the Census Washington, D.C.	Nov. 14, 1962	Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	Idaho	Alice C. Robbins	[illegible]

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photo copy of application for Mary Ruth Robbins	National Public Service Insurance Company	---	Mar. 8, 1948

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 27, 1913	Marysville, Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
affidavit by aunt: age: 65	Mary Mitchell	Sept. 24, 1962	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 27, 1913	Fremont County Marysville, Idaho	Alice Fidelia Whittle	Roland LeRoy Robbins

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	December 21, 1962

FORM BH 56067

No search made 1 copy paid 9-10-62

DEC 24 1962

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Date of Birth	1. Regis[illegible] Full Name of Birth: Mary Ruth Robbins	2. Date of Birth: May 27, 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Fremont
		County or Town of Birth: Marysville, Idaho	
FATHER	6. Full Name of Father: Roland Henry Robbins	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Alice Fidelia Whittle	9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare each oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: Inkom, Idaho
NOTARY STAMP	Subscribed and sworn to before me on: Sept. 24, 19 62	12. Signature of Notary: [signature]	13. Notary Commission expires: 11/10 19 63

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]	Date Orig. Entry: Mar. 1, [illegible]
	Date of Birth: [illegible]	Birth Place: Idaho	Full Name of Mother: Alice C. Robbins	Name of Father: ------
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---	Date Orig. Entry: Mar. 6, [illegible]
	Date of Birth: May [illegible]	Birth Place: Marysville, Idaho	Full Name of Mother: ---	Name of Father: ----
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Mary [illegible]	Date Issued: Sept. 24, 1962	Date Orig. Entry: ---
	Date of Birth: May 27, 1913	Birth Place: Fremont County, Marysville, Idaho	Full Name of Mother: Alice Fidelia Whittle	Name of Father: Roland LeRoy Robbins

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which jobs notifies the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	[illegible]

No search made I copy paid 9-10-[illegible]

613-21-014-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Merlee Wallace			2. Date of Birth (month) (day) (year): June 11, 1913
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma, Idaho
FATHER	6. Full Name of Father: William Francis Wallace			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Frances Elizabeth Kirkland			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mildred Merlee King	11. Present Address of Registrant: 1512 Polk St, Ore. City
NOTARY (Seal)	Subscribed and ~~sworn~~ affirmed to before me on: April 1, 1960		12. Signature of Notary: ROBERT SCHUMACHER, County Clerk By: Freddie D. Morris, Deputy	13. Notary Commission expires: Ore. County 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother		By whom issued and signed: Fannie E. Wallace	Date Issued: June 1, 1960	Date Orig. Entry: ------
	Date of Birth: June 11, 1913	Birth Place: Canyon County Parma, Idaho	Full Name of Mother: Francis Elizabeth Kirkland	Name of Father: William Francis Wallace	
SUPPORTING RECORD 2.	Type of Document: notarized photo copy of page from Family Bible		By whom issued and signed: Maxine Foster, Notary Public	Date Issued: Dec.6,1962	Date Orig. Entry: obviously old
	Date of Birth: June 11, 1913	Birth Place: ---	Full Name of Mother: Frances Elizabeth Kirkland	Name of Father: William Francis Wallace	
SUPPORTING RECORD 3.	Type of Document: certified copy of school record		By whom issued and signed: S.S. Foote, Canyon County Auditor	Date Issued: Dec.4,1962	Date Orig. Entry: Sept.17, 1919
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: Wm. F. Wallace	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	pp Shirley Miller	January 8, 1963

FORM BH 56067 3-9-60

JAN 8 1963

79-231-029-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-058

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Emmeline Edna Grieser
2. Date Of Birth: (month) May (day) 31 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Latah; b. City or Town of Birth: Thorncreek district (mailing address: Genesee, Idaho)

FATHER

6. Full Name of Father: Adolph Grieser
7. State or Country of Father's Birth: St. Louis, Missouri

MOTHER

8. Full Maiden Name of Mother: Theresa Baumgartner
9. State or Country of Mother's Birth: New Ulm, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Elmer Kreis
11. Present Address of Registrant: Genesee, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: JUN 30 1961 19

12. Signature of Notary: [signature]
13. Notary Commission expires: March 17 1962

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Maries Church, Genesee, Idaho	Date Issued: June 30, 1961	Date Orig. Entry: baptized June 8, 1913
	Date of Birth: May 31, 1913	Birth Place: Genesee, Idaho	Full Name of Mother: Theresa Baumgartner	Name of Father: Adolph Grieser
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Mrs. Theresa Grieser	Date Issued: Sept. 29, 1962	Date Orig. Entry: --
	Date of Birth: May 31, 1913	Birth Place: --	Full Name of Mother: Theresa Grieser	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: File # 359008, Idaho	Date Issued: ------	Date Orig. Entry: child born Sept. 24, 1942
	Date of Birth: Age: 29	Birth Place: Thorncreek, Idaho	Full Name of Mother: -------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm sm Shirley Miller	January 23, 1963

FORM BH 56067(K) 6-28-61. 1 Copy paid rec. # 17899

JAN 23 1963

Brier

419-27-016-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-130

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George Leslie Darrington
2. Date of Birth (month) (day) (year): June 27 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Marshfield Cassia
b. City or Town of Birth: Marshfield now Declo, Idaho

FATHER

6. Full Name of Father: Peter Clark Darrington
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Emma Craner
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Leslie Darrington
11. Present Address of Registrant: 455 N 6 East Brigham City Ut.

NOTARY (Seal)

Subscribed and sworn to before me on: DEC 11th 1962 19___
12. Signature of Notary: [signature]
13. Notary Commission expires: May 5 1965 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photo copy of Certificate of Blessing	By whom issued and signed: Lorenzo E. Olsen, Bishop	Date Issued: -----	Date Orig. Entry: blessed Sept. 7, 1913	
	Date of Birth: June 27, 1913	Birth Place: Marshfield, Idaho	Full Name of Mother: Emma Craner	Name of Father: Clark Darrington	
SUPPORTING RECORD 2.	Type of Document: photo copy of Certificate of Baptism and Confirmation	By whom issued and signed: Lorenzo E. Olsen, Bishop	Date Issued: July 3, 1921	Date Orig. Entry: baptized June 27, 1921	
	Date of Birth: June 27, 1913	Birth Place: Cassia County Declo, Idaho	Full Name of Mother: Emma Craner	Name of Father: Clark Darrington	
SUPPORTING RECORD 3.	Type of Document: affidavit by parents	By whom issued and signed: Peter Clark Darrington and Emma Craner Darrington	Date Issued: Feb. 8, 1963	Date Orig. Entry: ---	
	Date of Birth: June 27, 1913	Birth Place: Marshfield, now Declo, Idaho	Full Name of Mother: Emma Craner	Name of Father: Peter Clark Darrington	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barnum	sm Shirley Miller	February 25, 1963

FORM BH 58067

Registrant Signature Notarized 12-19-62

[redacted]

MAR 14 1968

SEP 9 1975

Darrington

Registrant's Full Name of Birth		Date of Birth (month) (day) (year)
Georgia Lucille Darrington		June 27 1913
Color or Date of Birth	Place of Birth (Ward)	Birth of Town of Birth
White		
Full Name of Father		Country of Father's Birth
Peter Clark Darrington		
Maiden Name of Mother		Country of Mother's Birth
Sam Cramer		
Signature of Registrant		Present Address of Registrant
Signature of Notary		Notary Commission Expires
1962		May 5 1965

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Lorenzo E. [illegible]		
Date of Birth	Full Name of Mother	Name of Father	
	Sam Cramer		
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Lorenzo E. [illegible]		
Date of Birth	Full Name of Mother	Name of Father	
1913	Sam Cramer		
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
	Peter Clark Darrington and Sam Cramer		
Date of Birth	Full Name of Mother	Name of Father	
June 27 1913	Sam Cramer	Peter Clark Darrington	

Certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the original abstract.

Signature	Evidence reviewed by	Date Filed
	Shirley Miller	February 26, 1968

459-102-028-114

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-243

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JACK DONALD MEIKLE
2. Date of Birth (month) (day) (year): SEPT 2 1913
3. Color or Race:
4. Sex:
5. Place of Birth a. County: KOOTENAI
b. City or Town of Birth: HARRISON

FATHER

6. Full Name of Father: JOHN H MEIKLE
7. State or Country of Father's Birth: NEBRASKA

MOTHER

8. Full Maiden Name of Mother: MARMIE L JAMES ~~MEIKLE~~
9. State or Country of Mother's Birth: ILLINOIS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jack D Meikle
11. Present Address of Registrant: 1606 Alison Avenue, Mt. View, California

NOTARY (Seal)

Subscribed and sworn to before me on: March 19, 1963
12. Signature of Notary: Vera Betty Mahoney
13. Notary Commission expires: March 24, 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photo copy of application for employment	Hiller Helicopters, United Helicopters, Inc.	-----	Sept. 23, 1952
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 2, 1913 / Harrison, Idaho	Mary Lee Meikle	John Meikle	
SUPPORTING RECORD 2.	photo copy of Honorable Discharge from U.S. Army	Raymond R. Kitzke, 1st Lt. QMC	Sept. 27, 1945	inducted Feb. 20, 1942
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 2, 1913 / Harrison, Idaho	---	---	
SUPPORTING RECORD 3.	statement regarding lodge record; Production Electronic & Aero Dynamic Lodge 1327.	Nancy Dotto, Record Secretary	Mar. 11, 1963	Dec. 11, 1952
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sept. 2, 1913 / -----	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	March 27, 1963

FORM BH 56067

1 copy paid 9-21-62

MAR 27 1963

736-105-034-495

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-270

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALBERT PLOCHER			2. Date of Birth (month) Sept. (day) 5 (year) 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: rural - Minidoka	b. City or Town of Birth
FATHER	6. Full Name of Father: EDWARD PLOCHER			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Magdelana Dietz			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Albert Plocher		11. Present Address of Registrant: Route #,# 3, Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 13th 1961	12. Signature of Notary: [signature]		13. Notary Commission expires: February 16th 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Idaho State File #55-14817	Date Issued: ----	Date Orig. Entry: child born Nov. 10, 1955
	Date of Birth: Age: 42	Birth Place: Adelade, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: F. E. Trauch, Pastor	Date Issued: ----	Date Orig. Entry: April 5, 1913
	Date of Birth: Sept. 5, 1913	Birth Place: Adelade, Idaho	Full Name of Mother: Magdelana Plocher	Name of Father: Edward Plocher	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Magdelana Plocher	Date Issued: March 13, 1961	Date Orig. Entry:
	Date of Birth: Sept. 5, 1913	Birth Place: Minidoka County, Idaho	Full Name of Mother: Magdelana Plocher	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Shirley Miller	April 8, 1963

FORM BH 56067

3-28-60 one copy paid #20431

APR 8 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De-[illegible]-270

REGISTRANT (Person whose birth is being registered)	1. Registrant's full name of birth: ALBERT PLOCHER	2. Date of birth (month) (day) (year): Sept. [illegible] 1913
	3. Color or Race: white	4. Sex: male
	5. Place of birth: rural - Minidoka	6. City or County of birth
FATHER	7. Full name of father: [illegible] PLOCHER	8. State or Country of father's birth: Russia
MOTHER	9. Maiden name of mother: [illegible] Diera	10. State or Country of mother's birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	11. Present and name of Registrant: Route [illegible], Rupert, Idaho
NOTARY (Seal)	Subscribed and sworn before me on: March 18 1961	12. Signature of Notary: [illegible]
		13. Notary Commission expires: February 16th to 64

SUPPORTING RECORD 1	Type of Document: Own child's birth certificate	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible] 1913
	Date of Birth: Sept. [illegible]	Full Name of Mother: Magdalena Plocher	Name of Father: Edward Plocher	
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: Magdalena Plocher	Date Issued: March 13, 1961	Date Orig. Entry:
	Date of Birth: Sept. [illegible] 1913	Full Name of Mother: Magdalena Plocher	Name of Father: ----	

QUALIFICATION INFORMATION

REGISTRAR CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which substantiates the facts as set forth in the [illegible] abstract.

Registrar	Evidence reviewed by: Shirley Miller	Date Filed: April 8, 1963

3-25-63 one copy paid #20431

855213-028-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-344

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Mildred Henry
2. Date of Birth (month) (day) (year): June 13 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: Idaho — County: Kootenai
6. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: Thomas Jeffries Henry
7. State or Country of Father's Birth: Stillwater Minnesota

MOTHER

8. Full Maiden Name of Mother: Kloudia Adena Anderson
9. State or Country of Mother's Birth: Aiken, Minnesota

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Dupuis
11. Present Address of Registrant: 17075 S. Old River Drive, Lake Oswego, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: 4/30 1963
12. Signature of Notary: [signature]
13. Notary Commission expires: 5/1 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism;	Bernard Neary, O.S.B., Rector	Aug. 22, 1932	baptized April 4, 1932
	Date of Birth: June 13, 1913	Birth Place: -----	Full Name of Mother: Claudia Anderson	Name of Father: Thomas Henry
SUPPORTING RECORD 2.	Type of Document: Certified copy of Marriage Return	By whom issued and signed: C. Wesley Leach, Co. Auditor	Date Issued: April 16, 1963	Date Orig. Entry: Aug. 24, 1932
	Date of Birth: Age: 19	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Claudia Anderson	Name of Father: Thos. J. Henry
SUPPORTING RECORD 3.	Type of Document: Own child's hospital birth certificate	By whom issued and signed: Davidson-Ray Hospital; Port Angeles, Washington	Date Issued: -----	Date Orig. Entry: child born April 17, 1942
	Date of Birth: 1913	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Barron
Evidence reviewed by: Shirley Miller
Date Filed: May 7, 1963

FORM BH 56067

5-7-63

MAY 8 1963

613-224-001-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-347

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruby Grace Folwell
2. Date Of Birth (month) (day) (year): Sept 24 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Ada
b. City or Town of Birth: Mora Ida

FATHER

6. Full Name of Father: Leward Lawson Folwell
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Myrtle Bessie Bothwell
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruby G. Woods
11. Present Address of Registrant: Horseshoe Bend Ida

NOTARY (Seal)

Subscribed and sworn to before me on: May 7 1963
12. Signature of Notary: John Mason
13. Notary Commission expires: Jan 4 1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
On child's birth certificate	On file Idaho, File #293573	-----	Child born April 12, 1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 26	Mora, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Aunt, Age 70	Vera E. Waitley	-----	May 7, 1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
September 24, 1913	Mora, Idaho	Myrtle Bessie Folwell	Leward Lawson Folwell

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
App. for Ins. Policy	National Casualty Co. Mich.	Janiary 21, 1955	January 10, 1955

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 41	Idaho	-----	------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	May 7, 1963

FORM BH 56067

MAY 7 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

Case Filed No. D63-047

REGISTRANT (Person whose Birth is being Registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)	
	3. Color or Race	4. Place of Birth	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present Address of Registrant
NOTARY	Subscribed and sworn to before me on	12. Signature of Notary	13. Notary Commission expires

SUPPORTING RECORD 1	Type of Document: Enrollment Birth certificate	By whom issued and signed: Nyrile Idaho, Title #792573	Date Issued: -----	Date Orig. Entry: April 17, 1954
	Age 4	More, Idaho	-----	-----
SUPPORTING RECORD 2	Type of Document: Affidavit by Aunt, Age 70	By whom issued and signed: Vera E. [illegible]	Date Issued: -----	Date Orig. Entry: [illegible]
	Date of Birth: Birth Place: September 4, 1915	Full Name of Mother: Nyrile Bessie Tolwell	Name of Father: Leonard [illegible] Tolwell	
SUPPORTING RECORD 3	Type of Document: Pub. for Ins. Policy	By whom issued and signed: National Casualty Co. Mich.	Date Issued: Jan. 21, 1955	Date Orig. Entry: January 17, 1955
	Date of Birth: Birth Place: Age 41 Idaho	Full Name of Mother: -----	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Betty Morris	May [illegible], 1963

FORM NO. [illegible]

515-201-009-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-418

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ESTHER SYNIEVE VAN STONE			2. Date Of Birth (month) (day) (year): March 1st 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: BONNER	b. City or Town of Birth: HOPE IDAHO	
FATHER	6. Full Name of Father: ENOCH CHESTER VAN STONE			7. State or Country of Father's Birth: LIVERPOOL, ENGLAND	
MOTHER	8. Full Maiden Name of Mother: MAMIE GIBNEY FOWLER			9. State or Country of Mother's Birth: CHICAGO, ILLINOIS	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Esther Synieve Van Stone Esther Synieve Fahrmann	11. Present Address of Registrant: Rt#4 Box 2576 Bremerton, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: 20 April 1963		12. Signature of Notary: [illegible]	13. Notary Commission expires: 3 March 1965	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: California State File #018874	Date Issued: April 7, 1961	Date Orig. Entry: child born Mar. 30, 1935
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister, born 1897		By whom issued and signed: Rhoda E. Van Stone Craig	Date Issued: April 20, 1963	Date Orig. Entry:
	Date of Birth: Mar.1,1913	Birth Place: Bonner County Hope, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital record.- Administrator--Harrison Memorial Hospital		By whom issued and signed: Vesta D. Sinniger, R.N., Asst.	Date Issued: May 24, 1963	Date Orig. Entry: Oct. 12, 1956
	Date of Birth: Mar.1,1913	Birth Place: Hope, Idaho	Full Name of Mother: Mamie Fowler	Name of Father: Enoch Van Stone	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	June 4, 1963

FORM BH 56067

JUN 5 1963

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (Month) (Day) (Year): March 1st 1913	
3. Color or Race: [illegible]	4. Sex: F	5. Place of Birth (Sub-county): [illegible]
6. Name of Father: [illegible]	7. Statement Country of Mother's Birth: LIVE [illegible], ENGLAND	
8. Name of Mother: [illegible]	9. State of Country of Mother's Birth: [illegible] 18	
10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible] Box 2576 Brewerton, Un	
12. Signature of Deputy: [illegible]	13. Deputy Commission expires: 3 March 1965	

SUPPORTING RECORD 1: Type of Document: [illegible] | By whom Issued and Signed: California State Title [illegible] | Date Issued: [illegible] | Date Orig. Entry: [illegible]

SUPPORTING RECORD 2: Type of Document: [illegible] | By whom Issued and Signed: [illegible] Rhoda [illegible] Van Stone Craig | Date Issued: April [illegible] | Date Orig. Entry: [illegible]

Date of Birth: Mar. 1, 1913 | Birth Place: Bonner County, Nome, Idaho | Full Name of Father: | Name of Father: [illegible]

SUPPORTING RECORD 3: Type of Document: Statement [illegible] | By whom Issued and Signed: [illegible] | Date Issued: May 24, 1963 | Date Orig. Entry: Oct. 12, 1955

Date of Birth: Mar. 1, 1913 | Birth Place: Nome, Idaho | Full Name of Mother: [illegible] | Name of Father: Lynch Van Stone

SUPPORTING INFORMATION:

RECORDS OF CERTIFICATION: I hereby certify that the [illegible] certificate has been found in the Division of Vital Statistics for this [illegible] and that documentary evidence has been reviewed, which [illegible] the facts as set forth in the [illegible] abstract.

Registrar | Evidence reviewed by | Date Filed

462-212 022-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-464

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sadie Marie Mosher		2. Date Of Birth (month) Aug. (day) 12 (year) 1913
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: St. Anthony, Fremont, b. City or Town of Birth: St. Anthony, Idaho.
FATHER	6. Full Name of Father: Frank Joseph Mosher		7. State or Country of Father's Birth: Montana.
MOTHER	8. Full Maiden Name of Mother: Mamie Strom		9. State or Country of Mother's Birth: Idaho.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sadie Marie Mosher Grow	11. Present Address of Registrant: 130 - 3rd St. Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: April 22 1963	12. Signature of Notary: Louise K. Blackstil	13. Notary Commission expires: March 12th 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Frank Joseph Mosher	Date issued: April 22, 1963	Date Orig. Entry
	Date of Birth: Aug. 12, 1913	Birth Place: Fremont County St. Anthony, Idaho	Full Name of Mother: -----	Name of Father: Frank Joseph Mosher
SUPPORTING RECORD 2.	Type of Document: Photo copy of app. for Social Security Account No.	By whom issued and signed: U. S. Treasury Department	Date issued: ----	Date Orig. Entry: May 3, 1945
	Date of Birth: Aug. 12, 1913	Birth Place: St. Anthony, Idaho	Full Name of Mother: Mamie Strom	Name of Father: Frank J. Mosher
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License Affidavit	By whom issued and signed: Karen Meppen, Deputy	Date issued: Sept. 12, 1962	Date Orig. Entry: Feb. 14, 1935
	Date of Birth: Age: 21	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Shirley Miller	June 27, 1963

FORM BH 56067

JUN 23 1969

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: Sadie Marie Mosher	2. Date of Birth (month) Aug. (day) 12 (year) 1913	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: St. Anthony, County: Fremont,
	6. City or Town of Birth: St. Anthony, Idaho.		
FATHER	6. Full Name of Father: Frank Joseph Mosher	7. State or Country of Father's Birth: Montana.	
MOTHER	8. Full Name of Mother: Mamie Strom	9. State or Country of Mother's Birth: Idaho.	
AFFIDAVIT	9. Sworn and subscribed to that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: 1[illegible] - 3rd St. Idaho Falls
NOTARY (Seal)	10. Sworn and subscribed to before me on: April 22 1963	11. Signature of Notary: [illegible]	12. Notary Commission expires: March 12th 1967

SUPPORTING RECORD 1.	Type of Document: [illegible]	2. Name of Issuer and Signature: [illegible]	Date Issued: April [illegible] 1963
	Date of Birth: Aug. 1[illegible] 1913	Full Name of Mother: [illegible]	Date Issued: [illegible]
SUPPORTING RECORD 2.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: ---
	Date of Birth: Aug. 1[illegible] 1913	Full Name of Mother: [illegible]	Name of Father: [illegible]
SUPPORTING RECORD 3.	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: ---	Name of Father: ---
DUPLICATE INFORMATION			

CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the preceding abstract.

Date Registrar	Evidence Reviewed by	Date Filed
[illegible]	[illegible]	June [illegible], 1963

FORM 3A (Rev.)

266-207-025-365

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-495
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Marie Bowles
2. Date of Birth (month) July (day) 7 (year) 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Kooskia, Idaho
b. City or Town of Birth: Kooskia

FATHER

6. Full Name of Father: Samuel Phillip Bowles
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Nancy Mary O'Dell Tweedy
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edna Marie Dachtler
11. Present Address of Registrant: RT. 1 Box 1028 Beaverton, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: May 8 1963
12. Signature of Notary: Hope Bassett
13. Notary Commission expires: Jan. 30 1966.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by mother
By whom issued and signed: Nancy Mary O'Dell Bowles
Date Issued: May 8, 1963
Date Orig. Entry:

Class*:
Date of Birth: July 7, 1913
Birth Place: Kooskia, Idaho
Full Name of Mother: Nancy Mary O'Dell Bowles
Name of Father: Samuel Phillip Bowles

SUPPORTING RECORD 2.

Type of Document: Statement regarding Marriage Affidavit Record
By whom issued and signed: Vesta Tebbs, County Auditor
Date Issued: Oct. 28, 1955
Date Orig. Entry: Nov. 26, 1936

Class:
Date of Birth: Age: 23
Birth Place: ----
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: Statement regarding school record
By whom issued and signed: I. Cothrell, Clerk, School Dist. #1, Deschutes Co.
Date Issued: Nov. 1, 1955
Date Orig. Entry: 1925-1926

Class:
Date of Birth: July 7, 1913
Birth Place: Kooskia, Idaho
Full Name of Mother: ---
Name of Father: Sam Bowles

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Bassett
Evidence reviewed by: Shirley Miller
Date Filed: July 16, 1963

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

7-16-63

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

JAN 5 1970

443-215-005-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-546

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Erma Mabel Mutch
2. Date of Birth (month) (day) (year): November 15, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: St. Maries — b. City or Town of Birth: St. Maries

FATHER

6. Full Name of Father: George Amos Mutch
7. State or Country of Father's Birth: Canada

MOTHER

8. Full Maiden Name of Mother: Mabel Gertrude Eaton
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Erma Mabel Dresel
11. Present Address of Registrant: 913 E. Longellow Avenue, Spokane, Washington

NOTARY (Seal)

Subscribed and sworn to before me on: July 17 19 63

12. Signature of Notary: Kenneth P. Owens
13. Notary Commission expires: August 29 19 63

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photo copy of app. for life insurance	Metropolitan Life Insurance Company	----	Oct. 23, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 15, 1913	St. Maries, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, Age-65	Alma Weld Johnston	July 17,	1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 15, 1913	St. Maries, Idaho	Mabel Eaton Mutch	George A. Mutch

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
own child's hospital certificate	Deaconess Hospital, Spokane Washington	----	child born Sept. 27, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 15, 1913	St. Maries, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Shirley Miller	August 5, 1963

FORM BH 56067

AUG 5 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Parker

238-212-022-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russella Schwartz			2. Date Of Birth (month) (day) (year): June 12, 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho — Fremont	b. City or Town of Birth: Plano	
FATHER	6. Full Name of Father: Jacob J. Schwartz			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Sophia Schlager			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Jack H. Mayo		11. Present Address of Registrant: 1212 S. Cherry	
NOTARY (Seal)	Subscribed and sworn to before me on: August 1st 1963	12. Signature of Notary: Mabel L. Allen		13. Notary Commission expires: My Commission Expires Dec. 21, 1963	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Confirmation	By whom issued and signed: Rev. W. C. Rehwaldt		Date Issued: June 5, 1927	Date Orig. Entry: confirmed June 5, 1927
	Date of Birth: June 12, 1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: - ---	
SUPPORTING RECORD 2.	Type of Document: Own Certificate of Marriage	By whom issued and signed: Chas. P. Bream, Minister		Date Issued: February 7, 1942	Date Orig. Entry
	Date of Birth: Age: 28	Birth Place: Plano, Idaho	Full Name of Mother: Sophia Schlager	Name of Father: Jacob Schwartz	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Wyoming State File #1943-4897		Date Issued: June 6, 1963	Date Orig. Entry: child born Nov. 1, 1943
	Date of Birth: Age: 30	Birth Place: Plano, Idaho	Full Name of Mother: ----	Name of Father: - ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D. W. Benson	sm Shirley Miller	August 9, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF UTAH

593-213-040-381

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-602

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn Grace Nicolls			2. Date Of Birth: (month) Dec. (day) 3 (year) 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Kellogg, Idaho	
FATHER	6. Full Name of Father: Charles Dunbar Nicolls			7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Eva Mary Champagne			9. State or Country of Mother's Birth: Michigan	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Grace E. Hoffman	11. Present Address of Registrant: 1217 - 1st St,, Chehalis, Wash.	
NOTARY (seal)	Subscribed and sworn to before me on: July 30, 1963		12. Signature of Notary: Richard H Collett	13. Notary Commission expires: May 20 1965	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Baby Book		By whom issued and signed: Family Record	Date Issued: obviously old	Date Orig. Entry
	Date of Birth: Dec.3,1913	Birth Place: ------	Full Name of Mother: Eva M. Nicblls	Name of Father: Chas. D. Nicolls	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records;Malden School Dist.#		By whom issued and signed: Orville J. Widman, Co. Supt. 170-Whitman Co., Washington	Date Issued: July 31, 1963	Date Orig. Entry: May 1, 1921
	Date of Birth: Dec.3,1913	Birth Place: -----	Full Name of Mother: Mrs. C. D. Nicolls	Name of Father: C. D. Nicolls	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: Rt. Rev. Msgr. R.J. Aher	Date Issued: Aug.22,1963	Date Orig. Entry: baptized Dec. 28, 1913
	Date of Birth: Dec.3,1913	Birth Place: Kellogg, Idaho	Full Name of Mother: Eva Champagne	Name of Father: Charles Nicolls	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Shirley Miller	August 29, 1963

FORM BH 56067

AUG 27

AMENDED CERTIFICATE OF BIRTH

STATE OF IDAHO

Hyman

1. Name of child (First, middle, last)		2. Date of birth (month, day, year)	
Grace Nicolle		March 30, 1912	
3. Sex	4. Place of birth (county)		
F	Shoshone		
5. City or town of birth			
Wallace, Idaho			
6. Full name of father			
Charles Andrew Nicolle			
7. Full maiden name of mother			
Jessie Mary Chamberlain			
8. Age of father at time of birth of child (last birthday)	9. Birthplace of father (State or foreign country)	10. Present address of informant	
42	Idaho	1219 - 1st St., Clarkston,	
11. Age of mother at time of birth of child (last birthday)	12. Birthplace of mother (State or foreign country)	13. Mother's maiden surname	
32	Idaho	Chamberlain	
14. Informant			
Mrs. Grace Hyman			

15. Type of delivery			
Normal			
16. Length of pregnancy	17. Was child born out of wedlock?	18. Was birth single, twin, triplet, etc.?	
Full term	No	Single	
19. Date informant filled out this certificate			
Aug. 5, 1929			

20. Physician or midwife in attendance at birth			
Dr. C. E. Abbey			
21. Address			
Wallace, Idaho			
22. Date attended child			
March 30, 1912			
23. Was child living when last attended?			
Yes			
24. Date last attended mother			
March 30, 1912			
25. Was mother living when last attended?			
Yes			

26. Was birth registered?			
Yes			
27. Date of registration			
Aug. 5, 1929			
28. Where registered			
Wallace, Idaho			
29. Registrar			
Mrs. F. A. Abbey			

30. Remarks			

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that the above birth certificate has been found in the Division of Vital Statistics for this registration and the information appearing thereon has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
State Registrar	Reviewed by	Date Filed	
		Aug. 27, 1929	

STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS

995-105-016-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De63-688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LeRoy Rivers		2. Date of Birth (month) (day) (year): Aug 5 1913
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Cassia Idaho b. City or Town of Birth: Oakley
FATHER	6. Full Name of Father: William A. Rivers		7. State or Country of Father's Birth: Oakley Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Ann McLaws		9. State or Country of Mother's Birth: Toole, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LeRoy Rivers	11. Present Address of Registrant: Sweet, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 9-17- 1963	12. Signature of Notary: Dale E. Cogan	13. Notary Commission expires: 4- 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Census Record		By whom issued and signed: U. S. Department of Commerce, Bureau of the Census, Wash. D. C. 1963	Date Issued: September 11,	Date Orig. Entry: January 1, 1920
	Date of Birth: Age 6	Birth Place: Cassia County Idaho	Full Name of Mother: Mary Ann Rivers	Name of Father: William Rivers	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: Army of the United States, Earl G. Linhart, Major Ord Dept.	Date Issued: October 11, 1945	Date Orig. Entry: June 11, 1942
	Date of Birth: August 5, 1913	Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate On file Idaho, File #442962		By whom issued and signed:	Date Issued: ----	Date Orig. Entry: Child born September 3, 1947
	Date of Birth: Age 34	Birth Place: Oakley, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Betty Morris	October 1, 1963

FORM BH 56067

OCT 2 1963

493222 019-298

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-744

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: ENID DICKSON			2. Date Of Birth (month) (day) (year): February 22, 1913
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Custer Co.	b. City or Town of Birth: Mackay, Idaho
FATHER	6. Full Name of Father: ALBERT HENRY DICKSON			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: ELLEN BRYSON			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Enid Burstedt		11. Present Address of Registrant: Challis, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 11th, 1963	12. Signature of Notary: Jack B. Duerig		13. Notary Commission expires: April 4th, 1965

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of family at time of birth; age: 73	By whom issued and signed: Florence Rowles		Date Issued: October 11, 1963	Date Orig. Entry
	Date of Birth: Feb.22,1913	Birth Place: Custer County Mackay, Idaho	Full Name of Mother: Ellen Bryson Dickson	Name of Father: Henry Dickson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File No. 263989		Date Issued: ----	Date Orig. Entry: child born Dec. 8, 1937
	Date of Birth: Age: 24	Birth Place: Mackay, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own Marriage License Affidavit	By whom issued and signed: Maxine Peterson, Deputy Rec.		Date Issued: Mar.6,1963	Date Orig. Entry: June 8, 1936
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jameson	Evidence reviewed by: Shirley Miller	Date Filed: October 22, 1963

FORM BH 56067

NOV 1 1963

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRAR	1. Registrant's Full Name at Birth: EMID DICKSON	2. Date of Birth: February 22, 1913
	3. Color or Race: White	4. Sex: Fem.
	5. Place of Birth: Custer Co.	6. Mailing Town of Birth: Mackay, Idaho
FATHER	6. Full Name of Father: ALBERT HENRY DICKSON	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: [illegible] BRYSON	9. State or Country of Mother's Birth: Utah
AFFIDAVIT	10. Person Delivered: [illegible]	11. Present Address of Registrant: Challis, Idaho
	12. Signature of Registrant: [illegible]	13. Notary Commission expires: April 4th, 19 55
	Sworn and Signed to before me on: October 11th, 19 63	

	Type of Document: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]	
	Date of Birth: [illegible]	Birth Place: Mackay, Idaho	Full Name of Mother: [illegible]	Name of Father: Henry Dickson
SUPPORTING RECORD	Type of Document: [illegible]	Date Issued: ----	Date Orig. Entry: [illegible]	
	Date of Birth: [illegible]	Birth Place: [illegible]	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD	Type of Document: [illegible]	Date Issued: [illegible]	Date Orig. Entry: [illegible]	
	Date of Birth: Aug. 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

RECIPIENT'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Shirley Miller	December 23, 19[illegible]

766-220-220-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-63-838

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Augusta Pook			2. Date Of Birth (month) (day) (year): December 20, 1913
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Elmore	b. City or Town of Birth: Smiths Prairie
FATHER	6. Full Name of Father: Henry Herman Pook			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Augusta Christina Bock			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth Augusta Durbin		11. Present Address of Registrant: Rt. 1 - New Plymouth, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 19, 1963	12. Signature of Notary: John L. Wagner		13. Notary Commission expires: Sept. 17 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Aid Assoc. for Lutherans	Date Issued: April 13, 1935	Date Orig. Entry
	Date of Birth: Age: 21	Birth Place: ----	Full Name of Mother: Auguste-Pook	Name of Father: Henry Pook
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File # 265405	Date Issued: ------	Date Orig. Entry: child born Mar. 17, 1938
	Date of Birth: Age: 24	Birth Place: Smiths Prarie, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: H.A. Kahle, Ev. Luth. Pastor	Date Issued: ----	Date Orig. Entry: Baptized Oct. 11, 1925
	Date of Birth: Dec. 20, 1913	Birth Place: ----	Full Name of Mother: Augusta Bock	Name of Father: Henry Pook
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Jenson	Evidence reviewed by: Shirley Miller	Date Filed: November 29, 1963

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Rivera

DEC

DECEASED

622-212-022-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-045

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Carrie Osborne
2. Date of Birth: (month) Jan (day) 12 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Fremont; b. City or Town of Birth: Ashton

FATHER

6. Full Name of Father: George Henry Osborne
7. State or Country of Father's Birth: Tumbridgewells, England

MOTHER

8. Full Maiden Name of Mother: Hannah Christina Nelson
9. State or Country of Mother's Birth: Copenhagen, Denmark

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma Osborne Hammon
11. Present Address of Registrant: 3964 W 5445 S Bountiful Utah

NOTARY (Seal)

Subscribed and sworn to before me on: April 4 1960

12. Signature of Notary: [redacted] Lucille G. Rice
13. Notary Commission expires: October 22 1960

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	L. D. S. Church Ray J. Thompson, Clerk	Jan 23, 1921	Baptized Jan 12, 1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 12, 1913 / Ashton, Idaho Fremont co.	Hannah Nelson	Geor. H. Osborne	
SUPPORTING RECORD 2.	Type of Document: Statement by attending Physican	By whom issued and signed: E. L. Hargis, M.D.	Date Issued	Date Orig. Entry: November 10, 1963
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.12,1913 / Fremont County Ashton, Idaho	Hannah Christine Nielsen	George Henry Osborne	
SUPPORTING RECORD 3.	Type of Document: Unverified copy of own child's birth certificate	By whom issued and signed: Utah File No. 143-49-20047	Date Issued: ----	Date Orig. Entry: child born Jan. 23, 1949
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 36 / Ashton, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	SM bf Shirley Miller	January 20, 1964

FORM BH 56067

JAN 21 1964

238101-223-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-068

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Carl Schadt		2. Date of Birth (month) (day) (year): Feb 1 1913
	3. Color or Race:	4. Sex: MALE	5. Place of Birth a. County: Gem; b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Fred Carl Schadt		7. State or Country of Father's Birth: St Joseph Missouri
MOTHER	8. Full Maiden Name of Mother: Freida Pauline Barth		9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Carl Schadt	11. Present Address of Registrant: RT 2 Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 1-20-1964	12. Signature of Notary: Zola L Rastock	13. Notary Commission expires: 10-18-1967

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Childs birth Certificate	By whom issued and signed: on file State of Idaho # 406716	Date Issued:	Date Orig. Entry: Child born May 10, 1945
	Date of Birth: Age 32yrs	Birth Place: Emmett, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2.	Type of Document: Confirmation Certificate Luthern Church	By whom issued and signed: Walter F. Kellerman Pastor	Date Issued: April 10, 1927	Date Orig. Entry: ---------
	Date of Birth: Feb. 1, 1913	Birth Place: Emmett, Idaho	Full Name of Mother: ---------	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt: age: 79	By whom issued and signed: Pauline E. Limbaugh	Date Issued: January 30, 1964	Date Orig. Entry:
	Date of Birth: Feb.1,1913	Birth Place: Emmett, Idaho	Full Name of Mother: Frieda Pauline Barth	Name of Father: Fred Carl Schadt
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: fc Shirley Miller	Date Filed: January 31, 1963

FORM BH 56067

1 copy paid receipt # 14781

JAN 31 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

REGISTRANT	1. Registration Full Name of Birth	2. Date of Birth (month) (day) (year)
Person whose birth is being registered	3. Color or Race 4. Sex 5. Place of Birth (County)	Ability or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth
APPLICANT	7. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief	9. Signature of Registrant 11. Present Address of Registrant
SOURCE	Subscribed and sworn to before me on	10. Signature of Notary 12. Notary Commission expires

APPLICANT

SUPPORTING RECORD 1	Type of Document: Dual Childs birth Certificate	By whom issued and signed: on file State of Idaho	Date Issued: Date Orig. Entry: Child born Feb 10, 1945
	Date of Birth: Birth Place: Age 32yrs Emmett, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 2	Type of Document: Confirmation Certificate Southern Church	By whom issued and signed: Walter P. Kellerman Boston	Date Issued: April 10, 1927 Date Orig. Entry: ----------
	Date of Birth: Birth Place: Feb. 1 1913 Emmett Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Date Orig. Entry: 30, 1942
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]
QUALIFYING INFORMATION			

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

Date Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	January 31, [illegible]

Form [illegible] Receipt 4 1-7-31

864-105-020-512

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-085

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Paul Forrest Housman		2. Date Of Birth (month) (day) (year): January 5, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elmore; b. City or Town of Birth: Prairie
FATHER	6. Full Name of Father: Burton Nuckles Housman		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Jannie Eason		9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Paul Forrest Housman	11. Present Address of Registrant: Rte #1 - Kuna, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 7 1964	12. Signature of Notary: Louise Giese	13. Notary Commission expires: April 16 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho, File #263048	Date issued: ----	Date Orig. Entry: Child born Dec. 3, 1937
	Date of Birth: Age 24; Birth Place: Prairie, Idaho	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Burten Nuckles Housman	Date issued: -----	Date Orig. Entry: February 23, 1955
	Date of Birth: January 5, 1913; Birth Place: Elmore Co. Prarie City, Ida.	Full Name of Mother: Janie Eason Housman	Name of Father: Burten Knuckles Housman	
SUPPORTING RECORD 3.	Type of Document: Notorized statement from family Bible	By whom issued and signed: Family Bible	Date issued: ----	Date Orig. Entry: Obiviously Old
	Date of Birth: January 5, 1913; Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Betty Morris	February 11, 1964

FORM BH 56067

FEB 14 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

DECEDENT (Person whose birth is being registered)	1. Registrant's Full Name of Birth: [illegible]		2. Date of Birth: [illegible] (Day) (Year) [illegible]
	3. Color or Race: White	5. Place of Birth: Elmore	6. Mailing or Town of Birth: [illegible]
FATHER	6. Full Name of Father: Burton Knuckles Housman		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Jennie Mason		9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Non child's birth certificate	By whom issued and signed: On file Idaho, File #263042	Date Issued: ----	Date Orig. Entry: Child born Dec. 3, 1947
	Date of Birth: Birth Place: [illegible] Idaho	Full Name of Mother: [illegible]	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Father	By whom issued and signed: Burton Knuckles Housman	Date Issued: ----	Date Orig. Entry: February 22, 1952
	Date of Birth: January 5, 1912 Birth Place: Elmore County Ida.	Full Name of Mother: Jennie Mason Housman	Name of Father: Burton Knuckles Housman	
SUPPORTING RECORD 3.	Type of Document: Notarized statement from Family Bible	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: Previously [illegible]
	Date of Birth: January 5, 1913 Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the data as set forth in the foregoing application.

State Registrar: [illegible]

Evidence reviewed by: Betty Morris

Date Filed: February 11, 1964

FORM BH 66063

299-209-029-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Suzanna Alma Krick			2. Date Of Birth (month) Oct (day) 9 (year) 1913	
	3. Color or Race: white	4. Sex: f.	5. Place of Birth a. County: Genessee, Idaho	b. City or Town of Birth	
FATHER	6. Full Name of Father: Henry Krick			7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Anna Schwenne			9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: X Alma L. Benael	11. Present Address of Registrant: Endicott Wash.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 14 1964		12. Signature of Notary: Anna B. Weitz	13. Notary Commission expires: Aug 27, 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Washington State File #238	Date Issued: Oct.21,1963	Date Orig. Entry: child born Sept. 14, 1942
	Date of Birth: Age: 28	Birth Place: Genessee, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital record; St. Ignatius Hospital		By whom issued and signed: Mrs. Lyda C. Best, Ass't Medical Record Librarian	Date Issued: Jan.27,1964	Date Orig. Entry: Mar. 15, 1954
	Date of Birth: Oct.9,1913	Birth Place: Genessee, Idaho	Full Name of Mother: Anna Schwenne	Name of Father: Henry Krick	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism		By whom issued and signed: St. Boniface Parish, Uniontown, Washington	Date Issued: Jan.27,1964	Date Orig. Entry: baptized Oct. 19, 1913
	Date of Birth: Oct.9,1913	Birth Place: -----	Full Name of Mother: Anna Schwenne	Name of Father: Henry Krick	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Barron	Shirley Miller	February 24, 1964

FORM BH 56067

[redacted]

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

FEB 25 1964

Benuel

253-205-028-63

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-126

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Pauline Keller
2. Date of Birth (month) (day) (year): January 5 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Post Falls Idaho

FATHER

6. Full Name of Father: Samuel Harvey Keller
7. State or Country of Father's Birth: Taylorville Illinois

MOTHER

8. Full Maiden Name of Mother: Dora Jane Faler
9. State or Country of Mother's Birth: Gage Co. Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Bessie Dickinson
11. Present Address of Registrant: 915 California Ave Klamath Falls, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: February 11, 1964
12. Signature of Notary: Everett T. White
13. Notary Commission expires: February 25, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school census record; Klamath Co. School District	Pauline Shaw, Secretary	Nov. 13, 1963	1928

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 15	-----	-----	S. H. Keller

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of own child's birth certificate	California State Dept. of Public Health # 3795	Sept. 5, 1950	child born Sept. 3, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 31	Post Falls, Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of election registration card.	Gladys DeLap, Deputy Clerk	Nov. 14, 1963	April 13, 1944

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 5, 1913	Post Falls, Idaho	Dora Faler	S. H. Keller

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Shirley Miller	February 25, 1964

FORM BH 56067

FEB 25 1964

194-22-039-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-155

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma May Armstrong		2. Date Of Birth (month) May (day) 22 (year) 1913	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: Roy, Idaho
FATHER	6. Full Name of Father: Harvey A. Armstrong		7. State or Country of Father's Birth: Missouri - Clark County	
MOTHER	8. Full Maiden Name of Mother: Isabelle Katherine Courtney		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Velma May Miller	11. Present Address of Registrant: 1289-70 Lancaster Dr. SE Salem, Ore.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 24, 1964	12. Signature of Notary: T. Faye Ridgeway	13. Notary Commission expires: April 15, 1966	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by parents	By whom issued and signed: Isabelle C. Armstrong, Harvey A. Armstrong	Date Issued: September 6, 1960	Date Orig. Entry
	Date of Birth: May 22, 1913 / Birth Place: Roy, Idaho	Full Name of Mother: Isabelle C. Armstrong	Name of Father: Harvey A. Armstrong	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage record	By whom issued and signed: M. Eaton, Deputy Clerk	Date Issued: May 21, 1959	Date Orig. Entry: Aug. 19, 1933
	Date of Birth: Age: 20 / Birth Place: Roy, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school record	By whom issued and signed: E. A. Carleton, Principal, Salem Public Schools	Date Issued: Feb. 24, 1964	Date Orig. Entry: Sept. 24, 1928
	Date of Birth: May 22, 1913 / Birth Place: ----	Full Name of Mother: ----	Name of Father: H. A. Armstrong	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Denson	Shirley Miller	March 2, 1964

FORM BH 56067 1 Copy Ord # 1N 25

MAR 2 1964

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth	2. Date of Birth (month) (day) (year)
	3. Color or Race [illegible]	4. Place of Birth [illegible] County	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth

AFFIDAVIT	1. Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant	11. Present address of Registrant
Notary Seal	12. Sworn to before me on February 24, 19 [illegible]	13. Signature of Notary	14. Notary Commission expires April 19, 19 [illegible]

APPLICANT [illegible]

Authorized Record	Type of Document: Delayed by parents	By whom issued and signed: Isabelle C. Armstrong, Harvey [illegible]	Date Issued: September [illegible], 1960
	Date of Birth: [illegible]	Full Name of Mother: Isabelle C. Armstrong	Date Issued: [illegible]
	Date of Birth: [illegible]	Place of Birth: [illegible]	Date Issued: May 21, 1959
	Date of Birth: [illegible]	Place of Birth: [illegible]	Date Issued: [illegible]
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: May 22, 1913	Place of Birth: [illegible]	Date Issued: [illegible]
	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: [illegible]
	Date of Birth: May 22, 1913	Place of Birth: [illegible]	Date Issued: [illegible]

CERTIFICATION

REGISTRAR'S CERTIFICATION (Seal)	1. Hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing statement.	
	State Registrar: [illegible]	Evidence reviewed by: [illegible]	Date Filed: [illegible]

263-212-0103-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De-64-204

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Dawna Lorraine Bollwinkel			2. Date of Birth: (month) June (day) 12 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Idaho Bannock	b. City or Town of Birth: Thatcher	
FATHER	6. Full Name of Father: Samuel Alonzo Bollwinkel			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Arletta Peck			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dawna Lorraine Miller	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 6 1964		12. Signature of Notary: Ros P. Lewis	13. Notary Commission expires: Apr 7 1964	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photo copy of app. for social security account number	By whom issued and signed: U. S. Treasury Department	Date Issued: November 13, 1953	Date Orig. Entry
	Date of Birth: June 12, 1913 / Birth Place: Bannock County Thatcher, Idaho	Full Name of Mother: Arletta Peck	Name of Father: Samuel A. Bollwinkel	
SUPPORTING RECORD 2.	Type of Document: Photo copy of application for life insurance	By whom issued and signed: Beneficial Life Insurance Company	Date Issued: June 24, 1931	Date Orig. Entry
	Date of Birth: June 12, 1913 / Birth Place: Thatcher, Idaho	Full Name of Mother: Arletta Bollwinkel	Name of Father: Samuel Bollwinkel	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend at time of birth; Age: 70	By whom issued and signed: J. Stanley Harrison	Date Issued: December 20, 1963	Date Orig. Entry
	Date of Birth: June 12, 1913 / Birth Place: Thatcher, Idaho	Full Name of Mother: Arletta Peck	Name of Father: Samuel Alonzo Bollwinkel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	sm Shirley Miller	March 19, 1964

FORM BH 56067

MAR 20 1964

MAR 16 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

NAME OF CHILD	1. Registrant's Full Name at Birth: Lorraine Hollwinkel	2. Date of Birth (month): June 19, 1933	
	3. Sex: White Female	4. Place of Birth: Idaho	5. County: Bannock
FATHER	6. Full Name of Father: Samuel Alonzo Hollwinkel	7. State of Birth: Idaho	
MOTHER	8. Maiden Name of Mother: Arletta Peck	9. State of Birth: Idaho	
AFFIDAVIT	10. Signature of Registrant	11. Present Address of Registrant	
NOTARY	12. Signature of Notary	13. Notary Commission Expires	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Copy of app. for social security account number	By whom issued and signed: U. S. Treasury Department	Date Issued: November 13, 1958
	Name of Birth Place: Thatcher, Idaho	Name of Mother: Arletta Peck	Name of Father: Samuel Hollwinkel
SUPPORTING RECORD 2	Type of Document: Copy of application for Life Insurance	By whom issued and signed: Commercial Life Insurance Company	Date Issued: [illegible] 1931
	Date of Birth: [illegible]	Full Name of Mother: Arletta Hollwinkel	Name of Father: Samuel Hollwinkel
SUPPORTING RECORD 3	Type of Document: Affidavit by family friend at time of birth; Age: 70	By whom issued and signed: J. Stanley Harrison	Date Issued: December 29, [illegible]
	Date of Birth: [illegible]	Full Name of Mother: Arletta Peck	Name of Father: Samuel Alonzo Hollwinkel

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: [signature]

Evidence reviewed by: Shirley Miller

Date Filed: March 19, [illegible]

219-217-039-964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANN BAILEY			2. Date Of Birth: (month) Jan. (day) 17 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Power	b. City or Town of Birth: Arbon
FATHER	6. Full Name of Father: Parley Hawkins Bailey			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Jane Roderick			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ann Bailey Gerratt		11. Present Address of Registrant: Burley, Idaho Rt.1.
NOTARY (Seal)	Subscribed and sworn to before me on: April 16th 1964	12. Signature of Notary: Helen Clark		13. Notary Commission expires: Oct 1 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #242531		Date Issued: -----	Date Orig. Entry: child born April 9, 1936
	Date of Birth: age 23	Birth Place: Arbon, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Parley H. Bailey, Mary Jane Bailey		Date Issued: Apr. 16, 1964	Date Orig. Entry: -----
	Date of Birth: Jan. 17, 1913	Birth Place: Arbon Valley, Power Co., Idaho	Full Name of Mother: Mary Jane Roderick Bailey	Name of Father: Parley Hawkins Bailey	
SUPPORTING RECORD 3.	Type of Document: notorized statement regarding marriage record #1671	By whom issued and signed: F. B. Kearns, Cassia County recorder, Burley Idaho		Date Issued: Apr. 17, 1964	Date Orig. Entry: June 26, 1934
	Date of Birth: Jan. 17, 1913	Birth Place: Arbon, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	Glenda M. Larson	April 29, 1964

FORM BH 56067

(G) 4-9-64. nm search made 4-9-64 in Power County.

APR 30 1964

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De [illegible]

REGISTRANT (Person to whom birth is being registered)	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth (month) (day) (year) [illegible]
	3. Color or Race (or Sex) 4. Place of Birth (County) [illegible]	Locality or Town of Birth [illegible]
FATHER	6. Full Name of Father [illegible]	7. State or Country of Father's Birth [illegible]
MOTHER	8. Maiden Name of Mother [illegible]	9. State or Country of Mother's Birth [illegible]
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant [illegible] 11. Present Address of Registrant [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on April 1 1964	12. Signature of Notary [illegible] 13. Notary Commission Expires [illegible]

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1	Type of Document: Old Child's birth certificate [illegible] Idaho #[illegible]	By whom issued and signed: [illegible]	Date Issued: -----	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Birth Place: Arbon, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 2	Type of Document: Affidavit [illegible]	By whom issued and signed: Harley M. Bailey, Mary Jane Bailey	Date Issued: Apr. 1[illegible], 1964	Date Orig. Entry: -----
	Date of Birth: Jan. 1[illegible], 1[illegible]	Birth Place: Arbon, Idaho	Full Name of Mother: [illegible] Jane Roderick Bailey	Name of Father: Harley [illegible] Bailey
SUPPORTING RECORD 3	Type of Document: Notarized statement regarding [illegible]	By whom issued and signed: [illegible] Kearns, Cassia County Recorder, Burley Idaho	Date Issued: Apr. 1[illegible], 1964	Date Orig. Entry: June 2[illegible], 1[illegible]
	Date of Birth: Jan. 1[illegible], 1[illegible]	Birth Place: Arbon, Idaho	Full Name of Mother: -----	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (Seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	Glenda M. [illegible]	April 29, 1964

Form [illegible] (9) [illegible] cm search made [illegible] in Power County.

653-220-022-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-347

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Welker
2. Date of Birth (month) (day) (year): Aug. 20 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Fremont
b. City or Town of Birth: Parker

FATHER

6. Full Name of Father: Samuel Sylvester Welker
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Sophrona Ricks
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Welker Briggs
11. Present Address of Registrant: Sugar City, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 29 1964
12. Signature of Notary: Mattie Mare
13. Notary Commission expires: Jan. 17 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Copy of Certificate of Baptism and Confirmation	LDS Church, Sugar Ward, Doyle A. McKenna, Clerk	April 6, 1964	Baptized October 1, 1921
	Date of Birth: August 20, 1913	Birth Place: Parker, Fremont County, Idaho	Full Name of Mother: Sophrona Ricks	Name of Father: Samuel S. Welker
SUPPORTING RECORD 2.	Type of Document: Notorized photocopy of school record (Census Marshall's report)	By whom issued and signed: School District No. Ind. 4	Date Issued: April 24, 1964	Date Orig. Entry: 1921
	Date of Birth: August 20, 1913	Birth Place: ---	Full Name of Mother: Sophrona Welker	Name of Father: Samuel Welker
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #52-11852	Date Issued: ---	Date Orig. Entry: child born Sept. 25, 1952
	Date of Birth: August 20, 1913	Birth Place: Parker, Idaho	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda M. Larson	May 8, 1964

FORM BH 56067

Briggs

NOV 13 1964

NOV 24 1964

293-20-2-028-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-359

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Lela Billingsley			2. Date of Birth (month) (day) (year): November 2, 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Kootenai	b. City or Town of Birth: Tensed	
FATHER	6. Full Name of Father: George Washington Billingsley			7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Mary Catherine Rose			9. State or Country of Mother's Birth: Tennessee	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Georgia Lela Billingsley-Spradley	11. Present Address of Registrant: 1345 Laurel Gridley Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: [illegible] 3, 1964		12. Signature of Notary: Clotilde L. Pereira	13. Notary Commission expires: January 21, 1966	

CLOTILDE PEREIRA
NOTARY PUBLIC-CALIFORNIA

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of father		By whom issued and signed: George W. Billingsley	Date Issued: January 31, 1964	Date Orig. Entry
	Date of Birth: Nov.2,1913	Birth Place: Tensed, Idaho	Full Name of Mother: Mary Catherine Rose	Name of Father: George Washington Billingsley	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: Ethel M. Estes, Co. Recorder	Date Issued: Mar.11,1964	Date Orig. Entry: child born Dec. 3, 1940
	Date of Birth: Age: 27	Birth Place: Tensed, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for marriage license		By whom issued and signed: Washoe, County, Nevada, H. K. Brown, County Clerk	Date Issued: May 8, 1964	Date Orig. Entry: Sept. 10, 1938
	Date of Birth: age 24	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: sm Glenda M. Larson	Date Filed: May 13, 1964

FORM BH 56067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

243-230-042-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De. 64-387

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Martin Buttolph			2. Date Of Birth (month) (day) (year): September 30, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Twin Falls, Idaho
FATHER	6. Full Name of Father: John Lucius Buttolph			7. State or Country of Father's Birth: Vermont
MOTHER	8. Full Maiden Name of Mother: Mabel Martin			9. State or Country of Mother's Birth: Vermont
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Grace M. Buttolph	11. Present Address of Registrant: 29 Peterson Pl. So. Burlington Vt.
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 1964		12. Signature of Notary: Lucille K. Martineau	13. Notary Commission expires: February 10 1965

APPLICANT → DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Family Record		By whom issued and signed: Mabel Martin	Date Issued: ---	Date Orig. Entry: July 13, 1934
	Date of Birth: Sept. 30, 1913	Birth Place: Twin Falls, Idaho	Full Name of Mother: Mabel Martin	Name of Father: John Lucius Buttolph	
SUPPORTING RECORD 2.	Type of Document: Photocopy of school record		By whom issued and signed: University of Vermont F. N. Hamblin, Registrar	Date Issued: May 9, 1950	Date Orig. Entry: school year 1943-1944
	Date of Birth: Sept. 30, 1913	Birth Place: Twin Falls, Idaho	Full Name of Mother: ----	Name of Father: Mr. J. L. Buttolph	
SUPPORTING RECORD 3.	Type of Document: Photocopy of application to nursing school		By whom issued and signed: Mary Fletcher Hospital Training School for Nurses	Date Issued: -----	Date Orig. Entry: June 20, 1933
	Date of Birth: Sept. 30, 1913	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda M. Larson	May 28, 1964

FORM BH 56067

MAY 28 1964

133-12-1009-V65

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-414

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Otis Allen		2. Date Of Birth (month) 2 (day) 12 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Clarks Fork
FATHER	6. Full Name of Father: Frank Otis Allen		7. State or Country of Father's Birth: Michigan	
MOTHER	8. Full Maiden Name of Mother: Sylvia Jane Montague		9. State or Country of Mother's Birth: S. Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: R.O. Allen	11. Present Address of Registrant: 1080 - 8th ave Redwood City Calif	
NOTARY (Seal)	Subscribed and sworn to before me on: May 28 1964	12. Signature of Notary: Virginia L. Scott	13. Notary Commission expires: April 19 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of hospital birth certificate of own child	By whom issued and signed: Klamath Valley Hospital Klamath Falls, Oregon	Date Issued: ---	Date Orig. Entry: child born March 27, 1939
	Date of Birth: Feb. 12, 1913 / Birth Place: Clark Forks, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application to insurance company	By whom issued and signed: Liberty Mutual Insurance Co.	Date Issued: ---	Date Orig. Entry: June 3, 1957
	Date of Birth: Feb. 12, 1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Sylvia Allen	Date Issued: May 25, 1964	Date Orig. Entry: ---
	Date of Birth: Feb. 12, 1913 / Birth Place: Clarks Fork, Idaho	Full Name of Mother: Mrs. Sylvia Allen	Name of Father: Frank Otis Allen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda M. Larson	Date Filed: June 11, 1964

FORM BH 56067

JUN 11 1964

515-109-042-35-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-421

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wilbur Clarence Van Zante			2. Date of Birth (month) Jan. (day) 9 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: TwinFalls	b. City or Town of Birth: Near Buhl, Idaho	
FATHER	6. Full Name of Father: Herman Van Zante			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Clara Terpstra			9. State or Country of Mother's Birth: Holland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Wilbur Clarence Van Zante	11. Present Address of Registrant: R. R. 2, Twin Falls, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: March 1 19 63		12. Signature of Notary: John M Barker	13. Notary Commission expires: Jan. 1 19 66	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Clara Van Zante	Date Issued: March	Date Orig. Entry: 1, 1963
	Date of Birth: Jan.9,1913 / Birth Place: Twin Falls County Buhl, Idaho	Full Name of Mother: Clara Terpstra Van Zante	Name of Father: Herman Van Zante	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: Idaho State File #326995	Date Issued: ----	Date Orig. Entry: child born Nov. 12, 1941
	Date of Birth: Age: 28 / Birth Place: Buhl, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: American National Ins. Co. Ins. Policy	By whom issued and signed: L. W. Moody, President	Date Issued: Jan 24 1940	Date Orig. Entry: Jan. 15 1940
	Date of Birth: Jan. 9, 1913 / Birth Place: Buhl, Idaho	Full Name of Mother: --------	Name of Father: --------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm Florence Curtright	June 12, 1964

FORM BH 56067

6-26-62

DECLARED CERTIFICATE OF BIRTH

1. Name of child		2. If not a single birth, child's full name at birth	
		Wilbur Clarence Van Sante	
3. Date of birth	4. Sex	5. Place of birth	6. County
Month	Male	Burl	Minidoka
7. Date of birth (month, day, year)		8. City or town of birth	
Jan. 9, 1915		Near Burl, Idaho	
9. Father's full name		10. State or country of father's birth	
Clarence Van Sante		Iowa	
11. Mother's full maiden name		12. State or country of mother's birth	
Hollis Corpstra		Holland	
13. Informant		14. Present address of informant	
Mrs. Hollis Corpstra		R. R. 2, Twin Falls, Idaho	
15. Attendant		16. Signature of informant	
Mrs. Hollis Corpstra			
17. Name of physician or midwife		18. Signature of physician or midwife	
Dr. W. W. Benson			
19. Date certificate completed		20. Signature of registrar	
Jan. 12, 1915			

Supplemental Record	Name of Deceased	Name and address of informant	Date received in State Office
	Clarence Van Sante	Clara Van Sante	March 1, 1965
Supplemental Record	Name of Deceased	Name and address of informant	Date received in State Office
	Clarence Theophilus Van Sante	Clara Theophilus Van Sante	January 15, 1965
Supplemental Record	Type of Document	By whom issued and signed	Date Issued
	Certified Copy of Birth Certificate		----
	Date of Birth	Place of Birth	Maiden Name of Mother
	Jan. 9, 1915	Burl, Idaho	----
Supplemental Record	Name of Deceased	By whom issued and signed	Date Issued
	American National Ins. Co. Life Policy	L. W. Moody, President	Jan 24 1940
	Date of Birth	Full Name of Mother	Name of Father
	Jan. 9, 1915	----------	----------

Miscellaneous Information

Medical Certification (cont'd)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for the person(s) and that documentary evidence has been received, which substantiates the facts as set forth in the foregoing statement.

Date Registered	Evidence Received by	Date Filed
W. W. Benson	Florence Guthrie	June 12, 1964

6-20-62

168-226-010-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-438

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Geneve Johnson			2. Date of Birth (month) December (day) 26, (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: At home in Shelton
FATHER	6. Full Name of Father: John Johnson			7. State or Country of Father's Birth: Brigham City, Utah
MOTHER	8. Full Maiden Name of Mother: Matilda Ann Howard			9. State or Country of Mother's Birth: Bountiful, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Geneve Johnson Jensen		11. Present Address of Registrant: Route 1 Box 246, Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1964	12. Signature of Notary: Ralph M. Archibald		13. Notary Commission expires: 5/18/65 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of Certificate of Blessing	By whom issued and signed: LDS Church, Shelton Ward, John F. Lovell, Clerk	Date Issued: ---	Date Orig. Entry: Blessed Feb. 13, 1914	
	Date of Birth: Dec. 26, 1913	Birth Place: Shelton, Bonneville Co., Idaho	Full Name of Mother: Matilda A. Howard	Name of Father: John Johnson	
SUPPORTING RECORD 2.	Type of Document: Copy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Shelton Ward, Jos. O. Nelson, Clerk	Date Issued: May 8, 1922	Date Orig. Entry: Baptized April 16, 1922	
	Date of Birth: Dec. 26, 1913	Birth Place: Shelton, Bonneville County, Idaho	Full Name of Mother: Matilda A. Howard	Name of Father: John Johnson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother 18 years older than applicant	By whom issued and signed: John L. Johnson	Date Issued: May 4, 1964	Date Orig. Entry: ---	
	Date of Birth: Dec. 26, 1913	Birth Place: Shelton, Bonneville County, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda M. Larson	June 17, 1964

FORM BH 56067

JUN 18 1984

314-223-022-195

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-445

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Campbell			2. Date Of Birth (month) April (day) 23 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Warm River
FATHER	6. Full Name of Father: Rhodes E. Berry			7. State or Country of Father's Birth: Unknown
MOTHER	8. Full Maiden Name of Mother: Charlotte Estella Arnold			9. State or Country of Mother's Birth: Dillon, Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Campbell Gray		11. Present Address of Registrant: 5507 Andrews St., Amarillo, Texas
NOTARY (Seal)	Subscribed and sworn to before me on: June 17, 19 64	12. Signature of Notary: Potter Cty Tex Ernestine R Munn		13. Notary Commission expires: June 1 19 65

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Step-father Age 71		By whom issued and signed: Ernest M. Campbell	Date issued: Feb 28, 1964	Date Orig. Entry: ----
	Date of Birth: April 23, 1913	Birth Place: Warm River, Idaho	Full Name of Mother: Charlotte Estella Arnold	Name of Father: Rhoades Edgar Berry	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #19289		By whom issued and signed: on file State of Colorado Department of Health, Denver	Date issued: March 2, 1964	Date Orig. Entry: child born Dec 31, 1938
	Date of Birth: Age 25	Birth Place: Warm River, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: U. S. Census Record		By whom issued and signed: Bureau of Census Washington, D.C.	Date issued: May 13, 1964	Date Orig. Entry: Census taken as of April 1,1930
	Date of Birth: Age 16	Birth Place: Idaho	Full Name of Mother: Charlott S. Campbell	Name of Father: Ernest Campbell	

QUALIFYING INFORMATION

Copy of High School Transcript, East High School, Salt Lake City, Utah for School years 1927-1930 gives date of birth as April 23, 1913 and father's name as E. M. Campbell.

NOTE: The original name at birth was Lucille Berry. Her mother married Mr. Campbell soon thereafter and she has used the name Lucille Campbell since that time.

REGISTRAR'S CERTIFICATION (seal)

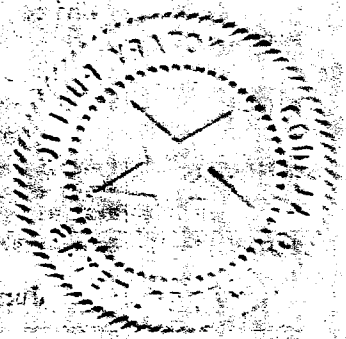
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	bf Joyce B. Foltz	June 23, 1964

FORM BH 56067

Gray

JUN 23 1964



289-12-009-XYS

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-458

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Orville Shields			2. Date Of Birth (month) August (day) 12 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Cabinet	
FATHER	6. Full Name of Father: Joseph Ray Shields			7. State or Country of Father's Birth: Canada	
MOTHER	8. Full Maiden Name of Mother: Margaret Munroe			9. State or Country of Mother's Birth: North Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: James Orville Shields	11. Present Address of Registrant: Clark Fork, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1964		12. Signature of Notary: Sylvia Buchanan	13. Notary Commission expires: Oct 29 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School census records		By whom issued and signed: Bonner County Class A School Dist. #82-Mike Lamanna,	Date Issued: April 24, 1964	Date Orig. Entry: census of September, 1931
	Date of Birth: August 12, 1913	Birth Place: ---	Full Name of Mother: Mrs. Margret Shields	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #412348	Date Issued: ---	Date Orig. Entry: child born Aug. 14, 1945
	Date of Birth: Age: 32	Birth Place: Cabinet, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Margaret Shields	Date Issued: June 22, 1964	Date Orig. Entry: ---
	Date of Birth: August 12, 1913	Birth Place: Cabinet, Idaho	Full Name of Mother: Margaret A. Shields	Name of Father: Joseph S. Shields	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda M. Larson	June 25, 1964

FORM BH 56067

JUN 25 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

REGISTRANT	1. Registrant's Full Name of Birth: [illegible]	2. Date of Birth: [illegible]	3. Sex: [illegible]
	3. Color or Race: White	4. Place of Birth: Jenner	5. Birth Order of Birth: [illegible]
FATHER	6. Full Name of Father: Joseph [illegible]	7. State or Country of Father's Birth: [illegible]	
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: North [illegible]	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [illegible]	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on [illegible]	12. Signature of Notary: [illegible]	13. Notary Commission Expires: [illegible]

SUPPORTING RECORD 1	Type of Document: [illegible] census records	By whom Issued and Signed: [illegible]	Date Issued: April 24, [illegible]	Date Orig. Entry: [illegible]
	Date of Birth: [illegible]	Full Name of Mother: [illegible]	Name of Father: [illegible]	
SUPPORTING RECORD 2	Type of Document: [illegible] birth certificate	By whom Issued and Signed: Carrie [illegible]	Date Issued: ---	Date Orig. Entry: [illegible]
	Date of Birth: [illegible] Birth Place: Gabinet, [illegible]	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3	Type of Document: Affidavit by [illegible]	By whom Issued and Signed: Margaret [illegible]	Date Issued: June 22, [illegible]	Date Orig. Entry: ---
	Date of Birth: August [illegible] Birth Place: Gabinet, Idaho	Full Name of Mother: Margaret A. [illegible]	Name of Father: Joseph S. [illegible]	
ADDITIONAL INFORMATION				

REGISTRAR'S CERTIFICATION (Seal)	I hereby certify that no other birth certificate has been found in the Division of Vital Statistics for this registrant and that the [illegible] evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. [illegible]	Evidence reviewed by: [illegible]	Date Filed: June 25, [illegible]

613-224-028-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-526

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellen MAE Watson		2. Date Of Birth (month) June (day) 24, (year) 1913
	3. Color or Race: W.	4. Sex: F	5. Place of Birth: Black Lake a. County: Kootenai b. City or Town of Birth: Black Lake
FATHER	6. Full Name of Father: John Lewis Watson		7. State or Country of Father's Birth: Kootenai County Idaho
MOTHER	8. Full Maiden Name of Mother: Bertha Hetty Fosket		9. State or Country of Mother's Birth: Atchison Co. Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellen Mae Palmer	11. Present Address of Registrant: Harrison Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 11 1962	12. Signature of Notary: Ray A Bower	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Bertha Hetty Watson	Date issued: Oct. 11, 1962	Date Orig. Entry: ---
	Date of Birth: June 24, 1 1913	Birth Place: Black Lake, Idaho Kootenai, County	Full Name of Mother: Bertha Hetty Fosket	Name of Father: John Lewis Watson	
SUPPORTING RECORD 2.	Type of Document: Marriage Certificate certified copy		By whom issued and signed: Spokane County, Washington	Date issued: July 17, 1964	Date Orig. Entry: Oct. 27, 1932
	Date of Birth: Age 19	Birth Place: Black Lake, Idaho	Full Name of Mother: Bertha Fosket	Name of Father: John Watson	
SUPPORTING RECORD 3.	Type of Document: County census report Statement		By whom issued and signed: Kootenai County, Idaho E. W. Larson, Clerk	Date issued: Oct. 15, 1962	Date Orig. Entry: census taken Sept. 22, 1924
	Date of Birth: Age 11	Birth Place: ---	Full Name of Mother: ---	Name of Father: John Watson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	July 27, 1964

FORM BH 56067 (C) 4-26-61 1 Copy paid re #14092 Search made in Kootenai Co.

JUL 28

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

212-122-019-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-547

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maurice Monty Baker		2. Date of Birth (month) (day) (year): aug. 22, 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: MacKay Custer; b. City or Town of Birth: Idaho
FATHER	6. Full Name of Father: William Monroe Baker		7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Kristi Olive Marie Anderson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maurice Monty Baker	11. Present Address of Registrant: 3323 Farmville Rd Humphrey, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 29, 1964	12. Signature of Notary: Sue Lackey	13. Notary Commission expires: Nov. 25, 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #535-10-9601	By whom issued and signed: Treasury Department	Date issued: ---	Date Orig. Entry: Dec. 12, 1936
	Date of Birth: August 22, 1913 / Birth Place: Mackay, Idaho	Full Name of Mother: Olive Marie Anderson	Name of Father: William Monte Monroe Baker	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Tillamook County Public Schools, Oregon, L. R. Hanson	Date issued: June 12, 1964	Date Orig. Entry: Nov. 6, 1920
	Date of Birth: Age 7 / Birth Place: ---	Full Name of Mother: Kristi Olive Baker	Name of Father: William Baker	
SUPPORTING RECORD 3.	Type of Document: Statement of school census records	By whom issued and signed: Grays Harbor County, Washington, Blanche Pennick, Supt.	Date issued: June 9, 1964	Date Orig. Entry: 1931
	Date of Birth: Aug. 22, 1913 / Birth Place: ---	Full Name of Mother: Olive Baker	Name of Father: Monroe Baker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	August 7, 1964

FORM BH 56067

AUG 7 1964

Baker

312-114-0-35-295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-573

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Everett John Cassell			2. Date of Birth (month) May (day) 14 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Myrtle, Idaho
FATHER	6. Full Name of Father: John Bittle Cassell			7. State or Country of Father's Birth: Roanoke Virginia
MOTHER	8. Full Maiden Name of Mother: Reanie Kress			9. State or Country of Mother's Birth: Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Everett J. Cassell		11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 5 1964	12. Signature of Notary: X Henry I Jones		13. Notary Commission expires: Sept 19 19CC

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #19	By whom issued and signed: Division of Vital Statistics Seattle Washington	Date Issued: Sept. 3, 1943	Date Orig. Entry: child born Feb. 4, 1942
	Date of Birth: Age 28 / Birth Place: Myrtel, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photo of page from family Bible	By whom issued and signed: Family records	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: May 14, 1913 / Birth Place: ---	Full Name of Mother: Reanie Kress	Name of Father: J. B. Cassell	
SUPPORTING RECORD 3.	Type of Document: report of military separation	By whom issued and signed: Army of the United States	Date Issued: March 13, 1946	Date Orig. Entry: Sept. 16, 1940
	Date of Birth: May 14, 1913 / Birth Place: Myrtle, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	August 17, 1964

FORM BH 56067

AUG 10 1964

DELIVER CERTIFICATE OF BIRTH
SHORT OR LONG

1. Name of child (First, middle, last) | 2. Date of birth (Month, day, year)

3. Sex | 4. Twin, triplet or other (Specify) | 5. Number of this child in order of birth (If twin, triplet, etc.)

6. Place of birth (City or town) | (County) | (State)

7. Name of hospital or institution (If not in hospital or institution, give street address)

8. Mother's maiden name

9. Mother's color or race | 10. Mother's age at last birthday (Years)

11. Mother's birthplace (State or foreign country)

12. Father's name

13. Father's color or race | 14. Father's age at last birthday (Years)

15. Father's birthplace (State or foreign country)

16. Informant's name and address

17. Relationship to child

18. Date certificate filed (Month, day, year)

19. Signature of Registrar

20. Date signed (Month, day, year)

21. Name of physician or midwife in attendance at birth

22. Address

23. Date signed (Month, day, year)

24. Was child born dead? (Yes or no)

25. If child was born dead, was it delivered by Caesarean section? (Yes or no)

26. Was birth attended by a physician? (Yes or no)

27. Was birth attended by a nurse or midwife? (Yes or no)

28. Was birth certified by a coroner? (Yes or no)

29. Was birth certified by a physician? (Yes or no)

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672. Was birth certified by a nurse or midwife? (Yes or no)

673. Was birth certified by a coroner? (Yes or no)

674. Was birth certified by a physician? (Yes or no)

675. Was birth certified by a nurse or midwife? (Yes or no)

676. Was birth certified by a coroner? (Yes or no)

677. Was birth certified by a physician? (Yes or no)

678. Was birth certified by a nurse or midwife? (Yes or no)

679. Was birth certified by a coroner? (Yes or no)

680. Was birth certified by a physician? (Yes or no)

681. Was birth certified by a nurse or midwife? (Yes or no)

682. Was birth certified by a coroner? (Yes or no)

683. Was birth certified by a physician? (Yes or no)

684. Was birth certified by a nurse or midwife? (Yes or no)

685. Was birth certified by a coroner? (Yes or no)

686. Was birth certified by a physician? (Yes or no)

687. Was birth certified by a nurse or midwife? (Yes or no)

688. Was birth certified by a coroner? (Yes or no)

689. Was birth certified by a physician? (Yes or no)

690. Was birth certified by a nurse or midwife? (Yes or no)

691. Was birth certified by a coroner? (Yes or no)

692. Was birth certified by a physician? (Yes or no)

693. Was birth certified by a nurse or midwife? (Yes or no)

694. Was birth certified by a coroner? (Yes or no)

695. Was birth certified by a physician? (Yes or no)

696. Was birth certified by a nurse or midwife? (Yes or no)

697. Was birth certified by a coroner? (Yes or no)

698. Was birth certified by a physician? (Yes or no)

699. Was birth certified by a nurse or midwife? (Yes or no)

700. Was birth certified by a coroner? (Yes or no)

701. Was birth certified by a physician? (Yes or no)

702. Was birth certified by a nurse

313-226-009-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De64-632

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Isabel Talmadge			2. Date Of Birth (month) July (day) 26, (year) 1913
	3. Color or Race: White	4. Sex	5. Place of Birth a. County	b. City or Town of Birth: - Bonner County -
FATHER	6. Full Name of Father: Charles Maynard Talmadge			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Rena Bee Talmadge (same name)			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Isabel Talmadge Thurston		11. Present Address of Registrant: Box 506, Albion, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 3 1964	12. Signature of Notary: Walter E. Jaeger		13. Notary Commission expires: Sept 10 1967

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: L. D. S. Church, H.S.Davis, Clerk	Date Issued: May 16, 1943	Date Orig. Entry: baptized May 15, 1943
	Date of Birth: July 26 1913 / Birth Place: Bonner Co., Idaho	Full Name of Mother: Rena Bee Talmadge	Name of Father: Charles Maynard Talmadge	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #53-3191	Date Issued: ----	Date Orig. Entry: child born Feb 17, 1953
	Date of Birth: Age 39 / Birth Place: Bonner Co., Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Copy of College Transcripts Claude Simpson, Registrar	By whom issued and signed: Washington State College Pullman, Washington	Date Issued: Sept 15, 1964	Date Orig. Entry: Sept 25, 1942
	Date of Birth: July 26 1913 / Birth Place: Bonner Co., Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Joyce B. Foltz	Date Filed: Sept 16, 1964

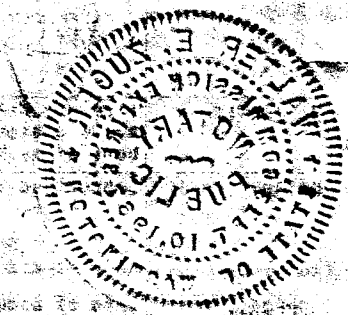
FORM BH 56067

Talmadge Hurston

SEP 16 1964

JUN 19 1975

WALTER E. ZUGLER
MISSISSIPPI EXPIRES
NOTARY PUBLIC
STATE OF MISSISSIPPI



962-225 015-669

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-671

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ellis Leonora Roberts		2. Date Of Birth (month) 4 (day) 25th (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Caribou; b. City or Town of Birth: Soda Springs Idaho
FATHER	6. Full Name of Father: John Henry Roberts		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Leonora Mary Warner		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellis Leonard Jabo	11. Present Address of Registrant: 2218 Bremerton
NOTARY (Seal)	Subscribed and sworn to before me on: October 6, 1964	12. Signature of Notary: Sister Marie Perpetua	13. Notary Commission expires: March 7, 1964

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 75	By whom issued and signed: John H. Roberts	Date Issued: --------	Date Orig. Entry: Sept. 15 1964
	Date of Birth: April 25 1913 / Birth Place: Soda Springs, Idaho	Full Name of Mother: Leonora Mary Warner	Name of Father: John Henry Roberts	
SUPPORTING RECORD 2.	Type of Document: Statement from St. Al's Hospital	By whom issued and signed: Gabrielle M. Amos, R. R. L. Medical Records Librarian	Date Issued: Sept. 30 1964	Date Orig. Entry: admitted to hosp. July 26, 1950
	Date of Birth: April 25 1913 / Birth Place: Soda Sppings, Ida.	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Marsh Valley High School Record	By whom issued and signed: Wayne Nielsen, Principal	Date Issued: Aug. 27 1964	Date Orig. Entry: Attended 1931
	Date of Birth: April 25 1913 / Birth Place: Soda Springs	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Oct. 6, 1964

FORM BH 56067

Sabo

OCT 6 1964

64

799-106-614-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 64-737

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: FRANCIS Nephi GRIGG
2. Date of Birth: (month) MAY (day) 6 (year) 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County NAMPA CANYON; b. City or Town of Birth NAMPA

FATHER

6. Full Name of Father: PARLEY MORMON GRIGG, JR.
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: THANKful HALSEY GARDNER
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nephi Grigg
11. Present Address of Registrant: 974 S.W. 5th ONTARIO OREGON

NOTARY (Seal)

Subscribed and sworn to before me on: September 30 1964
12. Signature of Notary: Glenn E. Call
13. Notary Commission expires: 9-17 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by parents	Hallie Grigg and Parley M. Grigg	Sept. 30, 1964	---
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	May 6, 1913 / Nampa, Canyon County, Idaho	Hallie Grigg	Parley M. Grigg	
SUPPORTING RECORD 2.	Insurance policy #276946	Beneficial Life Insurance Co.	Jan. 15, 1946	Jan. 1, 1946
	May 6, 1913 / Nampa, Idaho	---	---	
SUPPORTING RECORD 3.	Certified copy of marriage return	Malheur County, Oregon J. Homer Schnell, Clerk	Oct. 14, 1964	Dec. 24, 1936
	Age: 23 / Nampa, Idaho	---	---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Nov. 3, 1964

FORM BH 56067 Rev.

11-3-64

NOV 3 1964

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Grigg

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name of Birth	2. Date of Birth	
	3. Color or Race	4. Place of Birth	5. City or Town of Birth
FATHER	6. Full Name of Father	7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	
AFFIDAVIT	10. Person declared upon oath that the above statements are true to the best of knowledge and belief.	11. Signature of Registrant	12. Present Address of Registrant
NOTARY	13. Subscribed and sworn to before me	14. Signature of Notary	15. Notary Commission expires

SUPPORTING RECORD

Type of Document: Affidavit by parents	By whom issued and signed: Hallie Grigg and Fannie M. Grigg	Date Issued: Sept. 30, 1964	Date Orig. Entry: —
Date of Birth: Mar. 6, 1915	Place of Birth: Nampa, Canyon County, Idaho	Name of Father: Parsons M.	
Type of Document: Insurance policy #076946	By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Jan. 15, 1964	Date Orig. Entry: Jan. 1, 1964
Date of Birth: Mar. 6, 1915	Birth Place: Nampa, Idaho	Full Name of Mother: —	Name of Father: —
Type of Document: Certified copy of marriage [illegible]	By whom issued and signed: [illegible]	Date Issued: Oct. 1, 1964	Date Orig. Entry: Dec. 24, 1964
Date of Birth: Dec. 23	Birth Place: Nampa, Idaho	Full Name of Mother: —	Name of Father: —

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (Seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	[illegible]	Nov. 3, 1964

FORM 41 (6061)

129-205-935-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-135

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nataline Akins	2. Date Of Birth (month) July (day) 5 (year) 1913
	3. Color or Race: WT; 4. Sex: fm; 5. Place of Birth a. County: Lewiston Nez Perce	b. City or Town of Birth: Lewiston, Idaho
FATHER	6. Full Name of Father: Ulysess Sage Akins	7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary B Robinette	9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nataline Sage Akins; 11. Present Address of Registrant: 2105 Ridgeway Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 8, 1965	12. Signature of Notary: Stanley Barlow; 13. Notary Commission expires: 6-1 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #267489	Date issued: ----	Date Orig. Entry: child born April 17, 1938
	Date of Birth: Age 24; Birth Place: Lewiston, Idaho	Full Name of Mother: -----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Roman Catholic Church, Church of Assumption, Ferdinand, Idaho	Date issued: April 15, 1952	Date Orig. Entry: baptized April 15, 1952
	Date of Birth: July 5, 1913; Birth Place: Lewiston, Idaho	Full Name of Mother: Mary B. Robinette	Name of Father: Ulysses Sage Akins	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (18 years older than registrant)	By whom issued and signed: Mabel M. Emerson	Date issued: Feb. 8, 1965	Date Orig. Entry: -----
	Date of Birth: July 5, 1913; Birth Place: Lewiston, Idaho	Full Name of Mother: Mary B. Robinette	Name of Father: Ulysses Sage Akins	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 26, 1965

FORM BH 56067

FEB 26 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

Jacobs

1. Registrant's Full Name of Birth	2. Date of Birth (month) (day) (year)	July 5 1913
3. Color or Race	4. Sex	5. Place of Birth (Country)	Lewiston, Idaho
6. Full Name of Father	7. State or Country of Father's Birth	Illinois
8. Full Maiden Name of Mother	9. State or Country of Mother's Birth	Washington
10. Signature of Registrant	11. Present Address of Registrant	
12. Signature of Notary	13. Notary Commission Expires	

AFFIDAVIT: I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

NOTARY (Seal): Subscribed and sworn to before me on 1965

DO NOT WRITE BELOW THIS LINE

Date Issued	Date Orig. Entry		
Lewiston, Idaho			
Date Issued	Date Orig. Entry		
Lewiston, Idaho			
Date Issued	Date Orig. Entry		
Lewiston, Idaho			
Date Issued	Date Orig. Entry		
Lewiston, Idaho			

SUPPORTING RECORD 1.

Type of Record	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Roman Catholic Church, Church of Assumption, Lewiston, Idaho	April 15, 1952	Baptized April 15, 1952
Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 5, 1913	Lewiston, Idaho	Mary E. Robinette	Ulysses Sage Akins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister (Maxine Thomas Registrant)	Mabel M. Hanson	Feb. 4, 1965	
Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 5, 1913	Lewiston, Idaho	Mary E. Robinette	Ulysses Sage Akins

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar | Evidence reviewed by | Date Filed

Clarence Jones | Feb. 26, 1965

555-231-025-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-200

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Muriel Agnes Nelson		2. Date of Birth (month) 3 (day) 31 (year) 13
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Denver Ida. b. City or Town of Birth: Denver Idaho
FATHER	6. Full Name of Father: John Selmer Nelson		7. State or Country of Father's Birth: Gibbon Minn.
MOTHER	8. Full Maiden Name of Mother: Harriett Lola Carpenter		9. State or Country of Mother's Birth: Joplin Mo.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Muriel A. Smith	11. Present Address of Registrant: 1200 W. Winton #161 Hayward Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: October 19 1964	12. Signature of Notary: Wm. G. Lopachuk	13. Notary Commission expires: January 30 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records Dist. #22	By whom issued and signed: Gayle Hayden, Clerk Dist. Crt. Clearwater, County, Idaho	Date Issued: Feb. 9, 1965	Date Orig. Entry: Oct. 31, 1924
	Date of Birth: Age: 11 / Birth Place:	Full Name of Mother: -----	Name of Father: J. S. Nelson	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of family Bible page	By whom issued and signed: Family Bible	Date Issued: Feb. 10, 1965	Date Orig. Entry: obviously old
	Date of Birth: March 31, 1913 / Birth Place: Denver, Idaho	Full Name of Mother: Harriet Lola Carpenter	Name of Father: John Selmer Nelson	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle (more than ten years older)	By whom issued and signed: Alfred S. Nelson	Date Issued: Feb. 23, 1965	Date Orig. Entry: -----
	Date of Birth: March 31, 1913 / Birth Place: Denver, Idaho	Full Name of Mother: Harriett Lola Carpenter	Name of Father: John Selmer Nelson	
QUALIFYING INFORMATION	own child's birth certificate on file #192978 give age as 18 place of birth Denver, ~~Idaho,~~ child was born July 3, 1931.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 29, 1965

FORM BH 56067

12-2-69

Smith

MAR 29 1988

713-204
001-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-219

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois LaVerne Patterson
2. Date Of Birth: (month) 11 (day) 4 (year) 13
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Ada; b. City or Town of Birth Ustick

FATHER

6. Full Name of Father: Burt Forrest Patterson
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lula Augusta Wilson
9. State or Country of Mother's Birth: OKLAHOMA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois L. Taylor
11. Present Address of Registrant: 2709 N. Cole Rd. Boise, Idah.

NOTARY (Seal)

Subscribed and sworn to before me on August 31, 1962

12. Signature of Notary: Ray R Newman
13. Notary Commission expires: December 6, 1963

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Idaho Mutual Benefit Assn.	Date Issued: -----	Date Orig. Entry: March 16, 1943
	Date of Birth: November 4, 1913 / Birth Place: Ustick, Idaho	Full Name of Mother: -------,	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Old Family Bible	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Nov. 4, 1913 / Birth Place: ------	Full Name of Mother: Lula Augusta Patterson	Name of Father: Burt Forrest Patterson	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Morrison-Knudsen Co. Inc. D. L. Keneagy, Supervisor SdS	Date Issued: March 31 1965	Date Orig. Entry: Employed July 1, 1957
	Date of Birth: Nov. 4, 1913 / Birth Place: Ustick, Idaho	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	ec Florence Curtright	March 31, 1965

FORM BH 56067

7-26-62

MAR 31

PUBLIC LIBRARY

Dec. 1, 1952

Dec. 6, 52

Dec. 6, 52

1913

Dec. 6, 52

Dec. 6, 52

Dec. 6, 52

958207-001-752

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frieda Zeyer			2. Date of Birth (month) December (day) 7 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Ada	b. City or Town of Birth: Kuna
FATHER	6. Full Name of Father: Gustav Zeyer			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Freda Gebert			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frieda Alder		11. Present Address of Registrant: Melba Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 26th 1965	12. Signature of Notary: E. L. Webb		13. Notary Commission expires: Feb. 3 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 80	By whom issued and signed: Rosa Eberhard	Date issued: March 9 1965	Date Orig. Entry: ----------
	Date of Birth: Dec. 7 1913	Birth Place: Kuna, Idaho	Full Name of Mother: Freda Gebert	Name of Father: Gustav Zeyer
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 442734	Date issued: -------	Date Orig. Entry: child born Aug.15, 1947
	Date of Birth: Age 33	Birth Place: Kuna, Idaho	Full Name of Mother: ----------	Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: Mercy Hospital, Nampa, Idaho Sally Axtell, Med. rec. dept.	Date issued: Mar.23,1965	Date Orig. Entry: Mar.28,1943
	Date of Birth: Age 29	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: fc Glenda Larson	Date Filed: April 5,1965

FORM BH 56067

APR 30 1976

NOV 10 1976

JUN 28 2007

719-228-028-238

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-258
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl May Parker	2. Date Of Birth (month) April (day) 28 (year) 1913
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Robert Eli Parker	7. State or Country of Father's Birth: Bruce Mines, Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: Jenny Wren Schmitz	9. State or Country of Mother's Birth: ~~Butte~~, Montana Helena
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl May Parker; 11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: April 1 1965	12. Signature of Notary: [signature]; 13. Notary Commission expires: July 20 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Father	By whom issued and signed: Rapid River, Michigan Robert Parker	Date issued: July 25, 1947	Date Orig. Entry:
Class* B	Date of Birth: April 28, 1913; Birth Place: Coeur d'Alene, Ida.	Full Name of Mother: Jenny Wren Schmitz	Name of Father: Robert Eli Parker	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #368-26-8346	By whom issued and signed: Treasury Department	Date issued: -----	Date Orig. Entry: Feb.23,1944
Class	Date of Birth: April 28, 1913; Birth Place: Courdlene, Idaho Kootenai County	Full Name of Mother: Jennie Wren Schmitz	Name of Father: Robert Eli Parker	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Mar.8,1965	Date Orig. Entry: April 1, 1930
Class	Date of Birth: Age 16; Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	vr Glenda Larson	April 22, 1965

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 40067

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

APR 22 [illegible]

State File No. [illegible]
Local Reg. No.
Reg. Dist. No.

REGISTRAR	1. Registrant's Full Name of Birth: [illegible]	7. Date of Birth (month) (day) (year): April 28 1918
Person whose birth is being registered	2. Color or Race: White	3. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Bonner d'Alene
FATHER	4. Full Name of Father: [illegible]	7. State or Country of Father's Birth: Bruce Mines, Ontario, Canada
MOTHER	8. Full Maiden Name of Mother: [illegible]	9. State or Country of Mother's Birth: Montana [illegible]

AFFIDAVIT	9. I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant
	11. Present Address of Registrant	
	12. Signature of Notary	13. Notary Commission expires
	19	19

AFFIDAVIT — DO NOT WRITE SHOW THIS LINE

Date of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	July 23, 1947	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]	[illegible]	[illegible]	
Date of Birth / Birth Place	Full Name of Mother	Name of Father	
[illegible]	[illegible]	[illegible]	
Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	April 1, 1930
Date of Birth / Birth Place	Full Name of Father	Name of Father	
[illegible]			

CLASSIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed which substantiates the facts as set forth in the foregoing statement.

State Registrar	Evidence reviewed by	Date Filed
[illegible]	[illegible]	April 22, [illegible]

*Class A Records are those made and stated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 1 years old.

385-108-032-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-266

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Alfred Cheney		2. Date Of Birth: (month) July (day) 8 (year) 1913
	3. Color or Race: W	4. Sex: M	5. Place of Birth: a. County: Shoshone Lincoln; b. City or Town of Birth: Shoshone Idaho
FATHER	6. Full Name of Father: Earl Alfred Cheney		7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Harriet Marie Sawyers		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl Alfred Cheney	11. Present Address of Registrant: Shoshone Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Apr. 2 1965	12. Signature of Notary: W. Grove	13. Notary Commission expires: 6/5 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: application for Insurance Policy	By whom issued and signed: New York Life Insurance Co.	Date Issued: ----	Date Orig. Entry: Sept.3,1935
	Date of Birth: July 8, 1913 / Birth Place: Shoshone, Idaho	Full Name of Mother: Harriett M. Cheney	Name of Father: Earl A. Cheney, Sr.	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #419016	Date Issued: ------	Date Orig. Entry: child born Feb.28,1946
	Date of Birth: Age 32 / Birth Place: Shoshone, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: affidavit by neighbor at time of birth Age 75	By whom issued and signed: Ada B. Sandy	Date Issued: April 2,1965	Date Orig. Entry: -----
	Date of Birth: July 8,1913 / Birth Place: Lincoln County, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: April 26, 1965	

FORM BH 56067

APR 27 1965

Cheney

819-203-015-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-286

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ANNA BoDELL HARRIS			2. Date Of Birth (month) June (day) 3 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Caribou	b. City or Town of Birth: Grace	
FATHER	6. Full Name of Father: Frank Albert Harris			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: Luby Petrina (Harris) Nelson			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Callie A. Caldwell		11. Present Address of Registrant: 275 Fillmore, Pocatello, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 12 1965	12. Signature of Notary: Anna M. Jenks		13. Notary Commission expires: October 3 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Grace Ward, Bannock, Stake		Date Issued: -----	Date Orig. Entry: Aug.3,1913
	Date of Birth: June 3,1913	Birth Place: Grace, Idaho	Full Name of Mother: Luby Nelson	Name of Father: Frank A. Harris	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho		Date Issued: ------	Date Orig. Entry: child born Sept.5,1943
	Date of Birth: Age 30	Birth Place: Grace, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who helped care for mother	By whom issued and signed: Carrie Nelsina Smith Age 71		Date Issued: Feb.22,1965	Date Orig. Entry: ------
	Date of Birth: June 3,1913	Birth Place: Grace, Idaho	Full Name of Mother: Luby Petrina Nelson	Name of Father: Frank Albert Harris	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 3, 1965

FORM BH 56067

(C) 1-14-65 gml

MAY 4 1965

Caldwell, Atty by Johnson & Moore

165-206-028-294

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-308

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cora Belle Jones		2. Date of Birth (month) October (day) 6 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Worley, Idaho
FATHER	6. Full Name of Father: Oliver Harrison Jones		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Myrtle Anna Brugh		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Cora Anderson	11. Present Address of Registrant: 50 Canyon Dr. Ukiah, Calif
NOTARY (Seal)	Subscribed and sworn to before me on: May 11 1965	12. Signature of Notary: Joseph F. Reedy	13. Notary Commission expires: 9-28 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Certificate of marriage	By whom issued and signed: Spokane County, Washington Frank J. Glover, Auditor	Date issued: Apr.23,1965	Date Orig. Entry: June 10, 1938
	Date of Birth: Age 24	Birth Place: Worley, Idaho	Full Name of Mother: Brugh	Name of Father: Oliver Jones
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: County Recorder, Mendocino County, California	Date issued: Apr.22,1965	Date Orig. Entry: child born Feb.28,1954
	Date of Birth: Age 40	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: photocopy of application for for insurance policy #136356	By whom issued and signed: Central Life Assurance Society (Mutual) Des Moines, Iowa	Date issued: -----	Date Orig. Entry: Jan. 4, 1937
	Date of Birth: Oct.6,1913	Birth Place: Worley, Idaho	Full Name of Mother: Mrs. Myrtle A. Jones	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

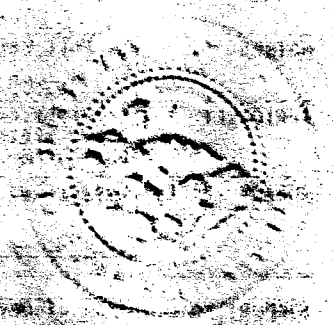
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	gml Glenda Larson	May 17, 1965

FORM BH 56067

Anderson

MAY 17 1965



519-103-038-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-313

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELMER WILFRED CARPENTER			2. Date Of Birth (month) 6 (day) 3 (year) 13
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: PAYETTE	b. City or Town of Birth: PAYETTE IDAHO
FATHER	6. Full Name of Father: ALFRED WINONA CARPENTER			7. State or Country of Father's Birth: ROCKFORT MISSOURI
MOTHER	8. Full Maiden Name of Mother: MARY ALVENA KEELE			9. State or Country of Mother's Birth: OKLAHOMA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elmer W Carpenter		11. Present Address of Registrant: RT Hayden Lake Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Mar 24 1965	12. Signature of Notary: [illegible]		13. Notary Commission expires: 4/15 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #49-6359	Date Issued: -----	Date Orig. Entry: child born May 19, 1949
	Date of Birth: Age 35 / Birth Place: Payette, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by parents	By whom issued and signed: Alfred W. Carpenter and Mary A. Carpenter	Date Issued: Mar.23,1965	Date Orig. Entry: -----
	Date of Birth: June 3,1913 / Birth Place: Payette, County near Payette, Idaho.	Full Name of Mother: Mary Alvina Carpenter	Name of Father: Alfred Winona Carpenter	
SUPPORTING RECORD 3.	Type of Document: certified statement regarding marriage records	By whom issued and signed: Canyon County, Idaho S.S. Foote, recorder	Date Issued: Nov.20,1964	Date Orig. Entry: July 27,1939
	Date of Birth: Age 26 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 20, 1965

FORM BH 56067

no record Canyon Co 1917

MAY 20 1965

335-113-016-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De65-411

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JENSEN, LYMAN CLEON		2. Date of Birth (month) (day) (year): Sept 13 1913
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: CASSIA; b. City or Town of Birth: ALBION
FATHER	6. Full Name of Father: LORENZO WILFORD JENSEN		7. State or Country of Father's Birth: IDAHO
MOTHER	8. Full Maiden Name of Mother: MINNIE HYMAS		9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lyman C Jensen	11. Present Address of Registrant: 905 E. HEMLOCK OTHELLO WASH
NOTARY (Seal)	Subscribed and sworn to before me on: July 24 19 64	12. Signature of Notary: J. H. Dockter	13. Notary Commission expires: January 18 19 68

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Minnie Hymas Jensen	Date Issued: July 24, 1964	Date Orig. Entry: ---	
	Date of Birth: Sept. 13, 1913	Birth Place: Albion, Idaho	Full Name of Mother: Minnie Hymas Jensen	Name of Father: Lorenzo Wilford Jensen	
SUPPORTING RECORD 2.	Type of Document: certificate of Baptism	By whom issued and signed: David J. Borup, Bishop L. D. S. Church	Date Issued: Oct. 3, 1921	Date Orig. Entry: Baptized Oct. Oct. 1, 1921	
	Date of Birth: Sept. 13 1913	Birth Place: Albion, Idaho	Full Name of Mother: Minnie Hymas	Name of Father: Lorenzo Wilford Jensen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: on file with state of Idaho # 243464	Date Issued: -------	Date Orig. Entry: child born May 20, 1936	
	Date of Birth: Age 22	Birth Place: Albion, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	June 18, 1965

FORM BH 56067

1 copy paid VCC #2026

JUN 21

Jensen

439-22-022-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-451

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maxine G Ulrich			2. Date of Birth (month) (day) (year): August 22, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Ashton
FATHER	6. Full Name of Father: Fred C. Ulrich			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Ione Baker			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Maxine G. Layne		11. Present Address of Registrant: P O Box 4394-Boise
NOTARY (Seal)	Subscribed and sworn to before me on: 9 July 1965	12. Signature of Notary: W W Benson		13. Notary Commission expires: Aug 1 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Bend Public Schools W. P. Edwards, Principal	Date Issued: May 17 1961	Date Orig. Entry: Attended Sept. 1928
	Date of Birth: Aug. 22 1913	Birth Place: Ashton, Idaho	Full Name of Mother: Ione Baker Ulrich	Name of Father: Fred C. Ulrich
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 69	By whom issued and signed: Ione Baker Ulrich	Date Issued: July 9, 1965	Date Orig. Entry: ----------
	Date of Birth: Aug. 22 1913	Birth Place: Ashton, Idaho	Full Name of Mother: Ione Baker	Name of Father: Fred C. Ulrich
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On file with state of Idaho # 422049	Date Issued: ---------	Date Orig. Entry: child born July 1, 1946
	Date of Birth: Age 32	Birth Place: Ashton, Idaho	Full Name of Mother: ----------	Name of Father: ----------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	July 9, 1965

FORM BH 56067

JUL 12

	Maxine G Ulrich		
	White	Female	
	Fred C. Ulrich		
	Ione Baker		
		Fremont	
	Germany		
	Idaho		

386-116-028-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sullivan, Robert Thomas		2. Date Of Birth (month) July (day) 16 (year) 1913
	3. Color or Race: Caue. White	4. Sex: M	5. Place of Birth: Idaho a. County: Kootnai b. City or Town of Birth: Couer d'alene
FATHER	6. Full Name of Father: Sullivan, John William		7. State or Country of Father's Birth: Massachusettes USA
MOTHER	8. Full Maiden Name of Mother: Selina Brock		9. State or Country of Mother's Birth: Nebraska USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Thomas Sullivan	11. Present Address of Registrant: 3956 SE Francis Portland Ore
NOTARY (Seal)	Subscribed and sworn to before me on: June 18 1965	12. Signature of Notary: Gary Ryckey Robert Thomas Sullivan	13. Notary Commission expires: 12-7 1968

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding marriage records	By whom issued and signed: County Clerk's Office, Multnomah County, Oregon	Date issued: Apr.15,1965	Date Orig. Entry: Nov.2,1939
	Date of Birth: Age 26	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: Vital Statistics State of Oregon	Date issued: Sep.11,1953	Date Orig. Entry: child born Oct. 4, 1941
	Date of Birth: Age 28	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Thomas Church, Coeur d'Alene, Idaho, Roman Catholic	Date issued: Apr.17,1965	Date Orig. Entry: baptized Oct.30,1913
	Date of Birth: July 16,1913	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Salina Brock	Name of Father: John W. Sullivan
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 27, 1965	

FORM BH 56067

11-2-64

Sullivan

JUL 27 1965

816203-044-663

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-493

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Hawley		2. Date of Birth: (month) June (day) 3 (year) 1913	
	3. Color or Race: WHITE	4. Sex: Female	5. Place of Birth: a. County: Washington	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Harry Hiram Hawley		7. State or Country of Father's Birth: Nebraska	
MOTHER	8. Full Maiden Name of Mother: Lillie May Wolverton		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna B. Martin	11. Present Address of Registrant: 2975 Crocker Rd. Eugene, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on June 28 1965	12. Signature of Notary: [illegible]	13. Notary Commission expires: [illegible] 19___	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Bible	Date Issued: Mar.20,1965	Date Orig. Entry: obviously old	
	Date of Birth: June 3,1913 / Birth Place: Council, Idaho	Full Name of Mother: Lillie May Wolverton	Name of Father: Harry Hiram Hawley		
SUPPORTING RECORD 2.	Type of Document: affidavit by mother	By whom issued and signed: Lillie May Wolverton Hawley Gwynn	Date Issued: Apr.14,1965	Date Orig. Entry: -----	
	Date of Birth: June 3,1913 / Birth Place: Council, Idaho	Full Name of Mother: Lillie May Wolverton Hawley Gwynn	Name of Father: -----		
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: Lincoln Hospital, Toledo, Oregon, Rosa Bartruff, Supt.	Date Issued: -----	Date Orig. Entry: child born Sept. 19, 1951	
	Date of Birth: June 3,1913 / Birth Place: Council, Idaho	Full Name of Mother: -----	Name of Father: -----		
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 28, 1965		

FORM BH 56067

F Martin

JUL 28 1965

J. R. FORT
NOTARY
PUBLIC
STATE OF OREGON

469-108-022-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-541

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grant Addison Morse
2. Date of Birth (month) (day) (year): January 8 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: Chester Birney Morse
7. State or Country of Father's Birth: Frankville, Wisconsin Jan. 6, 1883

MOTHER

8. Full Maiden Name of Mother: Melissa Amanda Smith
9. State or Country of Mother's Birth: Wilford, Idaho Nov. 2, 1886

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grant A. Morse
11. Present Address of Registrant: 1525 Buchanan St. Novato, California

NOTARY (Seal)

Subscribed and sworn to before me on: July 26 1965
12. Signature of Notary: Elizabeth A. Ewing
13. Notary Commission expires: 7/8 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of application for insurance policy #1867876	Penn Mutual Life Ins. Co. of Philadelphia	-----	Nov. 14, 1934
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan. 8, 1913 / St. Anthony, Idaho Fremont County	Melissa S. Morse	Chester B. Morse	
SUPPORTING RECORD 2.	photocopy of personnel questionnaire	United States Dept. of Agriculture, Office of personnel	-----	Jan. 7, 1942
	Jan. 8, 1913 / St. Anthony, Idaho	Melissa Smith	Chester Birney Morse	
SUPPORTING RECORD 3.	photocopy of application for insurance Policy	The Equitable Life Assurance Society of the United States	-----	April 12, 1927
	Jan. 8, 1913 / St. Anthony, Idaho Fremont County	Melissa Morse	-----	

QUALIFYING INFORMATION

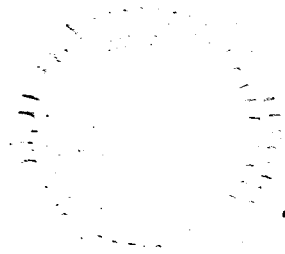
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. M. Barron
Evidence reviewed by: Glenda Larson
Date Filed: August 11, 1965

FORM BH 56067

AUG 12 1965
MAR 25 1970



685-229-026-462

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-551

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ida Arreva Wheeler		2. Date Of Birth (month) January (day) 29, (year) 1913	
	3. Color or Race: Cau.	4. Sex: F	5. Place of Birth a. County: Jefferson	b. City or Town of Birth: LaBelle
FATHER	6. Full Name of Father: Oscar Lee Wheeler		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ida Isabelle Moss		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ida Arreva Wheeler	11. Present Address of Registrant: Fisher	
NOTARY (Seal)	Subscribed and sworn to before me on: July 30 1965	12. Signature of Notary: [illegible]	13. Notary Commission expires: 2/26/ 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of employment record	By whom issued and signed: LDS Hospital	Date Issued: ----	Date Orig. Entry: Jan.24,1956
	Date of Birth: Jan.29,1913 / Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Duplicate certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, A. C. Hansen, Bishop, Idaho Falls 23rd Ward	Date Issued: July 1,1965	Date Orig. Entry: baptized July 1, 1923
	Date of Birth: Jan.29,1913 / Birth Place: LaBelle, Idaho Jefferson County	Full Name of Mother: Ida Isabelle Moss	Name of Father: Oscar Lee Wheeler	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #19107h	Date Issued: ----	Date Orig. Entry: child born Jan. 25, 1931
	Date of Birth: Age 18 / Birth Place: LaBelle, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: August 12, 1965	

FORM BH 56067 alternate form for Ida Arreva Jennings (Wheeler) (M) 6-22-65 gml

Doss, Atty

AUG 13 1965

366-108-044-45

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-563

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LESTER GEORGE COOPER
2. Date Of Birth (month) (day) (year): FEBRUARY 8 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: WASHINGTON; b. City or Town of Birth: WEISER

FATHER

6. Full Name of Father: JOHN WALLACE COOPER
7. State or Country of Father's Birth: NEBRASKA

MOTHER

8. Full Maiden Name of Mother: BERTHA MARTHA DANIELS
9. State or Country of Mother's Birth: IOWA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester G. Cooper
11. Present Address of Registrant: P.O. Box 646 Placerville, Calif.

NOTARY (Seal)

LESTER MCKENZIE
NOTARY PUBLIC CALIFORNIA
COUNTY OF EL DORADO

Subscribed and sworn to before me on: July 7 1965

12. Signature of Notary: Lester K. McKenzie

13. Notary Commission expires: 7-24 1966

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	certified copy of own child's birth certificate	Vital Statistics, Nebraska	Nov.18,1947	child born Oct.5,1947
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 34 / Weiser, Idaho	-----	-----	
SUPPORTING RECORD 2.	photocopy of application for social security #540-26-0762	Social Security Administration, Treasury Department	----	Aug.14,1941
	Feb.8,1913 / Weiser, Washington County, Idaho	Bertha McDaniels	John W. Cooper	
SUPPORTING RECORD 3.	Affidavit by mother	Bertha Martha Cooper	May 18,1959	----
	Feb.8,1913 / Weiser, Idaho	Bertha Martha Daniels	John Wallace Cooper	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Glenda Larson
Date Filed: August 16, 1965

FORM BH 56067

AUG 17 1965

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [illegible]

Registrar's Name	Full Name of Birth	Date of Birth	Year
Registrar's Name	Color of Race	Sex	Place of Birth (Country)
Registrar's Name	Full Name of Father	State or Country of Father's Birth	
Registrar's Name	Maiden Name of Mother	State or Country of Mother's Birth	
Affidavit	Hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	Signature of Registrant	Present Address of Registrant
Affidavit	Subscribed and sworn to before me on	Signature of Notary	Notary Commission Expires

Supporting Record 1	Type of Document: Certified copy of one child's birth certificate	Do Not Write Below This Line. By whom issued and signed: Vital Statistics, Nampa	Date Issued: Nov. 14, 1961
	Birth Place: Nelson, Idaho	Full Name of Mother: ----	Date Orig. Entry: Aug. 11, 1961
Supporting Record 2	Type of Document: Certificate of Identification for Social Security Administration, Treasury Department	By whom issued and signed: Social Security Administration, Treasury Department	Date Issued: ----
	Date of Birth: Birth Place: Feb. 8, 1922, Nelson, Washington County, Idaho	Full Name of Mother: [illegible]	Date Orig. Entry: Aug. 11, 1961
Supporting Record 3	Type of Document: [illegible]	By whom issued and signed: [illegible]	Date Issued: Mar. 15, 1962
	Date of Birth: Birth Place: [illegible]	Full Name of Mother: [illegible]	Date Orig. Entry: ----
Supporting Information			

Registrar's Certification (Seal): I hereby certify that on prior to the certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which constitutes the facts as set forth in the foregoing statement.

State Registrar | Examiner Reviewed by: [illegible] | Date Filed: August 1, 1962

231-216-83-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-564

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lydia Klauser			2. Date of Birth (month) March (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: John Klauser			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Katie Schlothauer			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lydia Klauser		11. Present Address of Registrant: Fort Morgan, Colo.
NOTARY (Seal)	Subscribed and sworn to before me on: August 9 1965	12. Signature of Notary: John W. Robinson		13. Notary Commission expires: Sept. 25 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Marian Lockwood, Co. Supt. of schools Morgan Co., Colorado	Date Issued: July 8,1965	Date Orig. Entry: April 10,1928
	Date of Birth: Mar.16,1913 / Birth Place: United States	Full Name of Mother: ———	Name of Father: J. Klauser	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Katie Klauser	Date Issued: July 22, 1965	Date Orig. Entry: ———
	Date of Birth: March 16, 1913 / Birth Place: Sugar City, Idaho	Full Name of Mother: Katie Klauser	Name of Father: John Klauser	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: F. Bremechke, Minister	Date Issued: June 7,1913	Date Orig. Entry: Baptized
	Date of Birth: March 16 1913 / Birth Place: Sugar City, Ida.	Full Name of Mother: Katie Schlothauer	Name of Father: John Klauser	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml fc Florence Curtright	Date Filed: Aug. 17, 1965

FORM BH 56067 icp pd rec # 13095

7-2-65

AUG 17 1965

Galassini

Certificate of Baptism

March 16

1913 Sugar City, Ida.

F. Bremechke, Minister

Katie Schlothauer

June 7, 1913 Baptized

John Klauser

W. W[illegible]son

fc Florence Cuerright

Aug. 17, 1965

134-169-001-751

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 65-580

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarence Herbert Aldridge		2. Date of Birth (month) (day) (year): Sep 9 1913
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Ustick Ada; b. City or Town of Birth: Ustick, Ada County, Idaho
FATHER	6. Full Name of Father: Herbert Aldridge		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Virgene Annabelle Pease		9. State or Country of Mother's Birth: Arcadia, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarence Herbert Aldridge	11. Present Address of Registrant: Ustick Rural Star Route Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 13 1965	12. Signature of Notary: Mildred H Adams	13. Notary Commission expires: April 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age 62	By whom issued and signed: Gladys Badesheim	Date Issued: Aug. 6, 1965	Date Orig. Entry: --------
	Date of Birth: Sept. 9 1913 / Birth Place: Ustick, Ada Co.	Full Name of Mother: Virgina Annabelle Pease	Name of Father: Herbert Aldridge	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: Grant C. Cluff, Bishop L. D. S. Church	Date Issued: April 1 1951	Date Orig. Entry: Baptized Mar. 31, 1951
	Date of Birth: Sept. 9, 1913 / Birth Place: Ustick, Ada Co.	Full Name of Mother: Virginia Annabelle Pease	Name of Father: Herbert Aldridge	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file with state of Idaho # 369799	Date Issued: -------	Date Orig. Entry: child born March 17,1943
	Date of Birth: Age 29 / Birth Place: Ustick, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Aug. 19, 1965

FORM BH 56067

AUG 19 1965

J. Child's birth certif. #369779 may be used

495-208-006 -863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-595

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Teresa Marie Manwaring			2. Date of Birth (month) July (day) 8 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Groveland now Blackfoot	
FATHER	6. Full Name of Father: Arthur Manwaring			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Teresa Holley			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Teresa Marie Manwaring	11. Present Address of Registrant: Anderson - Shelley, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: August 5 1965		12. Signature of Notary: E. C. Bundage Jr.	13. Notary Commission expires: March 20 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #48-338	Date Issued: ----	Date Orig. Entry: child born Jan. 4, 1948
	Date of Birth: Age 34	Birth Place: Blackfoot, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #155211		By whom issued and signed: Beneficial Life Ins. Co. of Utah, Salt Lake City	Date Issued: May 25,1936	Date Orig. Entry: May 16, 1936
	Date of Birth: July 8,1913	Birth Place: Blackfoot	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Jos. F. Jensen, clerk	Date Issued: Aug.7,1921	Date Orig. Entry: baptized Aug. 7, 1921
	Date of Birth: July 8,1913	Birth Place: Groveland, Idaho	Full Name of Mother: Teresa Holley	Name of Father: Arthur Manwaring	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: August 31, 1965

FORM BH 56067

Anderson

AUG 31 1965

259/2 1003-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-671

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KNIGHT, DEXTER EDWARD			2. Date of Birth (month) JUNE (day) 12 (year) 1913	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: TURNER Mail GRACE, IDAHO	
FATHER	6. Full Name of Father: KNIGHT, DEXTER			7. State or Country of Father's Birth: PLAIN CITY, WEBER, UTAH	
MOTHER	8. Full Maiden Name of Mother: TRAPPETT, MARY JANE			9. State or Country of Mother's Birth: FARMINGTON, DAVIS, UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Dexter Edward Knight		11. Present Address of Registrant: UTAH 7652 So. 1530 W. WEST JORDAN/	
NOTARY (Seal)	Subscribed and sworn to before me on: July 21 1965	12. Signature of Notary: Nick M. Macris		13. Notary Commission expires: 9-5 1966	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of birth	By whom issued and signed: LDS Church, Salt Lake City		Date Issued: July 20, 1965	Date Orig. Entry: Aug.3,1913
	Date of Birth: June 12,1913	Birth Place: Turner, Idaho Bannock County	Full Name of Mother: Mary Jane Trappett	Name of Father: Dexter Knight	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: IDS Church, Turner Ward		Date Issued: Dec.7,1927	Date Orig. Entry: baptized Aug.3,1922
	Date of Birth: June 12,1913	Birth Place: Turner, Bannock County, Idaho	Full Name of Mother: Mary Jane Trappett	Name of Father: Dexter Knight	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Alonzo Knight Age 64		Date Issued: Sept.7,1965	Date Orig. Entry: -----
	Date of Birth: June 12,1913	Birth Place: Grace, Idaho	Full Name of Mother: Mary Jane Trappett	Name of Father: Dexter Knight	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept. 24, 1965

FORM BH 56067 1 copy paid rec. 18737 7-2-65

Knight

SEP 24

255-204.042-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-687

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Juanita Kennison (~~Terry Yarbrough~~)			2. Date Of Birth (month) June (day) 4, (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Twin Falls County	b. City or Town of Birth: Hollister
FATHER	6. Full Name of Father: Delbert Charles Kennison			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Ida Mae McClimans			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: June J. Yarbrough		11. Present Address of Registrant: 1206 Second Ave. East, Twin Fa Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: September 7, 19 65	12. Signature of Notary: Frank J. Worsh		13. Notary Commission expires: July 15, 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #209707	Date issued: ----	Date Orig. Entry: child born Jan.2,1933
	Date of Birth: Age 19	Birth Place: Hollister, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Age from Marriage Record		By whom issued and signed: County recorder's office, Twin Falls County, Idaho	Date issued: Jan.8,1964	Date Orig. Entry: June 6,1931
	Date of Birth: Age 18	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #519-07-8633		By whom issued and signed: Treasury Department, Social Security Administration	Date issued: May 5,1965	Date Orig. Entry: Oct.27,1949
	Date of Birth: June 4,1913	Birth Place: Hollister, Idaho	Full Name of Mother: May McClimans	Name of Father: Dell C. Kennison	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Berson	Glenda Larson	September 29,1965

FORM BH 56067

1 copy paid#4659 9-2-60

SEP 29 1965

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. [illegible]

Registrant's Full Name		Date of Birth	Year
[illegible]			
Sex	Female	Twin Bulls County	
Father	Full Name of Father	State or Country of Father's Birth	
	Delbert [illegible]	Kansas	
Mother	Mae McClimans	State or Country of Mother's Birth	
		Missouri	
Certificate	Date of Registrant	Address of Registrant	
	Date of Registrant	[illegible] Second Ave. East, Twin Fa	
	Date of Registrant	Signature of Notary	Commission expires 1968
	[illegible]	[illegible]	[illegible]

Applicant [illegible]

Name of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible] child's birth certificate	On [illegible]	----	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
[illegible]	Wellington, Idaho	----	----
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
Certificate of Age from [illegible]	[illegible]	Jan. [illegible], 1968	June 6, 1971
Date of Birth	Birth Place	Full Name of Mother	Name of Father
----	----	----	----
Type of Document	By whom Issued and Signed	Date Issued	Date Orig. Entry
[illegible]	[illegible]	[illegible]	[illegible]
Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 6, 1913	Wellington, Idaho	Mary McClimans	Neil W. Jennison

Certification

Date Filed

Copy [illegible] 9-2-69

599-215 033-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-770

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Evelean Erickson			2. Date Of Birth (month) February (day) 15 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Edmonds, Idaho Madison	b. City or Town of Birth: Edmonds, Idaho	
FATHER	6. Full Name of Father: William Erickson			7. State or Country of Father's Birth: Ogden, Utah	
MOTHER	8. Full Maiden Name of Mother: Alice Elnora Anderson			9. State or Country of Mother's Birth: Gunnison, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eva Evelean Erickson Merrill	11. Present Address of Registrant: 1544 Garfield St.	
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1965		12. Signature of Notary: Dorothy McBeth	13. Notary Commission expires: Nov. 29 1967 Idaho Falls, Idaho	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #241376		Date Issued: -----	Date Orig. Entry: child born March 28, 1936
	Date of Birth: Age 23	Birth Place: Edmonds, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Alice Elnora Anderson Erickson McFarland		Date Issued: Oct.15,1965	Date Orig. Entry: -----
	Date of Birth: Feb.15,1913	Birth Place: Edmonds, Idaho Madison County	Full Name of Mother: Alice Elnora Anderson	Name of Father: William Erickson	
SUPPORTING RECORD 3.	Type of Document: Church record photocopy	By whom issued and signed: LDS Church, Jos. L. Angell clerk		Date Issued: ----	Date Orig. Entry: baptized Aug.2,1930
	Date of Birth: Feb.15,1913	Birth Place: Edmonds, Idaho Madison County	Full Name of Mother: Alice Elnora Anderson	Name of Father: William Erickson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Oct. 26, 1965

FORM BH 56067

1 copy paid rec. # 317 for $1.00

7-3-64 gml

OCT 27 1965

573-123-029-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-808

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Homer LeRoy Egland			2. Date of Birth (month) June (day) 23, (year) 1913
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Latah	b. City or Town of Birth: Moscow, Idaho
FATHER	6. Full Name of Father: Martin Egland			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Anna Elizabeth Pierson			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Homer LeRoy Egland		11. Present Address of Registrant: 3414 PENN, LONGVIEW WASH
NOTARY (Seal)	Subscribed and sworn to before me on: October 29 1965	12. Signature of Notary: Residing at Cheelah Wn		13. Notary Commission expires: March 2, 1969 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: (Affidavit) Statement of Birth by Mother, Anna E. (Pierson) Egland	By whom issued and signed		Date Issued: 10/29/65	Date Orig. Entry: -----
	Date of Birth: 6/23/1913	Birth Place: near Moscow, Ida	Full Name of Mother: Anna Elizabeth (Pierson) Egland	Name of Father: Martin Egland	
SUPPORTING RECORD 2.	Type of Document: notarized Photo of Family Bible	By whom issued and signed: Family Records		Date Issued: Oct. 29, 1965	Date Orig. Entry: Obviously Old
	Date of Birth: 6/23/1913	Birth Place: Moscow Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: # 196 Employer's Agreement	By whom issued and signed: Northwest Magnesite Co Robert F. Kipp, Account.		Date Issued: -----	Date Orig. Entry: 6/12/40
	Date of Birth: 6/23/13	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	November 8, 1965

FORM BH 56067

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NOV 8 1965

866-231-06-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-863

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marguerite Rosabell Howells		2. Date of Birth (month) (day) (year): January 31, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Oakley Idaho
FATHER	6. Full Name of Father: Job Howells		7. State or Country of Father's Birth: Tooele, Utah
MOTHER	8. Full Maiden Name of Mother: Pricilla Nellie Perry		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marguerite Howells Nebeker	11. Present Address of Registrant: Hansen, Idaho Rt. 1
NOTARY (Seal)	Subscribed and sworn to before me on: October 15 1965	12. Signature of Notary: Kenneth Hobbs	13. Notary Commission expires: January 20 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #334115	Date Issued: -----	Date Orig. Entry: child born Jan.9,1942
	Date of Birth: Age 28 / Birth Place: Oakley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother (born 6-7-1897)	By whom issued and signed: Raymond Bert Howells	Date Issued: Oct.15,1965	Date Orig. Entry: -----
	Date of Birth: Jan.31,1913 / Birth Place: Oakley, Idaho	Full Name of Mother: Pricilla Nellie Howells	Name of Father: Job Brown Howells	
SUPPORTING RECORD 3.	Type of Document: Duplicate of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Elizar Miller, Elder, John Morgan, Clerk	Date Issued: Nov.19,1965	Date Orig. Entry: baptized March 6,1926
	Date of Birth: Jan.31,1913 / Birth Place: Oakley, Idaho	Full Name of Mother: Nellie Perry	Name of Father: Job Howells	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 30, 1965

FORM BH 56067

NOV 30 1965

419-207-001-498

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 65-872

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elda May Marcum		2. Date Of Birth (month) July (day) 7 (year) 1913
	3. Color or Race: White	4. Sex: F.	5. Place of Birth: Idaho - a. County: Ada. b. City or Town of Birth: Meridian
FATHER	6. Full Name of Father: Charles Ward Marcum.		7. State or Country of Father's Birth: Colorado -
MOTHER	8. Full Maiden Name of Mother: Mary Elizabeth Dry		9. State or Country of Mother's Birth: Arkansas (or) Arkansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elda May Norris	11. Present Address of Registrant: Riddle, Oregon Box 479
NOTARY (Seal)	Subscribed and sworn to before me on: OCTOBER 23, 1965	12. Signature of Notary: W B Eskridge	13. Notary Commission expires: MAY 10, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: Mercy Hospital, Roseburg, Ore. Ruth Griffin, Asst, Med. Rec. Lib.	Date issued: Oct. 19, 1965	Date Orig. Entry: June 2, 1953
	Date of Birth: July 7, 1913	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from Family Bible		By whom issued and signed: Family Bible Records	Date issued: Sep. 29, 1965	Date Orig. Entry: obviously old
	Date of Birth: July 7, 1913	Birth Place: -----	Full Name of Mother: Mary Elizabeth Dry	Name of Father: Charles Ward Marcum	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 65		By whom issued and signed: Lucille Parker	Date issued: Nov. 16, 1965	Date Orig. Entry: -----
	Date of Birth: July 7, 1913	Birth Place: Meridian, Idaho Ada County	Full Name of Mother: Mary Elizebeth Dry	Name of Father: Charles Ward Marcum	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Dec. 1, 1965

FORM BH 56067

DEC 1 1965

JAN 21 1997

238-126-042-443

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-076

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edward Joel Schut			2. Date of Birth (month) 1 (day) 26 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Filer (res.) Twin Falls	b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: William Schut			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Alice Mulder			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edward J. Schut		11. Present Address of Registrant: 2220 Oak St Patterson Calif
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 11 1966	12. Signature of Notary: Bertha Cruz		13. Notary Commission expires: My Commission Expires February 7, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Arden Farms Co. Patterson, Cal. R. Jacobsen, Office Manager		Date Issued: Oct.6,1964	Date Orig. Entry: March 17,1947
	Date of Birth: Jan.26,1913	Birth Place: ------	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother Age 65	By whom issued and signed: Alfred V. Schut		Date Issued: Jan.25,1966	Date Orig. Entry: -----
	Date of Birth: Jan.26,1913	Birth Place: Filer, Idaho	Full Name of Mother: Alice Schut	Name of Father: William Schut	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth record	By whom issued and signed: Stanislaus County Recorder, Modesto, Calif. #5001		Date Issued: Nov.16,1964	Date Orig. Entry: child born April 1,1943
	Date of Birth: Age 30	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

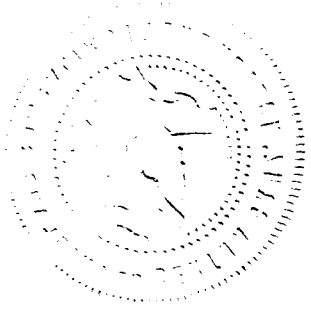
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 25, 1966

FORM BH 56067

Ref. file no. 616

10-2-64

JAN 25 1966



319-213-032-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-085

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: THELMA M. CARTER			2. Date Of Birth (month) (day) (year): July 13, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Richfield
FATHER	6. Full Name of Father: William Marshall Carter			7. State or Country of Father's Birth: Hartford, Missouri
MOTHER	8. Full Maiden Name of Mother: Lena Mathis			9. State or Country of Mother's Birth: Caldwell, Texas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Thelma M. Brown		11. Present Address of Registrant: Rt. 3 Victory Rd. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

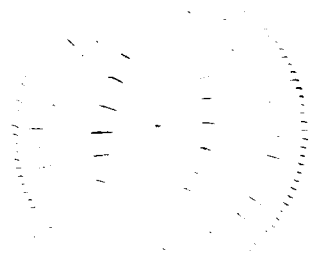
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate		By whom issued and signed: # 194148 on file with state of Idaho	Date Issued: -------	Date Orig. Entry: child born Aug. 13, 1931
	Date of Birth: Age 18	Birth Place: Richfield, Ida.	Full Name of Mother: --------	Name of Father: - ---------	
SUPPORTING RECORD 2.	Type of Document: Lincoln County Census Record		By whom issued and signed: Imogene Helsley, Deputy Luella Kinsey, clerk of Court	Date Issued: Jan. 4, 1966	Date Orig. Entry: Sept. 1919 Census
	Date of Birth: Age 6	Birth Place: Lincoln Co. Idaho	Full Name of Mother: Lena Mathis	Name of Father: William Marshall Carter	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father		By whom issued and signed: William Marshall Carter	Date Issued: Jan. 24, 1966	Date Orig. Entry: -------
	Date of Birth: July 13, 1913	Birth Place: Richfield, Ida.	Full Name of Mother: Lena Mathis Carter	Name of Father: William Marshall Carter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: Jan. 26, 1966

FORM BH 56067

JAN 28 1966



DECEASED

918-123-003-913

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-094

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Jackman Raymond			2. Date Of Birth (month) January (day) 23 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: McCammon a. County: Bannock	b. City or Town of Birth
FATHER	6. Full Name of Father: Alonzo Raymond			7. State or Country of Father's Birth: Smithfield, Utah
MOTHER	8. Full Maiden Name of Mother: Irene Eve Racker			9. State or Country of Mother's Birth: Lehi, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Jackman Raymond		11. Present Address of Registrant: 3974 Orchard Avenue, Ogden, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: March 9, 1964	12. Signature of Notary: Eloy A. Wolke Jr.		13. Notary Commission expires: Aug. 15, 1965

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Utah, Dept. of Health	Date issued: Aug.10,1962	Date Orig. Entry: child born Jan. 19, 1936
	Date of Birth: Age 22 / Birth Place: McCammon, Idaho	Full Name of Mother: ------	Name of Father: - -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Irene Eva Racker Raymond Rose	Date issued: Sep.16,1965	Date Orig. Entry: -----
	Date of Birth: Jan.23,1913 / Birth Place: McCammon, Idaho	Full Name of Mother: Irene Eva Racker Raymond Rose	Name of Father: Alonzo Raymond	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, John Anderson, Bishop, Logan 4th Ward	Date issued: -----	Date Orig. Entry: blessed July 6, 1913
	Date of Birth: Jan.23,1913 / Birth Place: - ----	Full Name of Mother: Irene Racker	Name of Father: Alonzo Raymond	

QUALIFYING INFORMATION: photocopy of application for insurance policy #835953 to American National Ins. Co., Galveston, Texas made on Aug. 22, 1942 gives place of birth as McCammon, Idaho and date of birth as January 23, 1913.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Jan. 31, 1966

FORM BH 56067 [illegible] 15343 12-23-65

JAN 31 1966

759-228-033-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-131

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Peil	2. Date Of Birth (month) (day) (year): Oct. 28 1913
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County:	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: John Peil	7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Kathrine Schiet Peil	9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Becker; 11. Present Address of Registrant: N68W20958 [illegible] Menomonee Falls, Wis
NOTARY (Seal)	Subscribed and sworn to before me on: November 4 1965	12. Signature of Notary: [signature]; 13. Notary Commission expires: [signature]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Triplicate copy of Certificate of Marriage	By whom issued and signed: State of Wisconsin license #159096	Date issued: Jan.19,1935	Date Orig. Entry: Jan.19,1935
	Date of Birth: AGE:21, Birth Place: Idaho	Full Name of Mother: Katherine Scheit	Name of Father: John Peil	
SUPPORTING RECORD 2.	Type of Document: Certificate of Confirmation	By whom issued and signed: H. Muellen, Pastor, North Milwaukee	Date issued: May 27,1929	Date Orig. Entry: confirmed May 24,1929
	Date of Birth: Oct.28,1913 Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by midwife Age 75	By whom issued and signed: Anna Heffel Schiewe	Date issued: Jan.20,1966	Date Orig. Entry: -----
	Date of Birth: Oct.28,1913 Birth Place: Rexburg, Idaho	Full Name of Mother: Katherine Schiet Peil	Name of Father: John Peil	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 11, 1966

FORM BH 56067 [illegible] # 2137 (B) 12-30-65 [illegible]

FEB 1 1 1966

144-106-002-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-191

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl Truman Addington			2. Date of Birth (month) (day) (year): November 6 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Adams	b. City or Town of Birth: Council
FATHER	6. Full Name of Father: Moses M. Addington			7. State or Country of Father's Birth: Little Neck, Arkansas
MOTHER	8. Full Maiden Name of Mother: Delpha Agnes Stolworth			9. State or Country of Mother's Birth: Bellevue, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl T Addington		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1966	12. Signature of Notary: Jerry Rantzman		13. Notary Commission expires: My Commission Expires June 25, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Delpha Agnes Addington		Date Issued: Dec.28,1960	Date Orig. Entry: -----
	Date of Birth: Nov.6,1913	Birth Place: Council, Idaho	Full Name of Mother: Delpha Agnes Addington	Name of Father: Moses M. Addington	
SUPPORTING RECORD 2.	Type of Document: Army enlistment record	By whom issued and signed: W. W. Zealy, Jr., Captain infantry, asst.personnel officer		Date Issued: Dec.27,1944	Date Orig. Entry: enlisted Sept. 12, 1940
	Date of Birth: Age: 26 10/12	Birth Place: Council, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of employment record	By whom issued and signed: Oregon State Highway Commission.		Date Issued: Apr.17,1945	Date Orig. Entry: April 17,1945
	Date of Birth: 1913	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sm gml Glenda Larson	March 9, 1966

FORM BH 56067 2 copies paid rec. 6572

2-7-66

Addington

MAR 9 1966

DECEASED

Sent 6-17-58
262-257-009-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-214

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leontina Rosemary Bossio			2. Date of Birth (month) December (day) 7 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Homest River Bonner	b. City or Town of Birth: Priest River	
FATHER	6. Full Name of Father: Joseph Bossio			7. State or Country of Father's Birth: Italy	
MOTHER	8. Full Maiden Name of Mother: ~~Rosario Giuliano~~ MARY ALTOMORO			9. State or Country of Mother's Birth: Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leontina Rosemary Bossio		11. Present Address of Registrant: 1115 Camas Coulee Dam, Wn	
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 1966	12. Signature of Notary: John H. Michaud JOHN H. MICHAUD		13. Notary Commission expires: 4-14 1966	

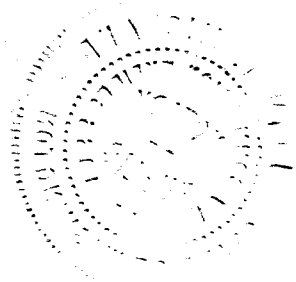
APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Spokane City Health Dept., Statistics Section, Washington		Date Issued: Feb.23,1966	Date Orig. Entry: child born Mar.9,1935
	Date of Birth: Age 21	Birth Place: Priest River, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism Roman Catholic Church	By whom issued and signed: St.Aloysius Church, Spokane, Rev. Peter Pasino		Date Issued: June 23, 1958	Date Orig. Entry: baptized Feb.22,1914
	Date of Birth: Dec.7,1913	Birth Place: Priest River, Idaho	Full Name of Mother: Mary Bossio	Name of Father: Joseph Bossio	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Certificate of marriage	By whom issued and signed: Spokane County auditor's Office, Washington		Date Issued: Feb.23,1966	Date Orig. Entry: April 21,1934
	Date of Birth: Age 20	Birth Place: Priest River, Idaho	Full Name of Mother: Mary Altomoro	Name of Father: Joseph Bossio	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: March 16, 1966

FORM BH 56067

MAR 17 1966



249-204-016-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-402

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sylvia Ferl Smith		2. Date Of Birth (month) Feb (day) 4 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Burley, Cassia, Idaho; b. City or Town of Birth: View mail Burley
FATHER	6. Full Name of Father: Victor Josephus Smith		7. State or Country of Father's Birth: Box Elder, Utah
MOTHER	8. Full Maiden Name of Mother: Maggie Irene Metcalf		9. State or Country of Mother's Birth: Cache, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sylvia Smith Baker	11. Present Address of Registrant: 959 So University ave Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 2, 1966	12. Signature of Notary: Lewis J. Dille	13. Notary Commission expires: June 24, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: patriarchal blessing	By whom issued and signed: LDS Church, Frederick H. Ottley, Patriarch	Date issued: Oct.26,1947	Date Orig. Entry: Oct.26,1947
	Date of Birth: Feb.4,1913	Birth Place: View, Idaho	Full Name of Mother: Maggie Irene Metcalf Smith	Name of Father: Victor Josephus Smith
SUPPORTING RECORD 2.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: Cottage Hospital, Burley, Idaho	Date issued: ----	Date Orig. Entry: child born May 6, 1950
	Date of Birth: Feb.4,1913	Birth Place: View, Cassia County, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: Insurance Polciy #4,180,424	By whom issued and signed: The Mutual Life Ins. Co. of New York	Date issued: June 29,1929	Date Orig. Entry: June 29,1929
	Date of Birth: Feb.4,1913	Birth Place: Burley, Idaho	Full Name of Mother: Maggie I. Smith	Name of Father: Victor J. Smith
QUALIFYING INFORMATION				

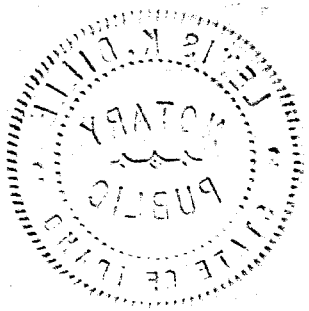
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	May 11, 1966

K FORM BH 56067 / [illegible] Rec. 9441 3-23-66

Baker



LEWIS K. DILLE
NOTARY
PUBLIC
STATE OF IDAHO

DECEASED

439-214-034-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-431

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucy Lydia Utz		2. Date of Birth (month) (day) (year): April 14 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Home - Minidoka; b. City or Town of Birth: Minidoka
FATHER	6. Full Name of Father: David Utz		7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Mary Katherine Utz Bauer		9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucy Lydia Waag	11. Present Address of Registrant: Ft. Collins, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: November 23 1965	12. Signature of Notary: Orsinia Lapaseotes	13. Notary Commission expires: April 1 1967

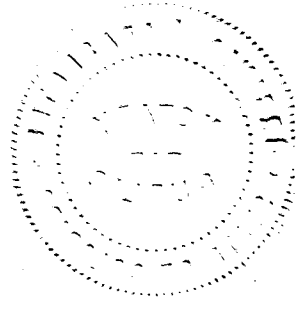
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #209833		By whom issued and signed: Beneficial Life Ins. Co.	Date issued: Feb.1,1941	Date Orig. Entry: Jan.22,1941
	Date of Birth: Apr.14,1913	Birth Place: Minnedoka, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #1589		By whom issued and signed: Larimer County, Colorado, county recorder's office.	Date issued: Feb.2,1966	Date Orig. Entry: child born Oct.2,1936
	Date of Birth: Age: 23	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of naturalization #276968		By whom issued and signed: A.M.Carter, Clerk of Dist. Court, Dept.Commerce & Labor	Date issued: -----	Date Orig. Entry: June 16,1913
	Date of Birth: 1 month	Birth Place: -----	Full Name of Mother: Katherine Utz	Name of Father: David Utz	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 16, 1966

FORM BH 56067 ICP Addl Rec # 96 10-15-65

MAY 1 6 1966



713-104-038-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-583

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glen C. Patheal			2. Date Of Birth (month) May (day) 4 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Frank C. Patheal South Dakota			7. State or Country of Father's Birth: South Dakota
MOTHER	8. Full Maiden Name of Mother: Viola Patheal North Carolina			9. State or Country of Mother's Birth: North Carolina
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Glen C Patheal		11. Present Address of Registrant: 400 East Ave D Jerome Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 5/14 1966	12. Signature of Notary: Thomas Prescott		13. Notary Commission expires: Sept. 27 1966

APPLICANT (DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Frank C. Patheal	Date issued: Dec.16,1965	Date Orig. Entry: -----
	Date of Birth: May 4,1913 / Birth Place: Payette	Full Name of Mother: Viola Patheal	Name of Father: Frank C. Patheal	
SUPPORTING RECORD 2.	Type of Document: Union Dues Book	By whom issued and signed: United Brotherhood of Carpenters & joiners of America	Date issued: Nov.3,1942	Date Orig. Entry: Nov.3,1942
	Date of Birth: May 4, 1913 / Birth Place: -----	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho 229047	Date issued: -----	Date Orig. Entry: child born Aug. 28,1934
	Date of Birth: Age 21 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	June 30, 1966

FORM BH 56067

(P) 6-30-

JUN 30 1966

495-108 1039-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-762

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arthur Mueller			2. Date of Birth (month) June (day) 8, (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: Idaho a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Gottfried Mueller			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Lydia Stickel Mueller			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arthur Mueller		11. Present Address of Registrant: 715 N. E. 64th Avenue
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1965	12. Signature of Notary: Jesse H. DeLemus		13. Notary Commission expires: Oct 3 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized photocopy of page from Family Bible	By whom issued and signed: Family Bible	Date Issued: July 25,1965	Date Orig. Entry: obviously old
	Date of Birth: June 8,1913	Birth Place: ----	Full Name of Mother: -----	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge	By whom issued and signed: Marine Corps, John J. Taggart, Major	Date Issued: separated 24 Nov.1945	Date Orig. Entry: inducted Mar.23,1942
	Date of Birth: June 8,1913	Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Certificate of Naturalization of parents	By whom issued and signed: Clerk of District Court U.S. Paul Bulfinch	Date Issued: Sept.19,1916	Date Orig. Entry: -----
	Date of Birth: Age 2	Birth Place: American Falls	Full Name of Mother: Lydia Stickel Mueller	Name of Father: Gottfried Mueller

QUALIFYING INFORMATION

Notorized
Page from family Bible gives name as Arthur Mueller born June 8, 1913 at American Falls, Idaho. Father - Gottfried Mueller Mother- Lydia Stickel Mueller. Issued July 25, 1965. Original copy obviously old.

REGISTRAR'S CERTIFICATION (seal)

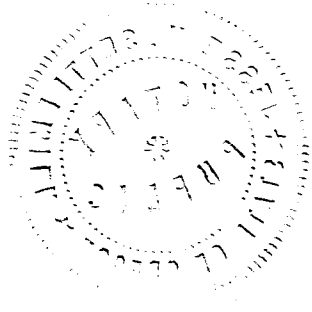
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Aug 25, 1966

FORM BH 56067

8-11-66

AUG 29 1966



963-226-028-469

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-814
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Dorris Roller		2. Date Of Birth (month) Sept. (day) 26 (year) 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Conklin Prk. Kootenai Cty	b. City or Town of Birth: Conkling Park
FATHER	6. Full Name of Father: George Louis Roller		7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Vernie Gladys Dorris		9. State or Country of Mother's Birth: Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary D Farmer	11. Present Address of Registrant: 2428 W. Garland	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 8 1966	12. Signature of Notary: Virgil Andrus	13. Notary Commission expires: 1-2- 1967	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of marriage return	By whom issued and signed: Spokane County, Washington	Date Issued: Apr.21,1960	Date Orig. Entry: Dec.19,1936
Class*	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: Gladis Dorris	Name of Father: L. Roller
SUPPORTING RECORD 2.	Type of Document: photocopy of social security application for #532-10-6887	By whom issued and signed: Social Security Adm.	Date Issued: Nov.30,1936	Date Orig. Entry: Nov.30,1936
Class	Date of Birth: Sep.26,1913	Birth Place: Conkling Park, Ida. Kootenai County	Full Name of Mother: Gladys Vernie Dorris	Name of Father: George Louis Roller
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Mrs. Gladys Dunkle	Date Issued: Aug.10,1966	Date Orig. Entry: -----
Class	Date of Birth: Sep.26,1913	Birth Place: Kootenai Co.,Ida. (Conklin Park)	Full Name of Mother: Gladys	Name of Father: George Louis Roller
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept. 19, 1966

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

SEP 20 1966
SEP 9 1976

331-227-044-292

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-858

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: [redacted] [redacted] Helen Catherine Clabby
2. Date of Birth (month) (day) (year): September 27, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Weiser, Idaho, Washington
b. City or Town of Birth: Weiser, Idaho

FATHER

6. Full Name of Father: John Earnest Clabby
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Nancy Pearl [redacted] Kiser
9. State or Country of Mother's Birth: Weiser, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helen Clabby (Irwin) Deardorff
11. Present Address of Registrant: P O Box 237 1806 Lewiston St.

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 19 1966

12. Signature of Notary: L A Fuller
13. Notary Commission expires: 11-4 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of insurance record Family group policy #18086	Gem State Mutual Life Assoc.	June 25, 1952	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Sep.27,1913 / -----	-----	-----	
SUPPORTING RECORD 2.	photocopy of Certificate of Baptism	St. Agnes Church, Weiser, Roman Catholic Church	Sep.12,1966	baptized Nov.7,1913
	Sep.27,1913 / -----	Pearl Kiser	John Clabby	
SUPPORTING RECORD 3.	Hospital certificate of own child's birth certificate	Our Lady of Consolation Hosp, Cottonwood, Idaho	-----	child born Dec.31,1948
	Sep.27,1913 / Weiser, Idaho	-----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W L Benson	Glenda Larson	Sept. 29, 1966

FORM BH 56067 (D) 8-4-66. one copy pd. rec. #17490. - search made -

SEP 30 1966

266-107-035-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-943

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CLAUDE CLIFFORD BOWLIN		2. Date Of Birth (month) March (day) 7 (year) 1913
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lewiston
FATHER	6. Full Name of Father: JOHN GORDON BOWLIN		7. State or Country of Father's Birth: Frankfurt, Kentucky
MOTHER	8. Full Maiden Name of Mother: IDA MAE BARNES		9. State or Country of Mother's Birth: Agilar, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Claude Clifford Bowlin	11. Present Address of Registrant: 1520 N 64th Pascown
NOTARY (Seal)	Subscribed and sworn to before me on: July 15, 1966	12. Signature of Notary: Walter [illegible]	13. Notary Commission expires: October 27, 1966

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school census record	By whom issued and signed: Nez Perce County, Idaho	Date Issued: Sep.12,1966	Date Orig. Entry: Oct. 1922
	Date of Birth: Age 9 / Birth Place: ———	Full Name of Mother: ———	Name of Father: John Bolin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle Age 82	By whom issued and signed: T. E. Barnes	Date Issued: Oct.31,1966	Date Orig. Entry: ———
	Date of Birth: Mar.7,1913 / Birth Place: Lewiston, Idaho Nez Perce County	Full Name of Mother: Ida Mae Barnes	Name of Father: John Gordon Bowlin	
SUPPORTING RECORD 3.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: Prineville General Hospital Prineville, Oregon	Date Issued: ———	Date Orig. Entry: child born Nov. 17, 1941
	Date of Birth: Mar.7,1913 / Birth Place: Lewiston, Idaho	Full Name of Mother: ———	Name of Father: ———	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Nov. 7, 1966	

FORM BH 56067 1 cp pd rec. #4629 (B) 10-26-66 gml

NOV 7 1966

113-219-044-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-1012

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgiana May Jackson		2. Date Of Birth (month) June (day) 19, (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington; b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: George L. Jackson		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Anna M. Owen		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgiana M. Jackson	11. Present Address of Registrant: 140 Meffan Nampa, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: November 28 1966	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 77	By whom issued and signed: Agnes Iona Campbell	Date issued: Sept.28,1964	Date Orig. Entry: -----
	Date of Birth: Jun.19,1913 / Birth Place: Weiser, Idaho	Full Name of Mother: Anna M. Owen	Name of Father: George L. Jackson	
SUPPORTING RECORD 2.	Type of Document: Notorized Hospital Record	By whom issued and signed: St. Lukes Hospital	Date issued: Aug 22,1962	Date Orig. Entry: admitted July 14,1928
	Date of Birth: Age 15 / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Photo-copy of original Notice in newspaper	By whom issued and signed: Weiser-Semi-Weekly Signal	Date issued: June 23, Mon. 1913	Date Orig. Entry: Paper dated Jun 23,1913
	Date of Birth: Jun 19,1913 / Birth Place: Weiser, Idaho	Full Name of Mother: Anna M. Jackson	Name of Father: George L. Jackson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W/ W Benson	fc Florence Curtright	Nov.28,1966

FORM BH 56067

NOV 29 1966

269-416-023-847

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 66-1017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leonard Boren			2. Date of Birth (month) 2 (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County Elmore, Idaho	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Albert Boren			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Veda Agnes Hughes			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leonard Boren		11. Present Address of Registrant: 2916 Hazel St. Boise Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 26 1966	12. Signature of Notary: Ronald M Jorgens		13. Notary Commission expires: November 5 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 74		By whom issued and signed: Veda Agnes Boren	Date Issued: Mar.29,1966	Date Orig. Entry: -----
	Date of Birth: Feb.16,1913	Birth Place: Emmett, Idaho	Full Name of Mother: Veda Agnes Hughes Boren	Name of Father: Albert Boren	
SUPPORTING RECORD 2.	Type of Document: Census Record		By whom issued and signed: U.S.Dept. of Commerce	Date Issued: Sept.8,1966	Date Orig. Entry: Census Taken Jan.1,1920
	Date of Birth: Age 6	Birth Place: Idaho	Full Name of Mother: Veda A. Boren	Name of Father: Albert Boren	
SUPPORTING RECORD 3.	Type of Document: Family Record Book		By whom issued and signed: Family Record	Date Issued: -----	Date Orig. Entry: Obviously old
	Date of Birth: Feb.16,1913	Birth Place: Emmett, Idaho	Full Name of Mother: VedaAGnes Hughes	Name of Father: Albert Boren	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 29, 1966

FORM BH 56067

2-2-66

NOV 29 1966

815-225-033-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1049

REGISTRANT (Place of Birth in item 5 must be verified by documentary evidence. See reverse side.)

1. Registrant's Full Name at Birth: Mary Etta Hancock
2. Date of Birth: (month) July (day) 25 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Thornton, Madison, Idaho; b. City or Town of Birth: Thornton

FATHER

6. Full Name of Father: John Lester Hancock
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Merriam Evelyn Almedia Rice
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary Etta Hancock
11. Present Address of Registrant: 530 - 13th St. Sparks, Nevada 89431

NOTARY

Subscribed and sworn to before me on December 4th, 1966

12. Signature of Notary: Matilda H. Gibbons
13. Notary Commission expires: Aug 22 1969

MATILDA H. GIBBONS (Seal)
Notary Public — State of Nevada
Washoe County
My Commission expires August 22, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of hospital certificate of own child's birth	Washoe General Hospital, Reno Nevada	-----	child born July 22,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25,1913	Thornton, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister Age 63	Elizabeth A. Baughman	Nov.21,1966	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25,1913	Thornton, Idaho Madison County	Merriam Evelyn Almedia Rice	John Lester Hancock

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own church birth certificate	LDS Church Salt Lake City, Utah	Nov.30,1966	Nov.2,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 25,1913	Thornton, Idaho Madison County	Merriam Evelyn Almedia Rice	John Lester Hancock

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Brown	Glenda Larson	Dec. 7, 1966

FORM BH 56067

1-4-2011 E78

11-2-66

DEC 7 1966
JAN 3 1967

155-201-021-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 66-1058

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Romania Henrietta Jensen		2. Date Of Birth (month) Jan (day) 1 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Preston Idaho
FATHER	6. Full Name of Father: Hans Andrace Jensen		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Dale Bernice Hale		9. State or Country of Mother's Birth: Utah	
AFFIDAVT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Romaniee Hale	11. Present Address of Registrant: 2329 Dayridge, Mesa, Arizona 85201	
NOTARY (Seal)	Subscribed and sworn to before me on: November 8 1966	12. Signature of Notary: Brand T. Veed	13. Notary Commission Expires: March 6 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Cousin Age 63	By whom issued and signed: Mildred Mendenhall	Date Issued: Nov.8,1966	Date Orig. Entry: ------	
	Date of Birth: Jan.1,1913	Birth Place: Preston, Idaho	Full Name of Mother: Dale Bernice Hale Jensen	Name of Father: Hans Andrace Jensen	
SUPPORTING RECORD 2.	Type of Document: Church Certificate of birth	By whom issued and signed: LDS Church	Date Issued: Dec.6,1966	Date Orig. Entry: Feb. 2, 1913	
	Date of Birth: Jan.1,1913	Birth Place: Preston, Idaho	Full Name of Mother: Dale Hale	Name of Father: Hans Jensen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #235311	Date Issued: ------	Date Orig. Entry: child born Aug.9,1935	
	Date of Birth: Age 22	Birth Place: Preston, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 12, 1966		

FORM BH 56067 1 copy paid rec. #469 10-27-65 gml (H) (H) 11-15-66 gml

DEC 13 1966

318-209-019-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Enid Roberta Carlson		2. Date Of Birth: (month) May (day) 9 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Custer	b. City or Town of Birth: Goldberg
FATHER	6. Full Name of Father: Chris Carlson		7. State or Country of Father's Birth: Boat on Route to U.S. from Sweden	
MOTHER	8. Full Maiden Name of Mother: Cecile Jones		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Enid R. Phillips	11. Present Address of Registrant: 4821 Wash Blvd Ogden Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: January 26 1967	12. Signature of Notary: Hazel L. Burbert	13. Notary Commission expires: Sept. 28 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 73	By whom issued and signed: Cecile Carlson	Date Issued: Aug 14,1963	Date Orig. Entry: -------
	Date of Birth: May 9,1913 / Birth Place: Goldberg, Idaho	Full Name of Mother: Cecile Jones Carlson	Name of Father: Chris Carlson	
SUPPORTING RECORD 2.	Type of Document: Own childs birthcertificate	By whom issued and signed: on file - Idaho #262219	Date Issued: ------	Date Orig. Entry: child born sept 6,1937
	Date of Birth: Age 24 / Birth Place: Goldberg, Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family Record	Date Issued: Dec.15,1943	Date Orig. Entry: Dec.15,1943
	Date of Birth: May 9,1913 / Birth Place: Goldberg, Idaho	Full Name of Mother: Cecile Jones	Name of Father: Chris Carlson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb. 17, 1967

FORM BH 56067

searched - no record 1-26-67

FEB 23 1967

253-217-016-291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-124

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Martha Kelley
2. Date of Birth (month) (day) (year): Nov. 17 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Idaho Cassia
b. City or Town of Birth: Albion

FATHER

6. Full Name of Father: Sebastain Cabot Kelley
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Agnes Ann Bradbury
9. State or Country of Mother's Birth: Cove, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Martha Kelley Barrett
11. Present Address of Registrant: Rt.3, Box 225 F Klamath Falls, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: February 10 1967

12. Signature of Notary: Carleen Wandell Klamath County, Oregon
13. Notary Commission expires: November 16, 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho 281307	----	child born June 2, 1939
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 25 / Albion, Idaho	-----	-----	
SUPPORTING RECORD 2.	photocopy of hospital records #C5639	Klamath Valley Hospital, Klamath Falls, Oregon	------	Nov.17,1960
	Nov.17,1913 / Idaho	Agnes Bradbury	Sebation Kelley	
SUPPORTING RECORD 3.	Affidavit by sister (b.d. 3-25-1903)	Alberta Kelley McDowell	Feb.6,1967	-----
	Nov.17,1913 / Albion, Idaho	Agnes Ann Bradbury	Sebastain Cabot Kelley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

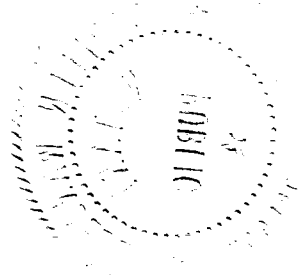
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 20, 1967

FORM BH 56067

1-11-67

FEB 21 1967



759-215-021-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-125

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rose Marshall Perkins
2. Date of Birth: July 15 1913
3. Color or Race: white
4. Sex: Female
5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Preston

FATHER

6. Full Name of Father: Thomas Martin Perkins
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lovina Marshall
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rose Marshall Perkins Orme
11. Present Address of Registrant: Terreton, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: February 10 1967
12. Signature of Notary: James W. Gerard
13. Notary Commission expires: January 5 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
duplicate Certificate of Blessing	LDS Church, Garth Soderquist, clerk, Terreton Ward	Jan.4,1967	blessed Feb.1,1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15,1913	Preston, Idaho Franklin County	Lovina Marshall	Thomas Martin Perkins

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, W. Harris, Clerk	Mar.5,1922	baptized Feb.26,1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15,1913	Preston, Idaho	Lovina Marshall	Thomas M. Perkins

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application to the insurance company	Beneficial Life Ins. Co. #137101	-----	May 9, 1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 15,1913	Preston, Idaho	Livina Merrill	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

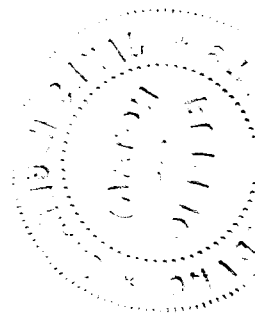
State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	Feb. 20, 1967

FORM BH 56067

up please # 16717

4-16-64

FEB 21 1967



893-217-010-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-302

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: MINNIE ELMA HILL
2. Date of Birth (month) (day) (year): Nov 17 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: BONNEVILLE
   b. City or Town of Birth: IDAHO FALLS

FATHER

6. Full Name of Father: TILLMAN LEONARD HILL SR.
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: LABRUM
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Elma Caldwell
11. Present Address of Registrant: Box 83 THOUSAND PALMS, CALIF

NOTARY SEAL

Subscribed and sworn to before me on: April 7 1967

12. Signature of Notary: K. F. NELSON
    My Commission Expires January 19, 1970
13. Notary Commission expires: 1-19 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church Certificate of Birth	LDS Church, Salt Lake City, Utah	Mar.29,1967	June 7,1914
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Nov.17,1913 / Idaho Falls, Idaho Bonneville County	Ida Lebram	Tillman L. Hill	
SUPPORTING RECORD 2.	Own child's birth certificate	On file Idaho #211395	-----	child born Apr.23,1933
	Age 19 / Idaho Falls	-----	-----	
SUPPORTING RECORD 3.	Affidavit by mother	Ida Phidella Hill	Mar.31,1967	-----
	Nov.17,1913 / Idaho Falls, Idaho	Ida Phidella Labrum	Tillman Leonard Hill	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. H. Benson	Glenda Larson	May 5, 1967

FORM BH 56067

1-2-67

MAY 5 1967

466-205-010-65-9

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-378

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mamie Louise Moore			2. Date Of Birth (month) September (day) 5 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shelton(home) Bonneville	b. City or Town of Birth: Shelton	
FATHER	6. Full Name of Father: Ira Moore			7. State or Country of Father's Birth: Idaho U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Mary Ellen Ferguson			9. State or Country of Mother's Birth: Utah U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mamie Louise Moore Malloy	11. Present Address of Registrant: 725 Garfield Street Idaho Falls, Idaho 83401	
NOTARY (Seal)	Subscribed and sworn to before me on: April 28, 1967		12. Signature of Notary: Clara T. Jenkins	13. Notary Commission expires: 17 March 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Shelton Ward John S. Howard, Bishop	Date Issued: -----	Date Orig. Entry: blessed Nov.9,1913
	Date of Birth: Sept.5,1913	Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Mary Ellen Ferguson	Name of Father: Ira Moore	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Hyrum T. Moss, Bishop	Date Issued: -----	Date Orig. Entry: confirmed Aug.6,1922
	Date of Birth: Sept.5,1913	Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Mary Ellen Ferguson	Name of Father: Ira Moore	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Mary E. Moore	Date Issued: May 28,1967	Date Orig. Entry: -----
	Date of Birth: Sept.5,1913	Birth Place: Shelton, Idaho Bonneville County	Full Name of Mother: Mary Ellen Ferguson	Name of Father: Ira Moore	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. M. Benson	Evidence reviewed by: Glenda Larson	Date Filed: May 17,1967

FORM BH 56067

2-14-61

MAY 17 1967

DECEASED

141 162-205-002-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-441

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Doris Lucille Joslin			2. Date of Birth (month) May (day) 9 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Adams	b. City or Town of Birth: Indian Valley, Idaho
FATHER	6. Full Name of Father: Robert Bruce Joslin			7. State or Country of Father's Birth: Oregon
MOTHER	8. Full Maiden Name of Mother: Rillia Hutchinson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Doris Lucille Joslin Vail		11. Present Address of Registrant: 408 St. Louis Way Vancouver, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 19 67	12. Signature of Notary: Jane T Saman		13. Notary Commission expires: August 7 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Social Security Application		By whom issued and signed: Treasury Dept.	Date Issued: Dec.18,1944	Date Orig. Entry: ----
	Date of Birth: May 9,1913	Birth Place: Indian Valley,Ida.	Full Name of Mother: Rillia Hutchinson	Name of Father: Robert Bruce Joslin	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother Age 73		By whom issued and signed: Rilla Joslin	Date Issued: Jun.2,1967	Date Orig. Entry: ------
	Date of Birth: May 9,1913	Birth Place: Indian Valley,Ida.	Full Name of Mother: Rillia Hutchinson	Name of Father: Robert Bruce Joslin	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 268943	Date Issued: ---	Date Orig. Entry: child born June 17,1938
	Date of Birth: Age 25	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 14, 1967

FORM BH 56067

Searched. Released

Childs Beach Cert on file
268943 OK
gdh.

JUN 16 1967

NOV 8 1976

514-129-025-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-454

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cyril Thomas Nau			2. Date of Birth (month) April (day) 29 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Ferdinand
FATHER	6. Full Name of Father: Anton H. Nau			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Caroline Ries			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cyril Nau		11. Present Address of Registrant: 714 Indiana, Coeur d' Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1967	12. Signature of Notary: Arthur Edward Erickson		13. Notary Commission expires: ARTHUR EDWARD ERICKSON Notary Public, State of Idaho, residing at Coeur d'Alene, Idaho. My Commission Expires October 1, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

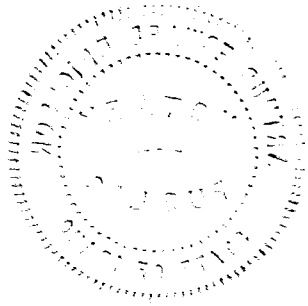
SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Caroline Nau	Date Issued: May 15,1967	Date Orig. Entry: -----
	Date of Birth: Apr.29,1913	Birth Place: Ferdinand, Idaho	Full Name of Mother: Caroline Nau (nee Ries)	Name of Father: Anton H. Nau	
SUPPORTING RECORD 2.	Type of Document: Photocopy of employment record		By whom issued and signed: Washington Water Power Co.	Date Issued: ----	Date Orig. Entry: (abt.1941) was 28 at time.
	Date of Birth: Apr.29,1913	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: report of medical history		By whom issued and signed: Paull R. Hanson, Capt. USAF (MC)	Date Issued: Jan.23,1959	Date Orig. Entry: Jan.23,1959
	Date of Birth: Apr.29,1913	Birth Place: Ferdinand, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 16, 1967

FORM BH 56067

5-5-67

JUN 19 1967



735-211-043-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-468

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred May Gleason			2. Date of Birth (month) Jan. (day) 11 (year) 1913
	3. Color or Race: white	4. Sex: fem.	5. Place of Birth a. County: Valley	b. City or Town of Birth: Arling
FATHER	6. Full Name of Father: Warren Gleason			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Lula Eva Woods			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred May Wright		11. Present Address of Registrant: 2345 Finley Lane, Medford, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: May 18, 19 67	12. Signature of Notary: Thelma C. McIntyre		13. Notary Commission expires: Aug. 1 19 69

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #541-28-9798	By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: Aug.16,1944
	Date of Birth: Jan.11,1913 / Birth Place: Arling, Idaho	Full Name of Mother: Lula Eva Woods	Name of Father: Warren Gleason	
SUPPORTING RECORD 2.	Type of Document: certified copy of voter's registration	By whom issued and signed: Jackson County, Oregon Precinct #67A	Date Issued: May 18,1967	Date Orig. Entry: Apr.18,1950
	Date of Birth: Age:37 / Birth Place: Arling, Idaho	Full Name of Mother: Lula Gleason	Name of Father: Warren Gleason	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Lula E. Gleason	Date Issued: Apr.18,1967	Date Orig. Entry: -----
	Date of Birth: Jan.11,1913 / Birth Place: Arling (a rural community) Idaho	Full Name of Mother: Lula Eva Woods	Name of Father: Warren Gleason	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 19, 1967

FORM BH 56067 2nd [illegible] (W) NM

JUN 19 1967

275-115-022-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-474

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie May Spencer		2. Date Of Birth (month) July (day) 15 (year) 1913
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Fremont County; b. City or Town of Birth: Marysville, Idaho
FATHER	6. Full Name of Father: Lewis Ruben Spencer		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Lottie Crowell Gribble		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Gunter	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: May 18 19 67	12. Signature of Notary: [signature]	13. Notary Commission expires: 7/31 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho 235319	Date issued: -----	Date Orig. Entry: child born Aug.5,1935
	Date of Birth: Age 22	Birth Place: Marysville	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Blessing		By whom issued and signed: LDS Church, Marysville Ward Howard Murdoch, Clerk	Date issued: Feb.19,1967	Date Orig. Entry: blessed Sept.7,1913
	Date of Birth: July 15, 1913	Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: Lottie Gribble	Name of Father: Lewis Spencer	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records		By whom issued and signed: Fremont County, Idaho, LaMonte Bauer, Clerk of the Dist.Court	Date issued: May 19, 1967	Date Orig. Entry: 1919-20
	Date of Birth: Age 6	Birth Place: -----	Full Name of Mother: -----	Name of Father: Lewis Spencer	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. U. Benson	Glenda Larson	June 19, 1967

FORM BH 56067

JUN 19 1967

259-230-044-551

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-621

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Rachel Emma Keithly
2. Date of Birth (month) (day) (year): Dec. 30 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Midvale, Ida. Wash.
b. City or Town of Birth: Midvale, Ida.

FATHER

6. Full Name of Father: Samuel Allen Keithly
7. State or Country of Father's Birth: Texas

MOTHER

8. Full Maiden Name of Mother: Emma Jane Evans
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rachel Keithly Dilehay
11. Present Address of Registrant: Rt. #5, Nampa

NOTARY (Seal)

Subscribed and sworn to before me on: July 11 1967
12. Signature of Notary: Thurlow Bryan
13. Notary Commission expires: March 5 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by uncle Age:85	Arthur W. Keithly	July 11,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.30,1913	Midvale, Idaho	Emma Evans Keithly	Samuel Allen Keithly

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of teacher's record	Nampa Public Schools	-------	1949-50

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.30,1913	Midvale, Idaho	-----	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from family Bible	Family Bible Records	-----	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.30,1913	Midvale, Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	August 9, 1967

FORM BH 56067

AUG 9 1967
DEC 2 9 1971

696-213-003-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-628

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Fromel			2. Date of Birth (month) (day) (year): January 13, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Hawkins Basin
FATHER	6. Full Name of Father: Carl Ernst Fromel			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Elsa Paula Hanisch			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Garner		11. Present Address of Registrant: Glenns Ferry Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on: August 15 1967	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On File Idaho #174033	Date Issued: -----	Date Orig. Entry: child born July 6, 1929
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Family record		By whom issued and signed: Family records	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Jan.13,1913	Birth Place: -----	Full Name of Mother: Elsa Fromel	Name of Father: Ernst Fromel	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Elsa Fromel	Date Issued: Aug 3,1967	Date Orig. Entry: ----
	Date of Birth: Jan.13,1913	Birth Place: Hawkins Basin	Full Name of Mother: Elsa Hanisch	Name of Father: Ernest Fromel	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Aug 15,1967

FORM BH 56067

2 copies paid rec. 18154 2nd form sent 8-9-67 gml (G)

Garner

AUG 15 1967

F-2 757-210-013-659

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-635

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: RUTH NORENE LEAPER		2. Date Of Birth (month) (day) (year): OCTOBER 10 1913
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO, CAMAS b. City or Town of Birth: SOLDIER (FAIRFIELD)
FATHER	6. Full Name of Father: ~~ALLENDA~~ ROBERT MCDOUGAL LEAPER		7. State or Country of Father's Birth: DUMFREIS, SCOTLAND
MOTHER	8. Full Maiden Name of Mother: ~~AMARD~~ AMANDA MALISA FERGUSON LEAPER		9. State or Country of Mother's Birth: RIPPLEY, WEST VIRGNIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Norene Leaper	11. Present Address of Registrant: 106½ E. 40 BOISE, IDA
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 1967	12. Signature of Notary: Irene Walters	13. Notary Commission expires: 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #416949	Date Issued: -----	Date Orig. Entry: child born Feb. 17,1946
	Date of Birth: Age 32	Birth Place: Fairfield, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership		By whom issued and signed: G.C.Richard Galloway, Mission Pres., Boise, Stake	Date Issued: -----	Date Orig. Entry: baptized Sept.4,1954
	Date of Birth: Oct.10,1913	Birth Place: Fairfield, Idaho Camas County	Full Name of Mother: Amanda Milisa Ferguson	Name of Father: Robert McDougal Leaper	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Amanda Malisa Leaper	Date Issued: July 25,1967	Date Orig. Entry: -----
	Date of Birth: Oct.10,1913	Birth Place: Soldier (Fairfield) Camas Co., Idaho	Full Name of Mother: Amanda Malisa Ferguson Leaper	Name of Father: Robert McDougal Leaper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: August 21,1967

FORM BH 56067

AUG 2 1 1967

152-228-016-265

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-660

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lucille Elnora Jespersen		2. Date of Birth (month) (day) (year): August 28 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Burley, Idaho
FATHER	6. Full Name of Father: Frederick Wilhelm Jespersen		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Evangeline Sweat Jespersen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lucille Faulk	11. Present Address of Registrant: 634 Sierra St
NOTARY (Seal)	Subscribed and sworn to before me on: 6/20 1967	12. Signature of Notary: Margaret A Cole	13. Notary Commission expires: 6/25 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother (bd. 2-27-1900)		By whom issued and signed: Fred William Jespersen	Date issued: June 17,1967	Date Orig. Entry: -----
	Date of Birth: Aug.28,1913	Birth Place: Burley, Idaho	Full Name of Mother: Evangeline Sweat Jespersen	Name of Father: Frederick Wilhelm Jespersen	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #659		By whom issued and signed: State of Washington	Date issued: Jan.31,1961	Date Orig. Entry: child born May 3,1937
	Date of Birth: Age 23	Birth Place: Burley, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy H90 056 402		By whom issued and signed: Prudential Ins. Co. of America	Date issued: ----	Date Orig. Entry: Aug. 9, 1954
	Date of Birth: Aug.28,1913	Birth Place: Burly, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 21,1967

FORM BH 56067

[illegible] #13693 (F) 7-28-67 gml

AUG 22 1967

243-218-042-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-683

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Luella Mary Butler
2. Date of Birth (month) (day) (year): Sept. 18, 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Twin Falls--Twin Falls
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: William Marks Butler
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Carrie Nora Lee
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Luella B. Gregory
11. Present Address of Registrant: Box 305, Aberdeen, Ida. ~~Box 1404, Pocatello~~

NOTARY (Seal)

Subscribed and sworn to before me on July 11 1967

12. Signature of Notary: Roger W. Honorbs
13. Notary Commission expires: March 15 1969

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized photocopy of page from family Bible	Family Bible Records	July 11,'67	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.18,1913	Twin Falls,Idaho	-----	Wm. Marks Butler

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
notarized photocopy of birth announcement and envelope	announcements sent by parents	copy made July 11,67	postmarked Sep.29,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.18,1913	Twin Falls	Mrs. Wm. M. Butler	Mr. Wm. M. Butler Twin Falls,Ida.

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family & neighbor	Grace A. Parsons Age 77	Aug.15,1967	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Sep.18,1913	Twin Falls,Idaho	Carrie Nora Butler	William Marks Butler

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 23,1967

FORM BH 56067

2 Copies mailed 8-24-67

(6) 8-9-67 gml

AUG 25 1967

21928-01-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-690

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Harold Bardsley		2. Date of Birth (month) April (day) 28 (year) 1913
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Idaho / Canyon; b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: John Logan Bardsley		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Susan Josephine Parker		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John H. Bardsley	11. Present Address of Registrant: 714 Benners Ferry, Idaho Box
NOTARY (Seal)	Subscribed and sworn to before me on: June 22, 1967	12. Signature of Notary: Alice L. Kruegel	13. Notary Commission expires: May 18, 1967

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of insurance #126652	By whom issued and signed: Western Life Ins. Co. of Helena, Montana	Date Issued: Mar.6,1952	Date Orig. Entry: Nov.28,1945	
	Date of Birth: Apr.28,1913	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #436917	Date Issued: -----	Date Orig. Entry: child born May 21, 1947	
	Date of Birth: Age 34	Birth Place: Caldwell, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (bd.11-2-1904)	By whom issued and signed: Frances R. Yeoumans (Bardsley)	Date Issued: Aug.7,1967	Date Orig. Entry: -----	
	Date of Birth: Apr.28,1913	Birth Place: Caldwell, Idaho	Full Name of Mother: Josephine Bardsley	Name of Father: John Logan Bardsley	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Aug. 31, 1967

FORM BH 56067

AUG 31 1967
OCT 10 1967

691 695-209-043-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-691

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Winkler		2. Date of Birth (month) (day) (year): January 9 1913
	3. Color or Race: White	4. Sex: Fem	5. Place of Birth a. County: Valley; b. City or Town of Birth: McCall, Idaho
FATHER	6. Full Name of Father: Ernest W. Winkler		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Nellie K. Phillips		9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys March	11. Present Address of Registrant: 379 Elgin, Oregon P O Box
NOTARY (Seal)	Subscribed and sworn to before me on: July 3rd 19 67	12. Signature of Notary: [illegible]	13. Notary Commission expires: April 13th 19 68

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #310243	Date Issued: -----	Date Orig. Entry: child born Feb.20,1944	
	Date of Birth: Age 28	Birth Place: McCall, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Marie McFadden, Recorder, Adams County, Idaho	Date Issued: July 6,1967	Date Orig. Entry: Sept.21,1920	
	Date of Birth: Age 7	Birth Place: -----	Full Name of Mother: -----	Name of Father: Ernest Winkler	
SUPPORTING RECORD 3.	Type of Document: Statement from Hospital	By whom issued and signed: Harold Whitaker, Adm. Council Community Hospital	Date Issued: July 3,1967	Date Orig. Entry: admitted Feb. 18,1941	
	Date of Birth: Jan 9,1913	Birth Place: McCall, Idaho	Full Name of Mother: Nellie K. Phillips	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Aug 31,1967

FORM BH 56067

Application #16759 (M) 8-22-67 ml 8-22-67

March

AUG 31 1967

141 455-124-024-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 67-741

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elvin John Dennis		2. Date of Birth (month) (day) (year): June 24, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Hagerman, Idaho, Gooding — b. City or Town of Birth: Hagerman
FATHER	6. Full Name of Father: Arthur Irvin Dennis		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Nettie M. Condit Dennis		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elvin J Dennis	11. Present Address of Registrant: Marsing, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 16 1967	12. Signature of Notary: Kenneth Bittick	13. Notary Commission expires: April 26 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nettie M. Dennis	Date Issued: May 19,1967	Date Orig. Entry: -----
	Date of Birth: June 24,1913 / Birth Place: Hagerman, Idaho	Full Name of Mother: Nettie M Condit Dennis	Name of Father: Arthur I. Dennis	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho	Date Issued: ----	Date Orig. Entry: child born Feb. 27,1944
	Date of Birth: Age 30 / Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Baptismal Certificate	By whom issued and signed: Reorganized (recorder) L.D.S.Church-L.Hiepergerdes	Date Issued: -----	Date Orig. Entry: Baptized Aug 23,1924
	Date of Birth: Jun 24,1913 / Birth Place: Hagerman, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Sept. 14, 1967

FORM BH 56067 (1)

(1) 5-19-67

SEP 15 1967

132-210-028-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-747

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Evelyn Albin			2. Date of Birth (month) Sept. (day) 10, (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Harrison
FATHER	6. Full Name of Father: John Wilbur Albin			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Nora Adeline Whitehead			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Evelyn Kirkman		11. Present Address of Registrant: Route 3, Walla Walla, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: July 25 19 67	12. Signature of Notary: William F. Kosch		13. Notary Commission expires: Dec. 23 19 68

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding voting records		By whom issued and signed: Prospect Point Precinct of Walla Walla Co., Washington	Date Issued: Jul.26,1967	Date Orig. Entry: Aug.4,1958
	Date of Birth: Sept.10,1913	Birth Place: Harrison, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of census record		By whom issued and signed: Department of Commerce, Bureau of the census	Date Issued: Jul.15,1938	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 6	Birth Place: Idaho	Full Name of Mother: Nora Albin	Name of Father: J. W. Albin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Nora Adeline Titus	Date Issued: Jul.26,1967	Date Orig. Entry: -----
	Date of Birth: Sep.10,1913	Birth Place: Harrison, Idaho Kootenai County	Full Name of Mother: Nora Adeline Whitehead	Name of Father: John Wilbur Albin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 26, 1967

FORM BH 56067

SEP 20 1967

813-328-223-464

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-755

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Sarah Hall,		2. Date Of Birth (month) (day) (year): February 28th 1913	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Gem,	b. City or Town of Birth: Emmett, Idaho,
FATHER	6. Full Name of Father: John C. Hall,		7. State or Country of Father's Birth: Salem, Oregon	
MOTHER	8. Full Maiden Name of Mother: Amanda I. Moulton,		9. State or Country of Mother's Birth: Gentry County, Mo.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie Sarah Spoo,	11. Present Address of Registrant: 113 West 6th Street Emmett, Idaho,	
NOTARY (Seal)	Subscribed and sworn to before me on: May, 22nd 1967, 19	12. Signature of Notary: Boise G. Riggs	13. Notary Commission expires: April 24th 1970, 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate #260129	By whom issued and signed: On file Idaho	Date Issued: ----	Date Orig. Entry: child born Oct.20,1937	
	Date of Birth: Age 24,	Birth Place: Emmett, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #543-30-8874	By whom issued and signed: Social Security Adm.	Date Issued: -----	Date Orig. Entry: May 11,1946	
	Date of Birth: Feb.28,1913	Birth Place: Emmett, Idaho Gem County	Full Name of Mother: Amanda Isabel Moulton	Name of Father: John Charles Hall	
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-brother present at time of birth	By whom issued and signed: Albert H. Knouse Age 71	Date Issued: Aug.28,1967	Date Orig. Entry: -----	
	Date of Birth: Feb.28,1913	Birth Place: Emmett, Idaho	Full Name of Mother: Amanda L. Moulton	Name of Father: John C. Hall	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Sept. 22, 1967

FORM BH 56067

SEP 22 1967

AUG 2 2 1975

212-21-042-323

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-775

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Miriam Dorothy Babcock			2. Date of Birth (month) (day) (year): December 11th 1913	
	3. Color or Race: white	4. Sex: Female	5. Place of Birth: Home a. County: Twin Falls	b. City or Town of Birth: Twin Falls, Idaho	
FATHER	6. Full Name of Father: William A. Babcock			7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Ora A. Lacey			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Miriam Babcock Dahl	11. Present Address of Registrant: 1611 Maple Ave. Twin Falls, Idaho.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 11th 1967.		12. Signature of Notary: Edward Babcock	13. Notary Commission expires: Jan 24th 1968	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #322012	Date Issued: ------	Date Orig. Entry: child born Sept.5,1941
	Date of Birth: Age 27	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age 67		By whom issued and signed: Bernice Babcock	Date Issued: Jun.28,1967	Date Orig. Entry: -----
	Date of Birth: Dec.11,1913	Birth Place: Twin Falls County Twin Falls, Idaho	Full Name of Mother: Ora A. Babcock	Name of Father: W. A. Babcock	
SUPPORTING RECORD 3.	Type of Document: photocopy of school census record		By whom issued and signed: School Dist. #1, Twin Falls County, Idaho	Date Issued: -----	Date Orig. Entry: Sept. 1921
	Date of Birth: Dec.11,1913	Birth Place: ------	Full Name of Mother: Mrs. Ora A. Babcock	Name of Father: W. T. Babcock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Sept.25,1967

FORM BH 56067 1 copy paid rec. 11184 (D) 6-16-67 RUSH

Dahl

SEP 25 1967

Miriam Dorothy Babcock
Twin Falls, Idaho
Dec. 11, 1913

251-119-010-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-778

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rufus Fay Rex Beach		2. Date Of Birth (month) August (day) 19 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Lincoln, Idaho
FATHER	6. Full Name of Father: Rufus Beach		7. State or Country of Father's Birth: Snyderville, Utah U.S.A.
MOTHER	8. Full Maiden Name of Mother: Nellie Christella Whitehead		9. State or Country of Mother's Birth: Ovid, Idaho U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Rex Beach	11. Present Address of Registrant: 895 E 17th St., Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 8 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: Elizabeth E. Madson 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.19,1913	Birth Place: Lincoln, Idaho	Full Name of Mother: Nellie C. Whitehead	Name of Father: Rufus Beach
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Blessing	By whom issued and signed: LDS Church, Lincoln, Ward, F. A. Caine, Clerk	Date issued: ----	Date Orig. Entry: blessed Nov. 9,1913
	Date of Birth: Aug.19,1913	Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Nellie Whitehead	Name of Father: Rufus Beach
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nell Beach	Date issued: Sept.7,1967	Date Orig. Entry: -----
	Date of Birth: Aug.19,1913	Birth Place: Lincoln, Idaho Bonneville County	Full Name of Mother: Nellie Christella Whitehead Beach	Name of Father: Rufus Beach
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W U Benson	Glenda Larson	September 7,1967

FORM BH 56067 (B) 4-64-61. 1 Copy [illegible] #3549. Search made in Bonneville Co.

SEP 26 1967

435-219-003 291

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-783

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Norma Louise McNabb			2. Date Of Birth (month) (day) (year): September 19, 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Inkom
FATHER	6. Full Name of Father: William Harrison McNabb			7. State or Country of Father's Birth: Roane County, Tennessee
MOTHER	8. Full Maiden Name of Mother: Nora Jane Kraus			9. State or Country of Mother's Birth: Roane County, Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Norma Louise Spraker		11. Present Address of Registrant: Route One Box 61 Pocatello, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: September 5 1967	12. Signature of Notary: Vernon N. Powell		13. Notary Commission expires: My Commission expires March 30, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #51-15072	Date Issued: -----	Date Orig. Entry: child born Dec.20,1951
	Date of Birth: Age: 38	Birth Place: Inkom, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #11972		By whom issued and signed: Pacific National Life Assurance Co., Salt Lake City, Utah	Date Issued: Dec.3,1932	Date Orig. Entry: May 17, 1932
	Date of Birth: Sep.19,1913	Birth Place: Inkom, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Nora Jane McNabb	Date Issued: Aug.24,1967	Date Orig. Entry: -----
	Date of Birth: Sep.19,1913	Birth Place: Inkom, Idaho	Full Name of Mother: Nora Jane McNabb	Name of Father: William Harrison McNabb	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: Sept.27,1967

FORM BH 56067 2nd form sent 7-18-67 (S) 1 copy paid red. 561

SEP 27 1967

Speaker

[redacted]

DECEASED

993-202-004-234

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-850

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Rich		2. Date of Birth (month) (day) (year): March 2 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Paris, Bear Lake; b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Daniel Coulson Rich		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Annie Stucki		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth R. Bigemore	11. Present Address of Registrant: Paris, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 26th Day of Sept 1967	12. Signature of Notary: L Hugh Shepherd	13. Notary Commission expires: Oct 10th 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #266812	Date Issued: ------	Date Orig. Entry: child born May 6,1938
	Date of Birth: Age 25 / Birth Place: Paris, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Annie S. Rich	Date Issued: Sep.26,1967	Date Orig. Entry: -----
	Date of Birth: Mar.2,1913 / Birth Place: Paris, Idaho	Full Name of Mother: Annie Stucki Rich	Name of Father: Daniel Coulson Rich	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #210807	By whom issued and signed: Beneficial Life Ins. Co., Salt Lake City, Utah	Date Issued: Mar.5,1941	Date Orig. Entry: Mar.3,1941
	Date of Birth: Mar.2, 1913 / Birth Place: Paris, Idaho	Full Name of Mother: -----	Name of Father: Daniel C. Rich	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Larson	Evidence reviewed by: Glenda Larson	Date Filed: October 6,1967

FORM BH 56067

5-4-61

OCT 6 1967

296-112-009-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-866

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irving George Brown			2. Date of Birth (month) March (day) 12 (year) 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Bonner County, Idaho	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: George Irving Brown			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Olivia Albright			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irving George Brown		11. Present Address of Registrant: Outing, Minn.
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 1967	12. Signature of Notary: F. Clark Witter		13. Notary Commission expires: F. CLARK WITTER Notry Public - Crow Wing Co., Minn. My Commission Expires July 29, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: June 30,1967	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 6	Birth Place: Idaho	Full Name of Mother: Olivia Brown	Name of Father: Geo. I. Brown	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage record		By whom issued and signed: Washington County, Minnesota	Date Issued: May 22,1967	Date Orig. Entry: ------
	Date of Birth: Age 23	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age:91		By whom issued and signed: Frank D. Brown	Date Issued: Sep.27,1967	Date Orig. Entry: ----
	Date of Birth: Mar.12,1913	Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Olivia Albright Brown	Name of Father: George I. Brown	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Oct. 11, 1967

FORM BH 56067

1 copy paid 4-27-61 [illegible] 16865 (W) 8-2[illegible]

White City

OCT 1 1 1967

156-225-010-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-913

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Idabelle Jewett			2. Date Of Birth: (month) May (day) 25 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: a. County: Bonneville	b. City or Town of Birth: Idaho Falls	
FATHER	6. Full Name of Father: Charles David Jewett			7. State or Country of Father's Birth: Colorado	
MOTHER	8. Full Maiden Name of Mother: Minnie Belle Taylor			9. State or Country of Mother's Birth: California	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Idabelle K Young	11. Present Address of Registrant: 1717 West Walker Wichita, Kansas	
NOTARY (Seal)	Subscribed and sworn to before me on: August 30 1967		12. Signature of Notary: Leah L. Armour	13. Notary Commission expires: June 21- 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of driver's license	By whom issued and signed: State of Oklahoma #122974		Date Issued: Nov.30,1945	Date Orig. Entry: Nov.30,1945
	Date of Birth: May 25,1913	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: certified copy of own child's birth certificate	By whom issued and signed: State of Oklahoma, Dept. of Health		Date Issued: Oct.8,1954	Date Orig. Entry: child born June 18, 1939
	Date of Birth: Age 26	Birth Place: Idaho Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #446-28-0891	By whom issued and signed: Social Security Adm.		Date Issued: -----	Date Orig. Entry: Aug.12,1946
	Date of Birth: May 25,1913	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Minnie Taylor	Name of Father: Charles David Jewett	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	October 25, 1967

FORM BH 56067

1-21-69

OCT 25 1967

266-206-021-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-916

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Bowden
2. Date of Birth (month) (day) (year): Oct. 6 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth: Fairview (at home) a. County: Franklin b. City or Town of Birth: Fairview, Idaho

FATHER

6. Full Name of Father: James Robert Bowden
7. State or Country of Father's Birth: Brigham City, Utah

MOTHER

8. Full Maiden Name of Mother: Ruth Lapreal Orchard
9. State or Country of Mother's Birth: Franklin Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary (Bowden) Bennett
11. Present Address of Registrant: 4010 Lydia Lane Placerville Calif.

NOTARY (seal)

Subscribed and sworn to before me on: August 22, 1967

12. Signature of Notary: William A. Hamann Jr.
13. Notary Commission expires: 9-29 1968

WILLIAM A. HAMANN, Jr.
NOTARY PUBLIC - CALIFORNIA
COUNTY OF EL DORADO

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #232040	-----	child born May 11, 1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21	Fairview, Idaho	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Duplicate Certificate of Baptism and Confirmation	LDS Church, Irving Campbell, Bishop, Placerville Ward	Aug. 13, 1967	baptized June 4, 1922

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct. 6, 1913	Fairview, Idaho	Ruth Orchard	James A. Bowden

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
photocopy of face of insurance policy	Beneficial Protective Assoc. Pocatello, Idaho	Apr. 19, 1937	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 23	-----	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Oct. 25, 1967

FORM BH 56067 1 copy paid 9495 6-9-61

OCT 25 1967

894-213-002-6-677

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-982

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred May Himler			2. Date of Birth (month) Feb (day) 13 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: New Meadows Idaho	b. City or Town of Birth: New Meadows Idaho	
FATHER	6. Full Name of Father: Bertie Elmer Himler			7. State or Country of Father's Birth: Shellsburg Iowa	
MOTHER	8. Full Maiden Name of Mother: Dora Ogg -			9. State or Country of Mother's Birth: Shellsburg Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred May Vitrano		11. Present Address of Registrant: 18 - Canyon Drive 94112 San Francisco Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 3, 1967	12. Signature of Notary: [illegible]		13. Notary Commission expires: JUNE 26, 1971 19	

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: Department of Public Health San Francisco, California	Date Issued: Oct.2,1967	Date Orig. Entry: child born May 31,1949
	Date of Birth: Age 33	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of family records		By whom issued and signed: Family Records/H.M.Grady, Notary Public, Westport, Wash.	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Feb.13,1913	Birth Place: New Meadows,Idaho	Full Name of Mother: Dora Ogg	Name of Father: Bert E. Himler	
SUPPORTING RECORD 3.	Type of Document: affidavit by person present at time of birth (sister)		By whom issued and signed: Lila V. Vinson Age 66	Date Issued: Nov.9,1967	Date Orig. Entry: -----
	Date of Birth: Feb.13,1913	Birth Place: New Meadows,Idaho	Full Name of Mother: Dora Ogg	Name of Father: Bert E. Himler	
QUALIFYING INFORMATION					

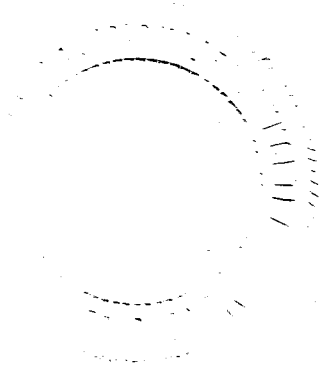
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Benson	gml Glenda Larson	Nov. 16, 1967

FORM BH 56067 (v) 11-2-1 gml

NOV 1 6 1967



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 67-1004**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Lucille Small		2. Date of Birth (month) August (day) 27 (year) 1913
	3. Color or Race: White	4. Sex: Fem.	5. Place of Birth a. County: Boise Idaho; b. City or Town of Birth: Boise Idaho
FATHER	6. Full Name of Father: Charlie Small		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Samella Halcombe or Ella-		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Small	11. Present Address of Registrant: Rt. 4 Box 21 Mt. Vernon-Wn
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 7 1967	12. Signature of Notary: [illegible]	13. Notary Commission expires: 9/7 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of marriage		By whom issued and signed: Vancouver, B.C., Canada license #47969 B	Date Issued: Aug.3,1940	Date Orig. Entry: Aug.1,1940
	Date of Birth: Age 26	Birth Place: Boise,Idaho USA	Full Name of Mother: Ella Halcombe	Name of Father: Charlie Small	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Mutual Life Ins. Co. of New York	Date Issued: ----	Date Orig. Entry: May 23,1962
	Date of Birth: Aug.27,1913	Birth Place: Boise, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of own child's birth certificate #324		By whom issued and signed: State of Washington, Vital Statistics	Date Issued: Nov.24,1967	Date Orig. Entry: child born Nov.9,1943
	Date of Birth: Age 30	Birth Place: Boise, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: December 4,1967

FORM BH 56067 [illegible] #23714 (1) 11-20-[illegible]

DEC 4 1967

154-22-5022-963

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1023

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Alice Anderegg			2. Date Of Birth: (month) Feb. (day) 25 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County (Orig) Fremont Now Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Peter Anderegg			7. State or Country of Father's Birth: Meiringen, Bern, Switzerland
MOTHER	8. Full Maiden Name of Mother: Margaritha or Margarit Roth			9. State or Country of Mother's Birth: Innertkirchen, Bern, Switzerland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl A. Anderson		11. Present Address of Registrant: 3406 53rd St. Lubbock, Texas 79413
NOTARY (Seal)	Subscribed and sworn to before me on: November 6, 1967	12. Signature of Notary: Marguerite Key		13. Notary Commission expires: June 1 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Margaret Anderegg	Date Issued: Nov.6,1967	Date Orig. Entry: -----
	Date of Birth: Feb.25,1913	Birth Place: Rexburg,Idaho	Full Name of Mother: Margaret Anderegg	Name of Father: Peter Anderegg	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records		By whom issued and signed: Ricks College, Rexburg,Idaho	Date Issued: -----	Date Orig. Entry: 1930
	Date of Birth: Feb.25,1913	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: Peter Anderegg	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment as a teacher		By whom issued and signed: Lubbock City Schools,Texas	Date Issued: -----	Date Orig. Entry: July 1958
	Date of Birth: Feb.25,1913	Birth Place: -----	Full Name of Mother: Margaret Anderegg	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Dec. 8, 1967

FORM BH 56067

DEC 8 1967

MAR 1 2 1973

893-22-9030-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 67-1059

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Louise Hicks			2. Date of Birth (month) (day) (year): August 29,1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: ~~MAY~~, Idaho, Ellis
FATHER	6. Full Name of Father: Victor Leslie Hicks			7. State or Country of Father's Birth: 3-22-1885- Idaho
MOTHER	8. Full Maiden Name of Mother: Clyta Walker			9. State or Country of Mother's Birth: Nov.29,1890 - Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Mann		11. Present Address of Registrant: Box 294, Pinehurst Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 4 19 67	12. Signature of Notary: Celestine Brown		13. Notary Commission expires: 2-23-69 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible Records	Date Issued: Oct.3,1967	Date Orig. Entry: obviously old
	Date of Birth: Aug.29,1913 / Birth Place: Ellis, Idaho Lemhi County	Full Name of Mother: Clyta Hicks (Walker)	Name of Father: Victor Leslie Hicks	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Lemhi County, Idaho Dist. #12	Date Issued: Oct.3,1967	Date Orig. Entry: Nov.19,1920
	Date of Birth: Age 7 / Birth Place: ——	Full Name of Mother: ——	Name of Father: Victor Hicks	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person with knowledge of birth	By whom issued and signed: Janet Steele Age 72	Date Issued: Oct.27,1967	Date Orig. Entry: ——
	Date of Birth: Aug.29,1913 / Birth Place: Ellis, Lemhi County, Idaho	Full Name of Mother: Clyta Hicks nee Walker	Name of Father: Victor Leslie Hicks	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 14, 1967

K FORM BH 56067

9-17-67

JAN 10 1968

DECEASED

231-118-039-259

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-175

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James, Daniel Stanger	2. Date of Birth (month) (day) (year): May 18 1913
	3. Color or Race: White; 4. Sex: M; 5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls Idaho
FATHER	6. Full Name of Father: George William Stanger	7. State or Country of Father's Birth: Utah Ogden Weber
MOTHER	8. Full Maiden Name of Mother: Sarah Ellen Knight	9. State or Country of Mother's Birth: Utah. Slaterville Weber
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Daniel Stanger; 11. Present Address of Registrant: American Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 3 1968	12. Signature of Notary: John C. Gochenour; 13. Notary Commission expires: Feb 9 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #373844	Date issued: -----	Date Orig. Entry: child born May 26,1943
	Date of Birth: Age: 30	Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who took care of registrant as a baby		By whom issued and signed: Serena Alta Stanger Hansen (born May 7,1889)	Date issued: Feb.3,1968	Date Orig. Entry: -----
	Date of Birth: May 18,1913	Birth Place: American Falls, Idaho	Full Name of Mother: Sarah Ellen Knight Stanger	Name of Father: George William Stanger	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage records		By whom issued and signed: Clearwater County, Idaho	Date issued: Jan.5,1968	Date Orig. Entry: Dec.11,1957
	Date of Birth: Age: 44	Birth Place: American Falls, Idaho	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 15, 1968

FORM BH 56067

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12-28-67

FEB 16 1968

433-151-001-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-178

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Forrest McConnell			2. Date Of Birth (month) August (day) 1 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Claude T. McConnell			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Capitola Carmen Beatty			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Forrest McConnell		11. Present Address of Registrant: Lake Quivira Kansas City, Kansas
NOTARY (Seal)	Subscribed and sworn to before me on: January 12, 1968	12. Signature of Notary: Ellen Bradford		13. Notary Commission expires: January 13, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Claude T. McConnell	Date Issued: Jan.10,1964	Date Orig. Entry: -----
	Date of Birth: Aug.1,1913 / Birth Place: Boise, Idaho	Full Name of Mother: Capitola Beatty McConnell	Name of Father: Claude T. McConnell	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #523196	By whom issued and signed: Pyramid Life Ins. Co., Kansas City, Kansas	Date Issued: ---	Date Orig. Entry: Aug.20,1954
	Date of Birth: Aug.1,1913 / Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding employment records	By whom issued and signed: The W.E. Isle Co., Kansas City, Mo. Robert McBride, Controller	Date Issued: Jan.15,1964	Date Orig. Entry: Oct.11,1937
	Date of Birth: Aug.1,1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 15, 1968

FORM BH 56067

4-23-68

FEB 16 1968

294-23-016-571

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-218

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ORLAN EGAN Kidd
2. Date of Birth (month) (day) (year): Dec 23 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: CASSIA
b. City or Town of Birth: Burley - Idaho

FATHER

6. Full Name of Father: James Walter Kidd.
7. State or Country of Father's Birth: Alabama

MOTHER

8. Full Maiden Name of Mother: Vida Valentine EGAN
9. State or Country of Mother's Birth: Idaho Cassia Co.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orlan Egan Kidd
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: DECEMBER 2, 1967

12. Signature of Notary: Leo W. Green
13. Notary Commission expires: DECEMBER 9, 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #246035	-----	child born July 31,1936
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age 22 / Burley, Idaho	-----	-----	
SUPPORTING RECORD 2.	Photocopy of application for insurance policy 4 59 80-62M	Mutual Benefit Health & Accident Association	May 10,1962	May 2, 1962
	Dec.23,1913 / Idaho	-----	-----	
SUPPORTING RECORD 3.	Affidavit by mother	Vida Egan Kidd	Feb.19,1968	----
	Dec.23,1913 / Burley, Idaho	Vida Egan Kidd	James Walter Kidd	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

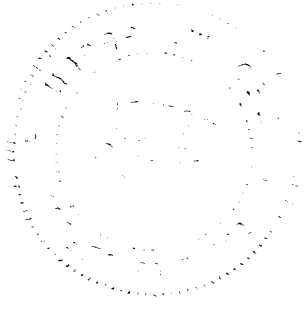
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 1, 1968

FORM BH 56067 NM.

(K) 1-24-68 gml

MAR 4 1968



514-129025-995

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-230

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Cecil Joseph Nau
2. Date Of Birth (month) (day) (year): April 29 1913
3. Color or Race: Cauc.
4. Sex: M
5. Place of Birth a. County: Ferdinand Idaho
b. City or Town of Birth: Ferdinand, Idaho

FATHER

6. Full Name of Father: Anton Henry Nau
7. State or Country of Father's Birth: Minnesota

MOTHER

8. Full Maiden Name of Mother: Caroline Ries
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Cecil J. Nau
11. Present Address of Registrant: P.O. Box 428 Forestville, Calif.

ROBERT B. ALDRICH
NOTARY PUBLIC-CALIFORNIA
COUNTY OF SONOMA
My Commission Expires January 19, 1972

Subscribed and sworn to before me on FEBRUARY 20 1968

12. Signature of Notary: Robert B Aldrich
13. Notary Commission expires: 1-19 1972

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Assumption Parish, Ferdinand, Idaho, Roman Catholic Church	Apr.30,1939	baptized Apr.30,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr.29,1913 / Ferdinand, Idaho	Caroline Bies	Antony Nau	
SUPPORTING RECORD 2.	Affidavit by mother	Caroline Nau	May 15,1967	----
	Apr.29,1913 / Ferdinand, Idaho	Caroline Ries Nau	Anton H. Nau	
SUPPORTING RECORD 3.	photocopy of first page of insurance policy#FSP-21653	Public Service Life Health & Accident Co.	Oct.26,1942	----
	Age 29 / ----	---	---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

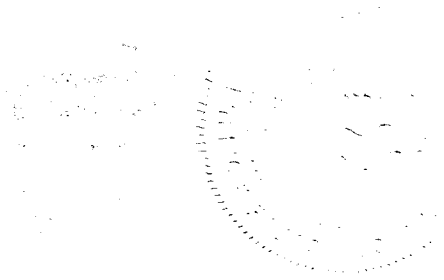
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	March 4, 1968

FORM BH 56067 NM

(N) 10-20-67 gmf

MAR 4 1968



819-213-022-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-301

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELLARENE HARSHBARGER
2. Date of Birth (month) Aug (day) 13 (year) 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth: ON FARM b. County FREMONT
b. City or Town of Birth: Drummond

FATHER

6. Full Name of Father: Orville EARL HARSHBARGER
7. State or Country of Father's Birth: KANSAS.

MOTHER

8. Full Maiden Name of Mother: SARAH Olive CLARK
9. State or Country of Mother's Birth: KANSAS.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X
10. Signature of Registrant: Ellarene Hanson
11. Present Address of Registrant: Wilbur, WN

NOTARY (Seal)

Subscribed and sworn to before me on 11th of MARCH 1968
12. Signature of Notary: Ruth Auberlin
13. Notary Commission expires: Nov. 1 1968

((APPLICANT— DO NOT WRITE BELOW THIS LINE))

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
copy of church records	Danish Lutheran Church, Wilbur Washington,	Mar.11,1968	June 10, 1941

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1913	Drummond, Idaho	Sarah Olive Clark	Orville Earl Harshbarger

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy #8616202	Washington National Ins.Co.	----	Jan.16,1963

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1913	----	-----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Olive Harshbarger	Jan.5,1967	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1913	Drummond, Idaho	Sarah Olive Clark(Harshbarger)	O. Earl Harshbarger

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	March 20, 1968

MAR 20 1968

168-2251010-251

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-307

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Lourena Johannesen		2. Date Of Birth (month) June (day) 25 (year) 1913
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Idaho Falls
FATHER	6. Full Name of Father: George Henry Johannesen		7. State or Country of Father's Birth: Logan, Utah
MOTHER	8. Full Maiden Name of Mother: Edith Arvilla Beardsley		9. State or Country of Mother's Birth: Tomah, Wisconsin (Monroe Cty)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth Lourena Johannesen (Lundblad)	11. Present Address of Registrant: Lot 115 Riviera Trailer Court Pasco, Wash. 99328
NOTARY (Seal)	Subscribed and sworn to before me on: March 13 1968	12. Signature of Notary: [signature]	13. Notary Commission expires: Jan. 21 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: George Henry Johannesen	Date Issued: Feb.28,1968	Date Orig. Entry: -----
	Date of Birth: June 25,1913 / Birth Place: Idaho Falls, Idaho Bonneville, County	Full Name of Mother: Edith Arvilla Bea~~rdsley~~ Johannesen	Name of Father: George Henry Johannesen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Wisconsin Conference, John Taylor, Mission Pres.	Date Issued: -----	Date Orig. Entry: blessed May 19,1925
	Date of Birth: Jun.25,1913 / Birth Place: Idaho Falls, Idaho Bonneville County	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: The Idaho Falls LDS Hospital Idaho Falls, Idaho	Date Issued: ----	Date Orig. Entry: child born July 17,1938
	Date of Birth: Jun.25,1913 / Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

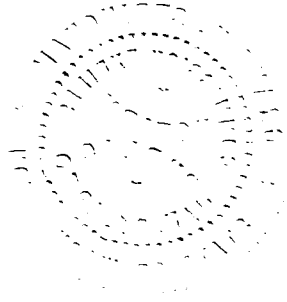
State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 20, 1968

FORM BH 56067

1 cp pd file # 26980

2-2-68

MAR 20 1968



238-219-032-554

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gertrude Clara Schorzman		2. Date Of Birth (month) April (day) 19 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Kimama
FATHER	6. Full Name of Father: David Schorzman		7. State or Country of Father's Birth: Menno, South Dakota	
MOTHER	8. Full Maiden Name of Mother: Christina Neuharth		9. State or Country of Mother's Birth: Menno, South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Gertrude Clara Kinert	11. Present Address of Registrant: 1370 Upton Way Twin Falls
	(Seal) Notary Public — State of Nevada Washoe County EDITH ECKLES My Commission Expires May 16, 1970	Subscribed and sworn to before me on FEBRUARY 5th 19 68	12. Signature of Notary: Edith Eckles	13. Notary Commission expires: MAY 16, 1970 19

(APPLICANT — DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Christina Schorzman	Date Issued: Nov.23,1966	Date Orig. Entry: -----
	Date of Birth: Apr.19,1913	Birth Place: Kimama, Idaho	Full Name of Mother: Christina Neuharth Schorzman	Name of Father: David Schorzman	
SUPPORTING RECORD 2.	Type of Document: Statement regarding employment records		By whom issued and signed: Jack Carson, Owner of the Drive-Way Market, Twin Falls	Date Issued: Jan.3,1968	Date Orig. Entry: Oct.1953
	Date of Birth: Apr.19,1913	Birth Place: Kimama, Idaho Lincoln County	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal certificate		By whom issued and signed: Carl H. Riedesel, Pastor	Date Issued: ---	Date Orig. Entry: baptized June 8,1913
	Date of Birth: Apr.19,1913	Birth Place: Kimama, Idaho	Full Name of Mother: Christina Schorzman	Name of Father: David Schorzman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 27,1968

FORM BH 56067 1 cc pd rec 19947 (N) 3-13-68

MAR 2 7 1968

380 212-114-014-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-380

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Francis Baker			2. Date of Birth (month) Sept. (day) 14 (year) 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Idaho - Canyon	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Henry Kirby Baker			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Helen Frances Kennedy			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry F Baker		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1968	12. Signature of Notary: Robert L Curtis		13. Notary Commission expires: June 8 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church-E.G. Johnson (Bishop)	Date Issued: Mar.29,1959	Date Orig. Entry: Baptized Mar 28,1959	
	Date of Birth: Sept.14,1913	Birth Place: Emmett,Idaho	Full Name of Mother: Helen Frances Kennedy	Name of Father: Henry Kirby Baker	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 393726	Date Issued: ---	Date Orig. Entry: Child born July 24, 1944	
	Date of Birth: Age 30	Birth Place: Emmett, Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Helen Frances Baker	Date Issued: Apr.8,1968	Date Orig. Entry: ------	
	Date of Birth: Sept.14,1913	Birth Place: Emmett, Idaho	Full Name of Mother: Helen Frances Kennedy	Name of Father: Henry Kirby Baker	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

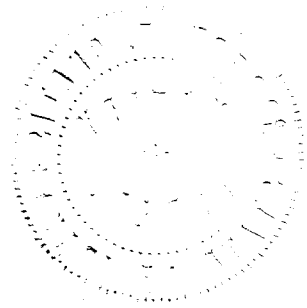
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	April 8,1968

FORM BH 56067

1-10-68

APR 9 1968



515-206-036-271

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-405

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jessie Vanderhoof			2. Date of Birth (month) July (day) 6 (year) 1913
	3. Color or Race: white	4. Sex: F	5. Place of Birth: Holbrook, Idaho a. County: Oneida	b. City or Town of Birth: Holbrrok, Idaho
FATHER	6. Full Name of Father: Warren William Vanderhoof			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Ethel Cleotha Sparks			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jessie Vanderhoof Archibald	11. Present Address of Registrant: Box 496 Carlton Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: April 2 1968		12. Signature of Notary: Bertie L. Sharp	13. Notary Commission expires: May 10 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #237390	Date issued: ----	Date Orig. Entry: child born Oct.15,1935
	Date of Birth: Age: 22	Birth Place: Holbrooke, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Warren William Vanderhoof	Date issued: Apr.2,1968	Date Orig. Entry: -----
	Date of Birth: July 6,1913	Birth Place: Holbrook, Idaho Oneida County	Full Name of Mother: Ethel Cleotha Sparks	Name of Father: Warren William Vanderhoof	
SUPPORTING RECORD 3.	Type of Document: Insurance certificate #518114		By whom issued and signed: International Brotherhood of Boiler Makers Iron Ship Builders & Helpers	Date issued: May 31,1943	Date Orig. Entry: May 31,1943
	Date of Birth: Age: 29	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

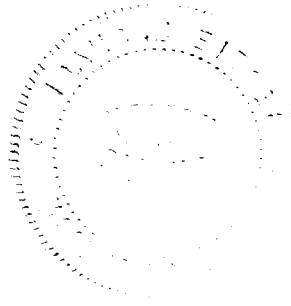
State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	April 16,1968

FORM BH 56067

1 cp pd [illegible] #29951

3-21-68

APR 17 1968



251-131-085-756

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-429
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorenza Wayne Seaman	2. Date Of Birth (month) (day) (year): May 21, 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Fernwood, Ida Benewah	* b. City or Town of Birth: Fernwood, Idaho
FATHER	6. Full Name of Father: Richard Marion Seaman	7. State or Country of Father's Birth: Dixie, Washington
MOTHER	8. Full Maiden Name of Mother: Mabel McClura George	9. State or Country of Mother's Birth: Elkhart, Indinia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lorenza Wayne Seaman; 11. Present Address of Registrant: P.O Box 156 Cove, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: 7-27 1967	12. Signature of Notary: Phyllis Jane Saunders; 13. Notary Commission expires: 3-30 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge		By whom issued and signed: U.S. Army, Earl G. Linhart, Major Ord Dept	Date issued: Dec.5,1945	Date Orig. Entry: inducted Mar.13,1942
Class*	Date of Birth: May 21,1913	Birth Place: Fennwood, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On File Idaho #373095	Date issued: -----	Date Orig. Entry: child born May 7,1943
Class	Date of Birth: Age 29	Birth Place: Fernwood, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-03-6700		By whom issued and signed: Treasury Department	Date issued: ----	Date Orig. Entry: Dec. 3, 1936
Class	Date of Birth: May 21,1913	Birth Place: Santa, Benewah County, Idaho	Full Name of Mother: Mabel McClura George	Name of Father: Richard Marion Seaman	

QUALIFYING INFORMATION: *Registrant states that he was actually born on a ranch between Fernwood and Santa. These two towns are only a few miles apart as shown on the map.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Berson	gml hh Glenda Larson	April 23, 1968

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

(S) 10-5-67 gml

FORM DPH 49067

APR 24 1968

815-128-023-851

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 68-542**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vern Albert Hansen		2. Date Of Birth (month) Sept. (day) 28 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Gem; b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Joseph Hansen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Dora Bell Heath		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Vern Albert Hansen	11. Present Address of Registrant: 409 East 1st Emmett Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 31st of May 1968	12. Signature of Notary: J. L. Lobaugh	13. Notary Commission expires: Oct. 19 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 1159383	By whom issued and signed: Occidental Life Ins. Co.	Date Issued: Oct.15,1936	Date Orig. Entry: Oct.15,1936
	Date of Birth: Sept.28,1913 / Birth Place: Emmett, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Marriage License & Certificate	By whom issued and signed: Gem County Idaho	Date Issued: Nov.22,1958	Date Orig. Entry: Married Nov. 27,1958
	Date of Birth: Sept.28,1913 / Birth Place: Emmett, Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 81	By whom issued and signed: Lula Harpt	Date Issued: May 28,1968	Date Orig. Entry: ----
	Date of Birth: Sept.28,1913 / Birth Place: Emmett, Idaho	Full Name of Mother: Dora Bell Heath	Name of Father: Joseph Hansen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	June 3, 1968

FORM BH 56067 1 Cpy pde

JUN 3 1968

DUP OF 1913-15538

693-23-021-759

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-565

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Wilcox		2. Date of Birth (month) (day) (year): August 31, 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth: a. County: Franklin; b. City or Town of Birth: Preston
FATHER	6. Full Name of Father: George Lorain Wilcox		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Perry		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna Wilcox	11. Present Address of Registrant: Wendell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1968	12. Signature of Notary: Mary Schmidt	13. Notary Commission expires: Feb 10 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: St.Benedict's, Hospital Jerome, Idaho	Date Issued: ----	Date Orig. Entry: child born Feb.15,1957
	Date of Birth: Aug.31,1913 / Birth Place: Preston, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Preston, Idaho Joseph B. Roper, Clerk	Date Issued: Nov.2,1913	Date Orig. Entry: blessed Nov.2,1913
	Date of Birth: Aug.31,1913 / Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Julia Perry	Name of Father: George Wilcox	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Julia Perry Wilcox Fellows	Date Issued: May 15,1968	Date Orig. Entry: ---
	Date of Birth: Aug.31,1913 / Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Julia Perry Wilcox Fellows	Name of Father: George Lorain Wilcox	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 6, 1968

FORM BH 56067

5-1-67

JUN 6 1968

MAY 9 1969

794-724-029-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-583

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl George Gruell			2. Date of Birth (month) May (day) 24 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Juliaetta Latah	b. City or Town of Birth: Juliaetta	
FATHER	6. Full Name of Father: Sam Gruell			7. State or Country of Father's Birth: Rushville, Indiana	
MOTHER	8. Full Maiden Name of Mother: Lela Belle Thompson			9. State or Country of Mother's Birth: Rushville, Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Earl George Gruell		11. Present Address of Registrant: 1536 Ivory Street, Klamath Falls, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: April 24, 1968	12. Signature of Notary: Lois J. Lopez		13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 24, 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school record	By whom issued and signed: Latah County, Idaho Dist.#43 (Juliaetta)		Date Issued: Apr.18,1968	Date Orig. Entry: Sept.1923
	Date of Birth: May 24,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: Samuel Gruell	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: James V.Muscat, Supt.of Schools Kendrick, Idaho Dist. #283		Date Issued: Apr.18,1968	Date Orig. Entry: Sept. 1924
	Date of Birth: Age: 11	Birth Place: -----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Cecil Gruell Age: 66		Date Issued: May 14, 1968	Date Orig. Entry: -----
	Date of Birth: May 24,1913	Birth Place: Juliaetta, Idaho Latah County	Full Name of Mother: Lela Belle Gruell	Name of Father: Samuel Gruell	

QUALIFYING INFORMATION

Honorable discharge from U.S.Army, Joe H. Sanderlin,Lt.Col.Medical Corps.;discharged Apr.24,1943; enlisted on October 15, 1942 at the age of 29 years., birthplace given as Juliaetta, Idaho.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	June 13, 1968

FORM BH 56067

(6) 5-28-68 mf

JUN 1 3 1968

695-202-032-573

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-607

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Lena Field
2. Date Of Birth: (month) July (day) 2 (year) 1913
3. Color or Race: White
4. Sex: F.
5. Place of Birth: a. County Lincoln, Idaho; b. City or Town of Birth: Richfield

FATHER

6. Full Name of Father: Jesse Washington Field
7. State or Country of Father's Birth: Alton, Illinois

MOTHER

8. Full Maiden Name of Mother: Neoma May Eglin
9. State or Country of Mother's Birth: Dallas, Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy L. Little
11. Present Address of Registrant: Route #1, Box 363 Shelton, Wn.

NOTARY (Seal)

Subscribed and sworn to before me on: July 29 1967

12. Signature of Notary: Dorothy L. Little

13. Notary Commission expires: 2/14 1969

APPLICANT—(DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of page from Bible	Family Bible Records	Feb.28,'66	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2,1913	-----	-----	-----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Yakima, Washington, A.W.Allen Supt. of Schools,Dist.#5	Nov.6,1967	1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2,1913	-----	Mrs. J. W. Field	-----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by brother (11 yrs. older)	Chester W. Field	Feb.29,1968	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 2,1913	Richfield,Idaho Lincoln County	Neoma Eglin	Jesse W. Field

QUALIFYING INFORMATION

Federal Census record dated June 7, 1968 regarding the census of January 1,1920 gives age as 6 years born in Idaho to Jessie W. and Neoma M. Field.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	June 20, 1968

FORM BH 56067 (4) 3-12-68 gml

JUN 20 1968

231-120-039-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-613

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: IRVIN PERRY BLANCHARD		2. Date of Birth (month) (day) (year): February 20, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Rockland Power; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: DON CARLOS BLANCHARD		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: GENEVERIE JANE BLANCHARD		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Irvin Perry Blanchard	11. Present Address of Registrant: P. O. Box 535 Lovelock, Nevada
NOTARY (seal)	Subscribed and sworn to before me on: December 4th, 1967	12. Signature of Notary: Clarence L. Young	13. Notary Commission expires: January 8, 1971

CLARENCE L. YOUNG
Notary Public — State of Nevada
Pershing County
My Commission Expires Jan. 8, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Geneverie Jane (Blanchard) Blanchard	Date Issued: Aug.10,1960	Date Orig. Entry: -----
	Date of Birth: Feb.20,1913	Birth Place: Rockland, Idaho Power County	Full Name of Mother: Geneverie Jane Blanchard Blanchard	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: certified copy of affidavit of registration #2018A	By whom issued and signed: Lovelock Prec.#1, Pershing Co. Nevada	Date Issued: Jun.12,1968	Date Orig. Entry: Oct.1,1956
	Date of Birth: Feb.20,1913	Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 3.	Type of Document: photocopy of family genealogy sheet	By whom issued and signed: family genealogy records	Date Issued: -----	Date Orig. Entry: Apr.13,1948 M parent's sealed
	Date of Birth: Feb.20,1913	Birth Place: Rockland, Power County, Idaho	Full Name of Mother: Geneverie Jane Blanchard	Name of Father: Don Carlos Blanchard
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	hh Glenda Larson	June 20, 1968

FORM BH 56067 N.M. 7-14-60 (Y) 5-14-68 [illegible]

JUL 5 1968

396-104-029-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-614

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DONALD WOODROW CROCKER		2. Date of Birth (month) (day) (year): MARCH 4, 1913
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: LATAH — b. City or Town of Birth: NEAR HARVARD
FATHER	6. Full Name of Father: GEORGE CLINTON CROCKER		7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: HATTIE ALMARENA REEVES		9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D. W. Crocker	11. Present Address of Registrant: RT. 1 BOX 498A PORT ORCHARD, WASH
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1968	12. Signature of Notary: Helen M. Morris	13. Notary Commission expires: October 14 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record		By whom issued and signed: U.S. Bureau of the Census	Date issued: June 4,1968	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Hattie Bishop	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records		By whom issued and signed: Lewis County Schools, Chehalis Washington, M. Schafer, Supt.	Date issued: May 16,1968	Date Orig. Entry: 1924
	Date of Birth: Mar.4,1913	Birth Place: --- —	Full Name of Mother: -----	Name of Father: G. C. Crocker	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage license application #37600		By whom issued and signed: Snohomish County, Washington	Date issued: June 7,1968	Date Orig. Entry: Apr.27,1942
	Date of Birth: Age: 29	Birth Place: Harvard, Idaho	Full Name of Mother: ----	Name of Father: ----	

QUALIFYING INFORMATION: Affidavit by brother, Clifford Clinton Crocker(bd.12-14-1902) signed June 6, 1968 gives following: birthdate Mar.4,1913 in family home 4 mi. fromHarvard, Idaho. Parents George Clinton Crocker and Hattie Almarena Reeves.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 20, 1968

FORM BH 56067 1 cp pds rec # 36610 5-29-68

JUN 20 1968

295-208-032-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-700

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clarissa Isabella King		2. Date Of Birth (month) July (day) 8 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Shoshone; a. County: Lincoln; b. City or Town of Birth: Shoshone-Idaho
FATHER	6. Full Name of Father: William Alanson King		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Maude Isabella Barnard		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clarissa Isabella King McDonald	11. Present Address of Registrant: 848 S. Fountain Wichita-Kansas
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1968	12. Signature of Notary: Bill Suter	13. Notary Commission expires: December 29 1968

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: printed booklet of family records from 1789-1919	By whom issued and signed: Family Records	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 8,1913; Birth Place: -----	Full Name of Mother: Maude E. Barnard	Name of Father: William A. King	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records Dist. #7	By whom issued and signed: Vivian Ward, Asst.Supt. of Schools, Washington Co.,Okla.	Date issued: May.20,1968	Date Orig. Entry: Jan.20,1927
	Date of Birth: July 8,1913; Birth Place: ------	Full Name of Mother: -----	Name of Father: W. A. King	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Bible	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 8,1913; Birth Place: Shoshone, Idaho	Full Name of Mother: Maude Barnard	Name of Father: Wm. Alanson King	
QUALIFYING INFORMATION				

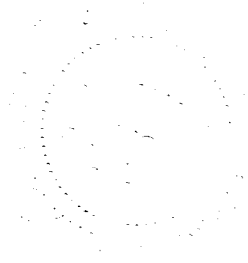
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 26, 1968

FORM BH 56067 2 copies paid res. #68-35015 (m) 7-12-68 gml

JUL 26 1968



619-219-028-855

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-733

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HELEN M. WARD	2. Date of Birth (month) (day) (year): JANUARY 19 1913
	3. Color or Race: White; 4. Sex: FEMALE; 5. Place of Birth a. County: Mica Bay Mail; b. City or Town of Birth: COEUR D'ALENE, IDAHO	
FATHER	6. Full Name of Father: MICHAEL J. WARD	7. State or Country of Father's Birth: CANADA
MOTHER	8. Full Maiden Name of Mother: EMMA C. HENRY	9. State or Country of Mother's Birth: MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Ward Williams; 11. Present Address of Registrant: E2921 32nd Ave, Spokane, Wash. 92037
NOTARY (seal)	Subscribed and sworn to before me on: March 21 1968	12. Signature of Notary: Lucile Simmons; 13. Notary Commission expires: LUCILE SIMMONS My Commission Expires July 18, 1968

LUCILE SIMMONS
NOTARY PUBLIC
Spokane County, Calif.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: St.Thomas Church, Coeur d'Alene Idaho, Roman Catholic Church	Date Issued: Mar.8,1968	Date Orig. Entry: baptized Mar.3,1913
	Date of Birth: Jan.19,1913	Birth Place: ----	Full Name of Mother: Emma C. Henry	Name of Father: Michael J. Ward	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age:88		By whom issued and signed: Mary Louise (Henry) Flynn	Date Issued: Mar.8,1968	Date Orig. Entry: ----
	Date of Birth: Jan.19,1913	Birth Place: Mica Bay near Coeur d'Alene, Ida.	Full Name of Mother: Emma C. Henry	Name of Father: Michael J. Ward	
SUPPORTING RECORD 3.	Type of Document: Federal Census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jul.24,1968	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Emma C. Ward	Name of Father: Michael J. Ward	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	August 1, 1968

FORM BH 56067 1 copy paid rec 28419 (W) 3-26

AUG 1 1968

141 789-20-7023-662

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-761

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: IDA ELIZABETH PHILLIPS
2. Date of Birth (month) (day) (year): JULY 7 1913
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth a. County: GEM
b. City or Town of Birth: SWEET

FATHER

6. Full Name of Father: WALTER CLYDE PHILLIPS
7. State or Country of Father's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: DORA ETHEL FOSTER
9. State or Country of Mother's Birth: OKLAHOMA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ida E. Smith
11. Present Address of Registrant: Klamath Falls, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 26 1968
12. Signature of Notary: Earl P. Greene
13. Notary Commission expires: 1-9-~~71~~ 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Dora E. Phillips Age: 67	Dec.7,1960	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July 7,1913 / Sweet, Idaho	Dora E. Foster	Clyde Phillips	
SUPPORTING RECORD 2.	School Record	Dist. # 221 -Gem County, Ida.	Aug.12,1968	Entered H.S. Sept.12, 1927
	Jul.7,1913 / -------	----	W. C. Phillips	
SUPPORTING RECORD 3.	Hospital Record	Klamath Falls, Oregon Klamath Valley Hospital	Sept.15,1964	
	July 7,1913 / Sweet, Idaho	Dora Ethel Foster	Walter Clyde Phillips	

QUALIFYING INFORMATION

Own child's birth certificate on file with state of Idaho, # 202230 gives age as 19 on Feb. 18, 1932. Birthplace is listed as Sweet, Idaho.

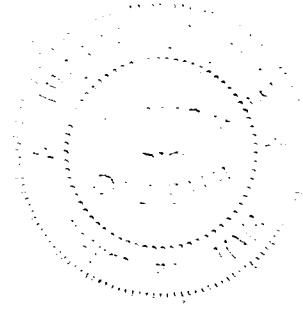
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	Aug.14,1968

FORM BH 56067 (S) 4-5-68-1

AUG 15 1968



269-101-016-748

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 68-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Parker Guy Borchardt		2. Date of Birth (month) May (day) 1 (year) 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Cassia; b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: Harry Reynaldo Borchardt		7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Mary Edith Guy		9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Parker G Borchardt	11. Present Address of Registrant: 303 So Manville
NOTARY (Seal)	Subscribed and sworn to before me on August 15 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on ffle - Idaho 260302	Date Issued: ---	Date Orig. Entry: child born Sept.23,1937
	Date of Birth: Age 24	Birth Place: Sublett, Idaho	Full Name of Mother: ----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Insurance Identification	By whom issued and signed: Prudential Ins. Co. Of Amer.	Date Issued: 1955	Date Orig. Entry: ----
	Date of Birth: May 1,1913	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -----
SUPPORTING RECORD 3.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: May 1,1913	Birth Place: Sublett, Idaho	Full Name of Mother: Mary Edith Guy	Name of Father: Harry Reynaldo Borchardt
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Aug. 15, 1968

FORM BH 56067

AUG 1 5 1968

239208.028-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-788

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian M. Streeter			2. Date Of Birth (month) 12 (day) 8 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Belmont Kootenai	b. City or Town of Birth: Belmont	
FATHER	6. Full Name of Father: John Bird Streeter			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Emma M. Bad Streeter			9. State or Country of Mother's Birth: Minn	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lillian M. Streeter		11. Present Address of Registrant: Rt 2. Box 50 A Coeur d'Alene	
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 1968	12. Signature of Notary: John H. Kunig		13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at Coeur d'Alene, Idaho 19 My commission expires ~~July 15, 1972~~	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #227171		Date Issued: ----	Date Orig. Entry: child born Aug.22,1934
	Date of Birth: Age: 20	Birth Place: Belmont, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Kootenai County, Idaho (Dist.#23, Belmont, Idaho)		Date Issued: Mar.6,1968	Date Orig. Entry: Sept.15,1920
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:64	By whom issued and signed: Myrtle Streeter McBain		Date Issued: Aug.6,1968	Date Orig. Entry: ----
	Date of Birth: Dec.8,1913	Birth Place: Belmont, Idaho	Full Name of Mother: Emma M. Streeter	Name of Father: John B. Streeter	
QUALIFYING INFORMATION					

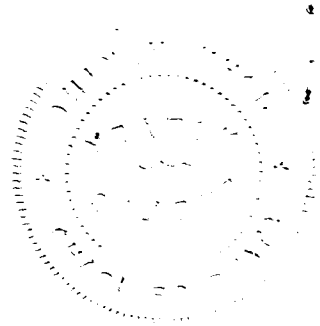
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Sept.11,1968

FORM BH 56067

1 copy pd Rec 17018

(J) 7-12-68 gm

SEP 1 1 1968



DECEASED

255-228-029-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-873

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Ruth Beebe			2. Date Of Birth (month) (day) (year): January 28 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Idaho a. County: Latah	b. City or Town of Birth: Viola
FATHER	6. Full Name of Father: Wate West Beebe			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Sarah Edna Brown			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Beebe Haynes		11. Present Address of Registrant: 4045 Upham, Wheat Ridge Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 12 1968	12. Signature of Notary: Margaret E. Hughes		13. Notary Commission expires: My Commission expires Mar. 29, 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy 11-551-405		By whom issued and signed: New York Life Ins. Co.	Date Issued: ----	Date Orig. Entry: Aug.20,1931
	Date of Birth: Jan.28,1913	Birth Place: Viola, Idaho	Full Name of Mother: Mrs. Sarah Beebe	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Marriage		By whom issued and signed: Austin Johnson, County Clerk Dane County, Wisconsin	Date Issued: Jun.22,1935	Date Orig. Entry: June 22,1935
	Date of Birth: Age: 22	Birth Place: Viola, Idaho	Full Name of Mother: Sarah Brown	Name of Father: Wate West Beebe	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Sarah (Brown) Beebe	Date Issued: Sept.5,1968	Date Orig. Entry: ----
	Date of Birth: Jan.28,1913	Birth Place: near Viola, Idaho	Full Name of Mother: Sarah (Brown) Beebe	Name of Father: Wate West Beebe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 8, 1968

FORM BH 56067

OCT 8 1968

652-210-023 -255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-908

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Vera M. ~~Beckner~~ Wessel
2. Date of Birth (month) October (day) 10 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County Gem; b. City or Town of Birth: Sweet

FATHER

6. Full Name of Father: Edgar Wessel
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: Carrie Bennett
9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Vera M. Beckner
11. Present Address of Registrant: Shoshone, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on May 14, 19 68

12. Signature of Notary: Luella L. Kinsey
Clerk of the District Court

13. Notary Commission expires 19____

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother	Mrs. Carrie Wessel Age:81	Apr.24,1968	-----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.10,1913 / Sweet, Idaho	Carrie E. Wessel	Edgar C. Wessel	
SUPPORTING RECORD 2.	Statement regarding physician's records	R.G.Neher,M.D.,Shoshone, Idaho	Sep.23,1968	1947
	Oct.10,1913 / ----	---	----	
SUPPORTING RECORD 3.	Statement regarding hospital records	St. Benedict's Hospital, Inc. Jerome, Idaho,Betty Hyde,Med.Rec.Dept.	May 20,1968	Mar.19,1954
	Oct.10,1913 / Sweet, Idaho	Carrie Bennett	Edgar Wessel	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Oct. 21, 1968

FORM BH 56067

ICPDRec# 30343

(F) 2-29-64 gm

OCT 21 1968

381204-043-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DR-68-926

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LaDerise Stone Thamert		2. Date Of Birth (month) 4 (day) 4 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Van Wyck Valley; b. City or Town of Birth: Van Wyck - Idaho
FATHER	6. Full Name of Father: J. Edwin Thamert		7. State or Country of Father's Birth: Minn.
MOTHER	8. Full Maiden Name of Mother: Eunice Lucille Stone		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: LaDerise Lueck	11. Present Address of Registrant: 6516 Randolph Dr Boise
NOTARY (Seal)	Subscribed and sworn to before me on: October 24 1968	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: Boise High School	Date Issued: ---	Date Orig. Entry: Attended Aug. 6, 1931
	Date of Birth: Apr.4,1913 / Birth Place: VanWyck, Idaho	Full Name of Mother: -------	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother age 79	By whom issued and signed: Mrs. Eunice Thamert	Date Issued: Oct.23,1968	Date Orig. Entry: -----
	Date of Birth: Apr.4,1913 / Birth Place: VanWyck, Idaho	Full Name of Mother: Eunice Lucille Stone	Name of Father: J. Edwin Thamert	
SUPPORTING RECORD 3.	Type of Document: Own Childs birth certificate	By whom issued and signed: on file - Idaho # 306530	Date Issued: -----	Date Orig. Entry: child born Oct.22,1940
	Date of Birth: Age 27 / Birth Place: VanWyck, Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Oct. 28, 1968

FORM BH-56067
Child's birth - 306530 -

Searched - 10-15-68 -

Child's birth 306530

OCT 29 1968

AUG 29 1974

495-208-016-845

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1008

REGISTRANT (Person whose ~~birth~~ is being registered)	1. Registrant's Full Name at Birth: Euelda Misner		2. Date Of Birth (month) July (day) 8 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Jackson
FATHER	6. Full Name of Father: Leonard Alfred Misner		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sylvia Hunt		9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. X	10. Signature of ~~Registrant~~ mother: Sylvia H. Misner Bowen for EUELDA MISNER, deceased.	11. Present Address of Registrant: 5565 So. 6th W. Murray, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: November 19 1968	12. Signature of Notary: Joseph H. Hansen	13. Notary Commission expires: March 10 1972	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Certificate of Birth	By whom issued and signed: LDS Church, Cassia Stake, Jackson Br., #9672, entry 152	Date Issued: Apr. 1, 1968	Date Orig. Entry: Sept. 6, 1920
	Date of Birth: July 8, 1913 / Birth Place: Jackson, Idaho Cassia County	Full Name of Mother: Sylvia Hunt	Name of Father: Leonard Alfred Misner	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sylvia Hunt Misner Bowen	Date Issued: Sep. 27, 1968	Date Orig. Entry: ---
	Date of Birth: July 8, 1913 / Birth Place: Jackson, Cassia County, Idaho	Full Name of Mother: Sylvia Hunt Misner	Name of Father: Leonard Alfred Misner	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Certificate of Death for registrant	By whom issued and signed: State of Utah, Division of Vital Statistics	Date Issued: Oct. 31, 1968	Date Orig. Entry: date of death Apr. 25, 1947
	Date of Birth: July 8, 1913 / Birth Place: Jackson, Idaho	Full Name of Mother: Sylvia Hunt	Name of Father: Leonard A. Misner	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 4, 1968

FORM BH 56067

DEC 4 1968

799-204-014-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1020

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Marie Griffiths			2. Date of Birth (month) Jan. (day) 4 (year) 1913
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho Canyon	b. City or Town of Birth: Caldwell
FATHER	6. Full Name of Father: Thomas H. Griffiths			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Ethel May Cullen			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Marie Knutson		11. Present Address of Registrant: 2768 S.W. Sherwood Dr. Portland, Oregon 97201
NOTARY (Seal)	Subscribed and sworn to before me on: November 18 1968	12. Signature of Notary: Virgil E. Pike		13. Notary Commission expires: My Commission Expires March 7, 1970 19___

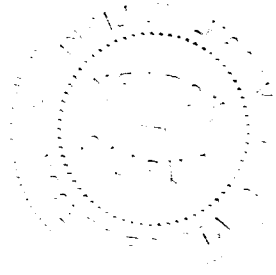
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (bd.2-6-1902)	By whom issued and signed: Jeannette I.Griffiths Miller	Date Issued: Oct.7,1968	Date Orig. Entry: ----	
	Date of Birth: Jan.4,1913	Birth Place: Caldwell, Idaho Canyon County	Full Name of Mother: Ehtel May (Cullen) Griffiths	Name of Father: Thomas H. Griffiths	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Emanuel Hospital, Portland, Ore., Phyllis Rydman,Med.Rec.	Date Issued: Sep.27,1968	Date Orig. Entry: Apr.14,1945	
	Date of Birth: Jan.4,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage return certificate #26029	By whom issued and signed: State of Oregon, Vital Statistics Section	Date Issued: Oct.8,1968	Date Orig. Entry: Feb.2, 1935	
	Date of Birth: Age: 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Dec. 5, 1968

FORM BH 56067

DEC 6 1968



128-221-006-168

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 68-1049

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arlene Phoebe Ashton		2. Date of Birth: (month) July (day) 21 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Idaho; a. County: Bingham; b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Charles Edward Ashton		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Nellie Johnson		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arlene Phoebe (Ashton) Randall	11. Present Address of Registrant: Route 2 box 56 Idaho Falls Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 12 1968	12. Signature of Notary: Bernice L Davis	13. Notary Commission expires: Dec 8 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding church records	By whom issued and signed: LDS Church, Coltman Ward, John D. Quinn, Ward Clerk	Date Issued: -----	Date Orig. Entry: baptized Aug.6,1921	
	Date of Birth: Jul.21,1913	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Nellie Johnson	Name of Father: Charles Edward Ashton	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of Temple Recommend	By whom issued and signed: LDS Church, for Idaho Falls TempleH.Ray Hatch, Pres.	Date Issued: 12-12-68	Date Orig. Entry: Feb.22,1953	
	Date of Birth: Jul.21,1913	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Nellie Johnson	Name of Father: Charles Edward Ashton	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Nellie Ashton Dunnick	Date Issued: Mar.6,1961	Date Orig. Entry: ---	
	Date of Birth: Jul.21,1913	Birth Place: Blackfoot, Idaho Bingham County	Full Name of Mother: Nellie Ashton Dunnick	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Dec. 17, 1968

FORM BH 56067

one copy sent 2-11-2031

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DEC 17 1968

613-219-028-985

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Laura Walters		2. Date Of Birth (month) April (day) 19th (year) 1913
	3. Color or Race: Wh.	4. Sex: Female	5. Place of Birth a. County: Harrison Idaho Flats (Kootenai (home) Country) b. City or Town of Birth: Harrison Idaho
FATHER	6. Full Name of Father: James William Walters		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Olive Elmira Rhea		9. State or Country of Mother's Birth: Oregon (Willamette Valley)
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Edna Laura Bowton	11. Present Address of Registrant: 3824 E-9th Spokane Wash
NOTARY (Seal)	Subscribed and sworn to before me on: December 11, 1968	12. Signature of Notary: Gerald C. [illegible]	13. Notary Commission expires: February 22, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Kootenai Co., Idaho (Dist.#58 Harrison Flats)	Date issued: Sep.20,1967	Date Orig. Entry: Sept.2,1919
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:68	By whom issued and signed: Maude Gundersen	Date issued: Jan.6,1969	Date Orig. Entry: ----
	Date of Birth: Apr.19,1913	Birth Place: Harrison Flats, (Ranch), Idaho	Full Name of Mother: Olive Elmira Rhea Walters	Name of Father: James William Walters
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #112 311 463	By whom issued and signed: The Prudential Ins. Co. of America	Date issued: Apr.18,1938	Date Orig. Entry: Apr.14,1938
	Date of Birth: Apr.19,1913	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Glenda Larson	Jan.20,1969

FORM BH 56067 1 cp pd rec # 8722 (B) 12-31-68

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JAN 21 1969

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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-077

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Madeline Odessa Dawson		2. Date Of Birth (month) (day) (year): apr 13 1913
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Nampa Idaho; b. City or Town of Birth
FATHER	6. Full Name of Father: Benjamin Harrison Dawson ~~May Iris Smith~~		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: May Iris Smith		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Madeline Odessa Dawson Thiede Iverson	11. Present Address of Registrant: R2 Box 344 Waterton Wis 53185
NOTARY (Seal)	Subscribed and sworn to before me on: 1-22 1969	12. Signature of Notary: Bette J Bowyer	13. Notary Commission expires: 5-4-69 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #541-14-2605		By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: July 20,1938
	Date of Birth: Apr.13,1913	Birth Place: Nampa, Idaho	Full Name of Mother: May Iris Smith	Name of Father: Genjamin Harrison Dawson	
SUPPORTING RECORD 2.	Type of Document: Marriage license and certificate #22295 bk.1147 pg.118		By whom issued and signed: Fresno County, California	Date issued: Oct.17,1931	Date Orig. Entry: Oct.17,1931
	Date of Birth: Age: 18	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for employment		By whom issued and signed: Stroh Die Moulded Casting Co.	Date issued: ---	Date Orig. Entry: Jan.27,1947
	Date of Birth: Apr.13,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 12, 1969

FORM BH 56067

(I) 12-31-68 gml

FEB 12 1969

456-203-022-385

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Muriel de Witt			2. Date Of Birth (month) Dec (day) 3 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Sarilda Fremont	b. City or Town of Birth: Sarilda Idaho
FATHER	6. Full Name of Father: Basil E.H. de Witt			7. State or Country of Father's Birth: Australia
MOTHER	8. Full Maiden Name of Mother: Matilda Jane Cherry			9. State or Country of Mother's Birth: Mapleton, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Muriel de Witt		11. Present Address of Registrant: Box 281 Ashton, Idaho 83420
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 3 19 69	12. Signature of Notary: La Moule Dauer Clerk Of The District Court		13. Notary Commission expires: elective 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit for marriage license 250240		By whom issued and signed: Fremont County, Idaho	Date issued: Feb.3,1969	Date Orig. Entry: Apr.10,1943
	Date of Birth: Dec.3,1913	Birth Place: Sarilda, Fremont County, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #48-654	Date issued: ----	Date Orig. Entry: child born Jan.18,1948
	Date of Birth: Age: 34	Birth Place: Sarilda, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school census records		By whom issued and signed: Fremont County, Idaho	Date issued: Feb.3,1969	Date Orig. Entry: Sept.1,1920
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: Matilda de Witt	Name of Father: Basil de Witt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	Feb. 12, 1969

FORM BH 56067 10 pp [illegible] 1-29-69

FEB 13 1969

632-228-022 263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-158

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anelda Mina Olsen		2. Date Of Birth (month) April (day) 28 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth: Idaho a. County: Fremont b. City or Town of Birth: Vernon or Ashton
FATHER	6. Full Name of Father: Levi Carlos Olsen		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ethel Annie Bonneru Olsen		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anelda Mina Olsen Rice	11. Present Address of Registrant: R 3 Caldwell, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record		By whom issued and signed: Family Book	Date issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.28,1913	Birth Place: Ashton, Idaho	Full Name of Mother: Ethel Annie Bonneru	Name of Father: Levi Carlos Olsen	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 407787	Date issued: -----	Date Orig. Entry: child born June 20, 1945
	Date of Birth: Age 32	Birth Place: Ashton, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Life Ins. Policy		By whom issued and signed: Mutual of New York	Date issued: Dec.21,1960	Date Orig. Entry: ----
	Date of Birth: Apr.28,1913	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	March 3, 1969

FORM BH 56067

MAR 4 1969
MAR 13 1970
JUL 22 1975

997-111-011-485

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-177

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DANIEL EDWARD RIPATTI		2. Date of Birth (month) DEC. (day) 11 (year) 1913
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: BOUNDARY; b. City or Town of Birth: COPELAND
FATHER	6. Full Name of Father: MATTIAS RIPATTI		7. State or Country of Father's Birth: FINLAND
MOTHER	8. Full Maiden Name of Mother: MARIA ALEXANDER MYNTTINEN		9. State or Country of Mother's Birth: FINLAND
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Daniel E. Ripatti	11. Present Address of Registrant: COPELAND, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: June 27, 1968	12. Signature of Notary: [illegible]	13. Notary Commission expires: 11/23 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister (bd.6-7-1902)	By whom issued and signed: Lina Ripatti Lefebvre	Date Issued: Apr.24,1968	Date Orig. Entry: ----	
	Date of Birth: Dec.11,1913	Birth Place: Copeland, Idaho	Full Name of Mother: Alexandra Ripatti	Name of Father: Mattias Ripatti	
SUPPORTING RECORD 2.	Type of Document: Marriage License and Certificate #9981	By whom issued and signed: Flathead County, Montana Oliver F. Vose, Clerk Dist.Ct.	Date Issued: Jul.17,1946	Date Orig. Entry: July 13,1946	
	Date of Birth: Dec.11,1913	Birth Place: Copeland, Idaho	Full Name of Mother: Maria Myntelia	Name of Father: Mattias Ripatti	
SUPPORTING RECORD 3.	Type of Document: Hospital Certificate of Birth of own child	By whom issued and signed: Sacred Heart Hospital Spokane, Washington	Date Issued: -----	Date Orig. Entry: child born Apr.22,1949	
	Date of Birth: Dec.11,1913	Birth Place: Copeland, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	March 10, 1969

FORM BH 56067

(R) 7-29-69 gml

Fijatte

MAR 10 1969

DECEASED

593-204-008-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-229

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Vickers			2. Date Of Birth (month) October (day) 4 (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Van Wyck
FATHER	6. Full Name of Father: Don Samuel Vickers			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Mildred Robbins			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Margaret Vickers Kunst		11. Present Address of Registrant: 563 Begonia St Escondido Calif
NOTARY (Seal)	Subscribed and sworn to before me on: March 25th 1969	12. Signature of Notary: James Bond		13. Notary Commission expires: My Commission Expires May 14, 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

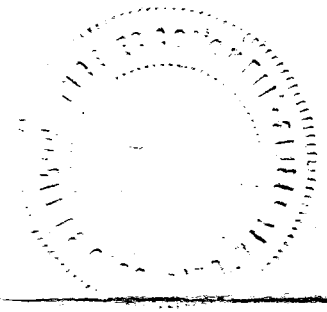
SUPPORTING RECORD 1.	Type of Document: Affidavit by father age 77	By whom issued and signed: Don S. Vickers	Date Issued: March 14, 1969	Date Orig. Entry: ---
	Date of Birth: Oct.4,1913 / Birth Place: VanWyck, Idaho	Full Name of Mother: Mildred Robbins	Name of Father: ~~Don Samuel Vickers~~	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 291227	Date Issued: ---	Date Orig. Entry: child born Mar.6,1940
	Date of Birth: Age 26 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Family Record	By whom issued and signed: Family Record Book	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Oct.4,1913 / Birth Place: VanWyck, Idaho	Full Name of Mother: Mildred Robbins	Name of Father: Don Samuel Vickers	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: fc Florence Curtright	Date Filed: April 2, 1969

FORM BH 56067

Ltr dtd 1/22/69 = 10505

APR 2 1969



DELAYED

DuPont 1913-16148

863-122-003-162

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-251

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Airel Alfred Holden			2. Date of Birth (month) (day) (year): November 22 1913
	3. Color or Race	4. Sex: Male	5. Place of Birth a. County: Grace	Bannock b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: David Thomas Holden			7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Lesra Valeria Joseph			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Airel Alfred Holden		11. Present Address of Registrant: 985 Maple, Junction City, Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 1969	12. Signature of Notary: Herman T Benzaid		13. Notary Commission expires: March 14 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

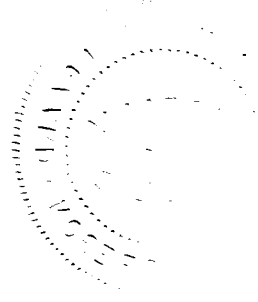
SUPPORTING RECORD 1.	Type of Document: Statement regarding employment records	By whom issued and signed: Gibson Motor Co., Junction City, Oregon, L. Murphy, Sales Mgr.	Date Issued: Feb. 12, 1969	Date Orig. Entry: June 1, 1963	
	Date of Birth: Nov. 22, 1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of funeral plan guide	By whom issued and signed: Oregon Funeral Plan, Portland,	Date Issued: ---	Date Orig. Entry: Feb. 23, 1961	
	Date of Birth: Nov. 22, 1913	Birth Place: Grace, Idaho	Full Name of Mother: Valerie Joseph	Name of Father: Daniel T. Holden	
SUPPORTING RECORD 3.	Type of Document: Statement regarding insurance records	By whom issued and signed: Bob Spence of Farmers Ins. Group, Eugene, Oregon	Date Issued: Mar. 28, 1969	Date Orig. Entry: Aug. 16, 1961	
	Date of Birth: Nov. 22, 1913	Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: April 3, 1969

FORM BH 56067

1-16-67

APR 4 1969



666-114-039-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-281

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Austin Woodworth			2. Date of Birth (month) November (day) 14 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Ralph Woodworth			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Myrtle Lillian Campbell			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Austin Woodworth	11. Present Address of Registrant: Am. Falls, Idaho 83211
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1969		12. Signature of Notary: Geo Isaak H	13. Notary Commission expires: Jan 22 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by attending Dr.		By whom issued and signed: V. G. Logan, M.D.	Date Issued: 4-16-57	Date Orig. Entry:
	Date of Birth: Nov. 14, 1913	Birth Place: Power Co. near American Falls, Idaho	Full Name of Mother: Myrtle Lillian Campbell	Name of Father: Ralph Woodworth	
SUPPORTING RECORD 2.	Type of Document: Own child's hospital certificate		By whom issued and signed: Schiltz Memorial Hospital (American Falls, Idaho)	Date Issued:	Date Orig. Entry: child born July 30, 1942
	Date of Birth: Nov. 14, 1913	Birth Place: American Falls, Ida.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of request for change in social security records		By whom issued and signed: Social Security Adm. #518-16-0306	Date Issued: ----	Date Orig. Entry: corrected July 13, 1957
	Date of Birth: Nov. 14, 1913	Birth Place: near American Falls, Power Co., Idaho	Full Name of Mother: Myrtle Lillian Campbell	Name of Father: Ralph Woodworth	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	hh nr Glenda Larson	April 17, 1969

FORM BH 56067

1 copy paid

APR 1 8 1969

91 239-120-006-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-291

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Ralph Striker		2. Date of Birth (month) May (day) 20 (year) 1913	
	3. Color or Race: white	4. Sex: M.	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Ralph Striker		7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Orletta Kite		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Striker	11. Present Address of Registrant: Rt. #1 Parma, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: April 8 1969	12. Signature of Notary: Mary J. Capener	13. Notary Commission expires: Nov. 12 1971	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother Age 84	By whom issued and signed: Orletta Youtsler	Date Issued: Apr.8,1969	Date Orig. Entry: -----
	Date of Birth: May 20,1913 / Birth Place: Blackfoot,Idaho	Full Name of Mother: Orletta Kite	Name of Father: Ralph Striker	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 356232	Date Issued: -------	Date Orig. Entry: child born Aug 12,1942
	Date of Birth: Age 29 / Birth Place: Blackfoot, Idaho	Full Name of Mother: -----	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 18169-A	By whom issued and signed: Great Western Mutual Assn.	Date Issued: May 14,1952	Date Orig. Entry:
	Date of Birth: May 20,1913 / Birth Place: Blackfoot,Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	April 23, 1969

FORM BH 56067

No Record

4-E-69

Stokes

APR 23 1969

944-208-029-542

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-346

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Margaret Zumhoff
2. Date of Birth (month) (day) (year): May 8 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth (County): b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Marion C. Zumhoff
7. State or Country of Father's Birth: U. S.

MOTHER

8. Full Maiden Name of Mother: Bertha Eustice
9. State or Country of Mother's Birth: U. S.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois M Weaver
11. Present Address of Registrant: Bridgeport, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on April 30 1969

12. Signature of Notary: Margaret E. Lytle
13. Notary Commission expires: Nov. 1 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of marriage certificate #55866A	By whom issued and signed: married at Spokane, Wash.	Date Issued: ----	Date Orig. Entry: Feb.2,1938	
	Date of Birth: Age:24	Birth Place: Moscow, Idaho	Full Name of Mother: Bertha Eustice	Name of Father: Marion Zumhoff	
SUPPORTING RECORD 2.	Type of Document: Certificate of Voter's Registration	By whom issued and signed: State of Washington, Douglas County, Bridgeport Prec.B	Date Issued: Aug.19,1960	Date Orig. Entry: Aug.19,1960	
	Date of Birth: May 8,1913	Birth Place: Moscow, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage affidavit	By whom issued and signed: Mineral County, Montana	Date Issued: -----	Date Orig. Entry: Dec.26,1952	
	Date of Birth: May 8,1913	Birth Place: Moscow, Idaho	Full Name of Mother: Bertha Eustice (Zumhoff)	Name of Father: Marion Zumhoff	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	May 13, 1969

FORM BH 56067

7-21-69

Weaver

MAY 21 1969

752-201-014-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 69-350

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pauline Gebert			2. Date of Birth (month) Oct (day) 1 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Roswell
FATHER	6. Full Name of Father: Fred Gebert			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Barbara Beck			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pauline Werle		11. Present Address of Registrant: Emmett Idaho Route 3, Box 448
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1969	12. Signature of Notary: Eva J. Seybert		13. Notary Commission expires: 9/15 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Luthern W. F. Kellerman, Pastor		Date Issued: Dec. 12, 1934	Date Orig. Entry: Baptized Dec. 12, 1934
	Date of Birth: Oct. 1, 1913	Birth Place: Roswell, Idaho	Full Name of Mother: Barbara Beck	Name of Father: Fred Gebert	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho #232425		Date Issued: ---	Date Orig. Entry: child born May 12, 1935
	Date of Birth: Age 21	Birth Place: Roswell, Idaho	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit for Marriage	By whom issued and signed: Gem Co., Idaho Lillian M. Campbell, recorder		Date Issued: Apr. 30, 1969	Date Orig. Entry: Applied June 28, 1934
	Date of Birth: Age 20	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W Benson	Florence Curtright	May 13, 1969

FORM BH 56067

ICC pd - Rec # 14202.

6-6-69

Hunt

MAY 14 1969

DELAYED

Dup of 1913-15945

613-15-039-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-403

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WAYNE HAMAKER WALKER	2. Date Of Birth (month) (day) (year): June 15 1913
	3. Color or Race: White; 4. Sex: MALE; 5. Place of Birth a. County: Nelley Power Idaho	b. City or Town of Birth: Nelley Idaho
FATHER	6. Full Name of Father: James Zinth Walker	7. State or Country of Father's Birth: Utah Summit - Park City
MOTHER	8. Full Maiden Name of Mother: Clara Calvert Walker	9. State or Country of Mother's Birth: Ogden Utah Weber
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne H Walker; 11. Present Address of Registrant: Millville Utah - 84326
NOTARY (Seal)	Subscribed and sworn to before me on: 11-29 1968	12. Signature of Notary: Ben B Johnson; 13. Notary Commission expires: 9-1- 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Clara Smith Age: 89	Date issued: Nov.29,1968	Date Orig. Entry: ----
	Date of Birth: Jun.15,1913; Birth Place: Nelley, Idaho ~~Power County~~	Full Name of Mother: Clara C. Smith	Name of Father: James Zenith Walker	
SUPPORTING RECORD 2.	Type of Document: photocopy of school record	By whom issued and signed: Cleda Fosta Madderra, Teacher	Date issued: ---	Date Orig. Entry: Sept.14,1925
	Date of Birth: Age: 12; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church, Pocatello Stake, Am.Falls,Ward, book 15370 entry 354	Date issued: May 12,1969	Date Orig. Entry: Aug.3,1913
	Date of Birth: June 15,1913; Birth Place: Neeley, Idaho	Full Name of Mother: Clara Calvert	Name of Father: James Z. Walker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	June 2, 1969

FORM BH 56067

1 cp pd rec $5225

(W) 12-17-69 gml

JUN 2 1969

866-204-044-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-427

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Millicent Alice Hoover		2. Date of Birth (month) 1 (day) 4 (year) 1913	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Weiser
FATHER	6. Full Name of Father: Walter Jay Hoover		7. State or Country of Father's Birth: Washington	
MOTHER	8. Full Maiden Name of Mother: Evelyn Maude Hooper		9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Millicent H Russell	11. Present Address of Registrant: 1004 Ball - Parma, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1969	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Jay Hoover	Date Issued: June 5,1969	Date Orig. Entry: ----	
	Date of Birth: Jan.4,1913	Birth Place: Weiser, Idaho	Full Name of Mother: Evelyn H. Hoover	Name of Father: Jay Hoover	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #14 566 490	By whom issued and signed: The Equitable Life Assurance Society of the United States	Date Issued: Nov.30,1954	Date Orig. Entry: Oct.26,1954	
	Date of Birth: Jan.4,1913	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of school records (Boise High School)	By whom issued and signed: Loyle V.Washam,Director of Records, Boise Public Schools	Date Issued: ----	Date Orig. Entry: sept. 1927	
	Date of Birth: Jan.4,1913	Birth Place: Weiser, Idaho	Full Name of Mother: -----	Name of Father: W. J. Hoover	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barsom	Evidence reviewed by: Glenda Larson	Date Filed: June 11,1969		

FORM BH 56067

Searched — N.M ICC. pd — Receipt 15819

5-13-69

Purcell

JUN 12 1969

962-202,025-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Ruth Robie		2. Date Of Birth (month) (day) (year): Dec 2 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth: White Bird a. County: Idaho b. City or Town of Birth: White Bird
FATHER	6. Full Name of Father: Edward Victor Robie		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mamie Agnes Large		9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice Ruth Robie Mahurin	11. Present Address of Registrant: White Bird, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 28 1969	12. Signature of Notary: Norma D. Wemhoff	13. Notary Commission expires: Oct 7 1969

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate		By whom issued and signed: SS Peter & Paul Church, Grangeville, Idaho, Rev. Waldmann	Date Issued: May 23,1968	Date Orig. Entry: Aug.17,1916
	Date of Birth: Dec.2,1913	Birth Place: Whitebird, Idaho	Full Name of Mother: Maimie Large	Name of Father: Edward Robie	
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal uncle		By whom issued and signed: Benjamin Large Age:79	Date Issued: Jul.17,1968	Date Orig. Entry: ----
	Date of Birth: Dec.2,1913	Birth Place: ranch 10 mi. So. White Bird, Idaho	Full Name of Mother: Mamie Agnes Robie (nee Large)	Name of Father: Edward Victor Robie	
SUPPORTING RECORD 3.	Type of Document: photocopy of affidavit for marriage license #104799		By whom issued and signed: Idaho County, Idaho	Date Issued: ----	Date Orig. Entry: June 16,1934
	Date of Birth: Age: 20	Birth Place: ----	Full Name of Mother: -----	Name of Father: -----	
QUALIFYING INFORMATION					

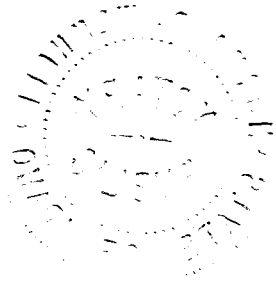
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 15, 1969

FORM BH 56067 1 CP [illegible] #3 2019 5-7-68

JUL 15 1969



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STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-570

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Jane Edwards			2. Date of Birth (month) (day) (year): October 5, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bannock	b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Charles L. Edwards, Sr.			7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Josephine Brown			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Jane Morse		11. Present Address of Registrant: 696 Pershing Box 2141
NOTARY (Seal)	Subscribed and sworn to before me on: 8-1 1969.	12. Signature of Notary: Margaret R. Vestal		13. Notary Commission expires: June 20, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry #176	By whom issued and signed: Cache County, Utah		Date Issued: Dec.6,1966	Date Orig. Entry: May 16, 1932
	Date of Birth: Oct.5,1913	Birth Place: Idaho	Full Name of Mother: Josephine Brown	Name of Father: C. L. Edwards, Sr.	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #25504=Y	By whom issued and signed: Gem State Mutual		Date Issued: Oct.6,1942	Date Orig. Entry: Oct. 6, 1942
	Date of Birth: Oct.5,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #222481		Date Issued: ----	Date Orig. Entry: child born June 15, 1934
	Date of Birth: Age: 20	Birth Place: McCammon, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	gml Glenda Larson	Sept. 2, 1969

FORM BH 56067

(m) 7-17-69 [illegible]

SEP 2 1969

168-131-021-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-599

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: GLEN HILLSTEAD JOHNSON			2. Date of Birth (month) (day) (year): OCTOBER 31 1913	
	3. Color or Race: WHITE	4. Sex: MALE	5. Place of Birth a. County: PRESTON FRANKLIN	b. City or Town of Birth: PRESTON	
FATHER	6. Full Name of Father: George Joseph Johnson			7. State or Country of Father's Birth: Utah, Cash Co. U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Anna Linnea Hillstead			9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Glen H Johnson	11. Present Address of Registrant: Hazelton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: August 25, 1969		12. Signature of Notary: Don E. Lindauer	13. Notary Commission expires: August 25, 1969	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by maternal aunt & uncle (each 10 yrs. older)		By whom issued and signed: Edith Hillstead and Carl A. Hillstead	Date Issued: Aug.25,1969	Date Orig. Entry: ---
	Date of Birth: Oct.31,1913	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Anna Linnea Hillstead Johnson	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of Blessing		By whom issued and signed: LDS Church, Preston 4th Ward Chas. A. Larson, Clerk	Date Issued: ---	Date Orig. Entry: blessed Jan.4,1914
	Date of Birth: Oct.31,1913	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Anna L. Hillstead	Name of Father: Geo. J. Johnson	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Preston 5th Ward, Edgar J. Ald, Clerk	Date Issued: Dec.23,1921	Date Orig. Entry: baptized Nov.20,1921
	Date of Birth: Oct.31,1913	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: Anna L. Hillstead	Name of Father: Geo. J. Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Sept. 8, 1969

FORM BH 56067

7-11-69

SEP 8 1969

238-120-006-459

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-656

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merrill Severene Schow		2. Date Of Birth (month) June (day) 20 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham; b. City or Town of Birth: Shelley Idaho
FATHER	6. Full Name of Father: Frederick Severene Schow		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Marian Irene Merrill		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merrill S Schow	11. Present Address of Registrant: 2345 Ponce de Leon Blvd Coral Gables Florida
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1968	12. Signature of Notary: Catharine W. Limb	13. Notary Commission expires: Notary Public, State of Florida at Large 19 My Commission Expires Sept. 27, 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Maryland Ward Jos. A. Mangion, Elder	Date issued: May 18,1923	Date Orig. Entry: baptized May 13, 1923
	Date of Birth: Jun.20,1913; Birth Place: Shelley, Idaho	Full Name of Mother: Marian I. Merrill	Name of Father: Fred S. Schow	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Marian Irene Schow	Date issued: Apr.19,1968	Date Orig. Entry: ----
	Date of Birth: Jun.20,1913; Birth Place: Shelley, Idaho	Full Name of Mother: Marian Irene Schow	Name of Father: Frederick Severene Schow	
SUPPORTING RECORD 3.	Type of Document: Voter's Registration card Certificate #25562	By whom issued and signed: Precinct No. 1-A, Marion Co., Florida, F.Pasteur, Supv.Reg.	Date issued: Oct.2,1963	Date Orig. Entry: Oct.2,1963
	Date of Birth: Age: 50; Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

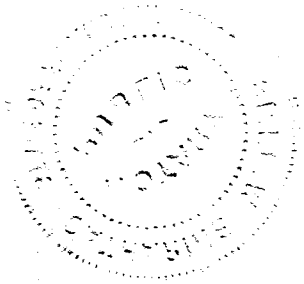
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W U Larson	gml Glenda Larson	Oct. 3, 1969

FORM BH 56067 1CP pd see #31183 (S) 5-6-68 gpt

Schow

OCT 6 1969



219-205-030-313

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-718

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Theo Dorothy Barton		2. Date of Birth (month) (day) (year): August 5, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoup, Idaho - Lemhi; b. City or Town of Birth: Same
FATHER	6. Full Name of Father: Peter Joseph Barton		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Alta Hawthorne Callahan		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Theo D. Henne	11. Present Address of Registrant: ~~[illegible] Quincy~~-Butte, Mont. #212 Country Club Manor
NOTARY (Seal)	Subscribed and sworn to before me on: September 29 19 69	12. Signature of Notary: Edna B Harris	13. Notary Commission expires: January 8 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record taken in Lemhi County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Nov.3,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Alta H. Barton	Name of Father: Peter J. Barton
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Lemhi County, Idaho, County Recorder's Office	Date Issued: Oct.2,1969	Date Orig. Entry: Sept.17,1919
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: Alta Barton	Name of Father: Peter Barton
SUPPORTING RECORD 3.	Type of Document: Affidavit by uncle Age:77	By whom issued and signed: William R. Taylor	Date Issued: Sep.29,1969	Date Orig. Entry: ----
	Date of Birth: Aug.5,1913	Birth Place: Lemhi County Shoup, Idaho	Full Name of Mother: Alta Callahan Barton	Name of Father: Peter J. Barton
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	Glenda Larson	Nov. 25, 1969

FORM BH 56067

3-7-69

NOV 2 5 1969

296-230-016-218

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-817

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Melba Salome Brown
2. Date of Birth (month) (day) (year): Nov 20 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Elba

FATHER

6. Full Name of Father: Ralph Phillip Brown
7. State or Country of Father's Birth: Falls city Nebraska

MOTHER

8. Full Maiden Name of Mother: Della Bayliss
9. State or Country of Mother's Birth: Salt Lake city, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Melba Salome Seal
11. Present Address of Registrant: 618 So 3rd Rupert, Ida

NOTARY (Seal)

Subscribed and sworn to before me on: Nov 18 1969
12. Signature of Notary: Kay Breazeal
13. Notary Commission expires: April 29 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #226381	---	child born Aug.31,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	Elba, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Minidoka County, Idaho	U.S. Department of Commerce Bureau of the Census	Nov.13,1969	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:6	Idaho	Della Brown	Ralph P. Brown

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Mabel E. Dick (bd: 9-16-1899)	Nov.16,1964	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.20,1913	Elba, Cassia County, Idaho	Della Bayliss	Ralph Philip Brown

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Dec. 23, 1969

FORM BH 56067

10-21-69

DEC 24 1969

818-114-044-532

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-831

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Richard Guy Hayes				2. Date of Birth: (month) 1 (day) 14 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Washington	b. City or Town of Birth: Weiser		
FATHER	6. Full Name of Father: William Guy Hayes				7. State or Country of Father's Birth: Illinois	
MOTHER	8. Full Maiden Name of Mother: Mary Emoline Elkins				9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Richard Guy Hayes		11. Present Address of Registrant: Rt. 3 Box 118, Battle Ground, Wn. 98604	
NOTARY (Seal)	Subscribed and sworn to before me on: Jan 17 1969		12. Signature of Notary: Josephine Holmes		13. Notary Commission expires: Feb 25 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (Mt. Tabor School)	By whom issued and signed: Portland Public Schools, Ore. Mrs. Carma Lauderdale, Sec'ty	Date Issued: Mar.21,1968	Date Orig. Entry: 1922-23	
	Date of Birth: Jan.14,1913	Birth Place: Weiser, Idaho	Full Name of Mother: Mamie Hayes	Name of Father: Guy Hayes	
SUPPORTING RECORD 2.	Type of Document: Certified copy of marriage records	By whom issued and signed: Multnomah County, Oregon	Date Issued: Sept.12, 1969	Date Orig. Entry: Aug.28,1933	
	Date of Birth: Jan.14,1913	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: National Farmers Union Life Association	Date Issued: ----	Date Orig. Entry: Nov.29,1950	
	Date of Birth: Jan.14,1913	Birth Place: Weiser, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: December 29,1969

FORM BH 56067

No Record

6-26-67

Richard G Hayes

DEC 29 1969

639-127-009-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 69-841

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Russell William Oliver			2. Date of Birth (month) February (day) 27 (year) 1913	
	3. Color or Race: White	4. Sex: M	5. Place of Birth: Idaho a. County: Bonner	b. City or Town of Birth: Colburn	
FATHER	6. Full Name of Father: Charles William Oliver			7. State or Country of Father's Birth: Pennsylvania	
MOTHER	8. Full Maiden Name of Mother: Mary Louise Rosemeyer Russell William Oliver			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant		11. Present Address of Registrant: Sandpoint, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 19 1969	12. Signature of Notary: Emma Carter Sandpoint, Ida		13. Notary Commission expires: April 18 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Church record	By whom issued and signed: Ed. H.F. Hackmann, Ev.Luth. Pastor, Colburn, Idaho		Date Issued: -----	Date Orig. Entry: May 23,1913
	Date of Birth: Feb.27,1913	Birth Place: Colburn, Idaho Bonner County	Full Name of Mother: Maria Louise Rosemeyer	Name of Father: Chas. Oliver	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Bankers Life Company, Des Moines, Iowa		Date Issued: Aug.12,1950	Date Orig. Entry: Aug.11,1950
	Date of Birth: Feb.27,1913	Birth Place: Colburn, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #216746		Date Issued: ----	Date Orig. Entry: child born Nov.24,1933
	Date of Birth: Age: 20	Birth Place: Colburn, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Dec. 31, 1969

FORM BH 56067

12-23-69

DEC 31 1969

3640-03-038-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-013

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon Dale Coulter			2. Date of Birth (month) (day) (year): April 3, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette
FATHER	6. Full Name of Father: Fernando Coulter			7. State or Country of Father's Birth: Minnesota
MOTHER	8. Full Maiden Name of Mother: Lula Mayfield			9. State or Country of Mother's Birth: Alabama
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon D. Coulter		11. Present Address of Registrant: 8104 NE. 9th St. Vancouver Wash.
NOTARY (Seal)	Subscribed and sworn to before me on: January 5 1970	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Fernando Coulter		Date Issued: Dec.30,1969	Date Orig. Entry: ---
	Date of Birth: Apr.3,1913	Birth Place: Payette, Idaho	Full Name of Mother: Lula Mayfield	Name of Father: Fernando Coulter	
SUPPORTING RECORD 2.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Bible Record		Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Apr.3,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: Fernando Coulter	
SUPPORTING RECORD 3.	Type of Document: photocopy of union record	By whom issued and signed: Internat'l Brotherhood of Teamsters - Local 900		Date Issued: ---	Date Orig. Entry: Mar.17,1949
	Date of Birth: Apr.3,1913	Birth Place: Payette, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Jan. 6, 1970

FORM BH 56067 / c.c pd. Rec # 26848

JAN 6 1970

469-214-001-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAURA Valentine Dwight (~~Bliss~~ married name)		2. Date of Birth (month) Feb (day) 14 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Boise Ada	b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: John Theodore Dwight		7. State or Country of Father's Birth: Wells, Nevada	
MOTHER	8. Full Maiden Name of Mother: Louise D. Daniels (Dwight		9. State or Country of Mother's Birth: Wanship, Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura D. Bliss	11. Present Address of Registrant: 332 Roosevelt Ave. S.L.C. Utah 84115	
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 15 1969	12. Signature of Notary: Wm B Brown	13. Notary Commission expires: Mar 7 1970	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt (ten years older)		By whom issued and signed: Phyllis K. Jensen	Date Issued: Jan.15,1970	Date Orig. Entry: ---
	Date of Birth: Feb.14,1913	Birth Place: Boise, Idaho Ada County	Full Name of Mother: Louise Daniels	Name of Father: John T. Dwight	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #580 484 113		By whom issued and signed: Metropolitan Life Ins. Co. MP	Date Issued: Apr.1,1958	Date Orig. Entry: Mar.17,1958
	Date of Birth: Feb.14,1913	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Federal Employment		By whom issued and signed: U.S. Civil Service Comm.	Date Issued: ----	Date Orig. Entry: Mar.10,1947
	Date of Birth: Feb.14,1913	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Brown	Glenda Larson	Jan. 20, 1970

FORM BH 56067

2 copies Ad mat 24217

12-4-69

JAN 2 0 1970

23-018-016-019

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-089

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jetta Isabell Platts			2. Date Of Birth (month) August (day) 18 (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Malta
FATHER	6. Full Name of Father: Lyle W. Platts			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Isabelle Barnes			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jetta Isabell Clements		11. Present Address of Registrant: Rt 4 Nampa Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 3 1970	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 20 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.18,1913 / Birth Place: Malta, Idaho	Full Name of Mother: Mary Isabelle Barnes	Name of Father: Lyle W. Platts	
SUPPORTING RECORD 2.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Aug.18,1913 / Birth Place: Malta, Idaho	Full Name of Mother: Mary Isabelle Barnes	Name of Father: Lyle W. Platts	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy # 5,563,707	By whom issued and signed: Mutual Life Ins. Co. of N.Y.	Date Issued: Nov.16,1939	Date Orig. Entry: Nov.9, 1939
	Date of Birth: Aug.18,1913 / Birth Place: Malta, Idaho	Full Name of Mother: ------	Name of Father: - ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Feb.3,1970

FORM BH 56067

FEB 3 1970

912-22-0[illegible]-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-113

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Rasmussen		2. Date Of Birth (month) July (day) 20 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Cassia Idaho; City or Town of Birth: Sublett
FATHER	6. Full Name of Father: James Peter Rasmussen		7. State or Country of Father's Birth: Millville, Cache, Utah
MOTHER	8. Full Maiden Name of Mother: Esther Ruth Wheatley		9. State or Country of Mother's Birth: Calls Fort, Belds, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Rasmussen Morgan	11. Present Address of Registrant: RFD #1, Box 214 Logan, Utah
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: June 19 1970

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Honeyville Ward, Thomas Wheatley, Bishop, UT	Date Issued: July 25, 1921	Date Orig. Entry: baptized July 20, 1921	
	Date of Birth: July 20, 1913	Birth Place: Sublet, Idaho Cassia County	Full Name of Mother: Esther R. Wheatley	Name of Father: James P. Rasmussen	
SUPPORTING RECORD 2.	Type of Document: Certified copy of application for license to marry #654	By whom issued and signed: Box Elder County, Utah	Date Issued: Jan. 20, 1970	Date Orig. Entry: June 17, 1940	
	Date of Birth: July 20, 1913	Birth Place: Sublett, Idaho Cassia County	Full Name of Mother: Esther Ruth Wheatley	Name of Father: James Peter Rasmussen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor Age: 83	By whom issued and signed: Alma L. Riggs	Date Issued: Feb. 2, 1970	Date Orig. Entry: ----	
	Date of Birth: July 20, 1913	Birth Place: Sublett, Idaho Cassia County	Full Name of Mother: Ester Ruth Wheatley Rasmussen	Name of Father: James Peter Rasmussen	
QUALIFYING INFORMATION	—				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 9, 1970

FORM BH 56067

FEB 10 1970

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna A. Stamey			2. Date of Birth: (month) 8 (day) 24 (year) 13	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Larsen, ID a. County: Shoshone	b. City or Town of Birth	
FATHER	6. Full Name of Father: Edgar T. Stamey			7. State or Country of Father's Birth: Cataba Co., N. Carolina	
MOTHER	8. Full Maiden Name of Mother: Lucy A. Hickman			9. State or Country of Mother's Birth: Iron Co., Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Edna A. Watrem	11. Present Address of Registrant: Route 1, Wendell, ID	
NOTARY (Seal)	Subscribed and sworn to before me on: February 9 19 70		12. Signature of Notary: Charlotte Stroman	13. Notary Commission expires: Sept. 10 19 71	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #379886	Date Issued: ----	Date Orig. Entry: child born Sept.17,1943	
	Date of Birth: Age: 30	Birth Place: Larson, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Kootenai County, Idaho, Dist. No.16 Dudley, Idaho	Date Issued: Aug.6,1969	Date Orig. Entry: Sept.2,1919	
	Date of Birth: Age: 6	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Benedict's Hosp., Inc., Jerome ID, Sr.Mary Matthew, OSB, RRL	Date Issued: Jan.20,1970	Date Orig. Entry: Sept.22,1953	
	Date of Birth: Aug.24,1913	Birth Place: Larsen, Idaho	Full Name of Mother: Lucy A. Hickman	Name of Father: Edgar T. Stamey	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson		Date Filed: Feb. 11, 1970	

FORM BH 56067

FEB 1 2 1970

753-227-015-313

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-125
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Johanna Stoor Petersen	2. Date Of Birth (month) 5 (day) 27 (year) 1913
	3. Color or Race: White; 4. Sex: F; 5. Place of Birth a. County: Wayan, Idaho	b. City or Town of Birth: Wayan, Idaho
FATHER	6. Full Name of Father: John Stoor	7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Mary Jane Call	9. State or Country of Mother's Birth: Bountiful, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Johanna Stoor Petersen; 11. Present Address of Registrant: Rt. #2., Shelley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 11, 1956	12. Signature of Notary: [signature]; 13. Notary Commission expires: Jan. 6, 1960

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Jameston Ward, Shelley Stake, LDS Church	Date issued:	Date Orig. Entry: May 3, 1947
Class*	Date of Birth: 5/27/13; Birth Place: Wayan, Idaho Caribou County,	Full Name of Mother: Mary Jane Call	Name of Father: John Stoor	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for license to marry	By whom issued and signed: Bear Lake County, Idaho	Date issued: ----	Date Orig. Entry: June 22,1935
Class	Date of Birth: May 27,1913; Birth Place: Wayane, Idaho	Full Name of Mother: Mary Jane Call	Name of Father: John Stoore	
SUPPORTING RECORD 3.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Grays Lake Ward, Geo. H. Muir, Bishop	Date issued: July 6,1913	Date Orig. Entry: blessed July 6,1913
Class	Date of Birth: May 27,1913; Birth Place: Wayan, Idaho	Full Name of Mother: Mary J. Call	Name of Father: John Stoor, Jr.	

QUALIFYING INFORMATION

Affidavit by mother, Mary Jane Stoor, signed January 14, 1970 gives birthdate as May 27, 1913 at Wayan, Idaho to Mary Jane Call and John Stoor.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	nr Glenda Larson	Feb. 11, 1970

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

FEB 12 1970

417-13-1016-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-135

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harley Waldo Maggart
2. Date Of Birth (month) (day) (year): 12 - 31 - 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Cassia
b. City or Town of Birth: 10½ mi SE of Burley (View Community)

FATHER

6. Full Name of Father: Lindsey Lee Maggart
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Stella Lease
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

OFFICIAL SEAL
ANITA J. LINDSEY
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN THE COUNTY OF CONTRA COSTA
My Commission Expires March 6, 1972

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

Subscribed and sworn to before me on 1970

10. Signature of Registrant: Harley Waldo Maggart
11. Present Address of Registrant: 2977 Hillsdale Drive, Pleasant Hill, California
12. Signature of Notary: Anita J. Lindsey
13. Notary Commission expires: March 6 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Bible Record	Family Bible	----	obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.31,1913 / Idaho	Stella Lease	Lindsey Maggart	
SUPPORTING RECORD 2.	Own childs birth certificate	on file - Idaho # 251108	----	child born Oct. 26,1936
	Age 22 / Burley, Idaho	------	-------	
SUPPORTING RECORD 3.	Affidavit by neighbor Age 72 (At time of Birth)	Stella Robinson Gruwell	Feb.4,1970	------
	Dec.31,1913 / (View District) 10½ mi.S.E. Burley	Stella Leas Maggart	Lindsey L. Maggart	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 17, 1970

FORM BH 56067

F-22-69

FEB 17 1970

Maggart

842-114-007-C07

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-136

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LORENTZ RANDALL HUSEBY			2. Date Of Birth: (month) MARCH (day) 14 (year) 1913	
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sand Point, Idaho	
FATHER	6. Full Name of Father: OSCAR E. HUSEBY			7. State or Country of Father's Birth: NORWAY	
MOTHER	8. Full Maiden Name of Mother: MARIE ENG			9. State or Country of Mother's Birth: NORWAY	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Larry Huseby		11. Present Address of Registrant: 6323 HILLCREST DR. S.W. TACOMA, WASH. 98499	
NOTARY (Seal)	Subscribed and sworn to before me on: Febuary 12 1970	12. Signature of Notary: Pam H Bay		13. Notary Commission expires: Aug 15 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records - Whitman School	By whom issued and signed: Tacoma Public Schools, Wash. Angelo Giaudrone, Supt.		Date Issued: Jan.27,1970	Date Orig. Entry: May 1,1920
	Date of Birth: Mar.14,1913	Birth Place: ---	Full Name of Mother: Mrs. O. E. Husby	Name of Father: O. E. Husby	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Jan.29,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Marie Huseby	Name of Father: Oscar H. Huseby	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: ---	Date Orig. Entry: July 14,1933
	Date of Birth: Mar.14,1913	Birth Place: Sandpoint, Idaho	Full Name of Mother: Marie Huseby	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Feb. 17, 1970

FORM BH 56067

FEB 1 8 1970

362-219-003-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-151

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine Frances Costa			2. Date Of Birth (month) Oct. (day) 19 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Pocatello a. County: Bannock	b. City or Town of Birth: Pocatello
FATHER	6. Full Name of Father: Nick Costa			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Anna Rose Zito			9. State or Country of Mother's Birth: Denver, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine F. Vitullo		11. Present Address of Registrant: 1625 Bonforte Pueblo, Colorado
NOTARY (Seal)	Subscribed and sworn to before me on: January 24, 1970	12. Signature of Notary: Lucy J. Costa		13. Notary Commission expires: July 31, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of federal census record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Dec.16,1969	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Anna Costa	Name of Father: Nick Costa	
SUPPORTING RECORD 2.	Type of Document: photocopy of school records		By whom issued and signed: School Dist. #60,Pueblo,Colo. Marie Hickman,Pupil Personnel	Date issued: Feb.24,1969	Date Orig. Entry: Sept. 1920
	Date of Birth: Oct.19,1913	Birth Place: Pocatello, Idaho	Full Name of Mother: ----	Name of Father: Nick Costa	
SUPPORTING RECORD 3.	Type of Document: Certified copy of application for marriage license #25700		By whom issued and signed: Pueblo, County, Colorado	Date issued: Feb.16,1970	Date Orig. Entry: Aug.15,1931
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: Anna Costa	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Feb. 20, 1970

FORM BH 56067 1cp pd rec # 4516 1-17-69

FEB 20 1970

253-115-022-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-170

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bert Llewellyn Beck		2. Date Of Birth (month) (day) (year): Sept 15 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Drummond Fremont; b. City or Town of Birth: St. Anthony Idaho
FATHER	6. Full Name of Father: John Forsythe Beck		7. State or Country of Father's Birth: Utah U.S.A.
MOTHER	8. Full Maiden Name of Mother: Harriet Valate Long		9. State or Country of Mother's Birth: Utah U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bert L Beck	11. Present Address of Registrant: 2117 Randall Road, Indianapolis, Indiana 46240
NOTARY (Seal)	Subscribed and sworn to before me on: February 21st 1970	12. Signature of Notary: Robert W. Lloyd	13. Notary Commission expires: ROBERT W. LLOYD, Notary Public My Commission Expires May 12, 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #3862		By whom issued and signed: State of Kentucky, Division of Vital Statistics	Date issued: Dec.2,1969	Date Orig. Entry: child born Feb.9,1950
	Date of Birth: Age: 36	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: Feb.18,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Harriet Beck	Name of Father: John Beck	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister		By whom issued and signed: LaRae B. Harris Age:72	Date issued: Jan.24,1970	Date Orig. Entry: ----
	Date of Birth: Sep.15,1913	Birth Place: Drummond, Idaho Fremont County	Full Name of Mother: Harriet Valate Long Beck	Name of Father: John Forsythe Beck	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	March 2, 1970

FORM BH 56067

1 CA Ad NC #25373

1-5-70

MAR 3 1970
MAR 12 1970

963-118-09-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-190

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eugene Mulliner Rockwood			2. Date of Birth (month) (day) (year): October 18, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Iona
FATHER	6. Full Name of Father: Albert Jed Rockwood			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Ann Mulliner			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 19 70	12. Signature of Notary: [signature] GEORGE E. WINDER Notary Public — State of Nevada Churchill County My Commission Expires Sept. 27, 1971		13. Notary Commission expires: Sept. 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #518-10-8009	By whom issued and signed: Social Security Adm.		Date Issued: Oct.19,1937	Date Orig. Entry: Oct.19,1937
	Date of Birth: Oct.18,1913	Birth Place: Iona, Idaho	Full Name of Mother: May Molen	Name of Father: Jed Rockwood	
SUPPORTING RECORD 2.	Type of Document: photocopy of certificate of membership	By whom issued and signed: LDS Church		Date Issued: ---	Date Orig. Entry: blessed Jan.4,1914
	Date of Birth: Oct.18,1913	Birth Place: Iona, Bonneville County, Idaho	Full Name of Mother: Mary Mulliner	Name of Father: Albert J. Rockwood	
SUPPORTING RECORD 3.	Type of Document: Application for membership	By whom issued and signed: Benevolent and Protective Order of Elks		Date Issued: ---	Date Orig. Entry: July 12, 1961
	Date of Birth: Oct.18,1913	Birth Place: Iona, Idaho	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: [signature]	Evidence reviewed by: gml Glenda Larson	Date Filed: March 10, 1970

FORM BH 56067

MAR 1 1 1970

265220-209-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-216

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Celia Mae Sheler		2. Date Of Birth (month) 8 (day) 20 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Sandpoint Idaho - Bonner (711 Forest Ave.)	b. City or Town of Birth: Sandpoint Idaho
FATHER	6. Full Name of Father: William Jacob Sheler			7. State or Country of Father's Birth: Michigan
MOTHER	8. Full Maiden Name of Mother: Delta Lena Luella Roscoe			9. State or Country of Mother's Birth: South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Celia Sheler McCalfe		11. Present Address of Registrant: 15516-6 NE Seattle, Wash 98155
NOTARY (Seal)	Subscribed and sworn to before me on: October 17 1969	12. Signature of Notary: W B Keller		13. Notary Commission expires: 12-18-71 19___

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for membership #396-015-534	By whom issued and signed: Kitsap Physicians Service	Date Issued: approved Aug.10,1964	Date Orig. Entry: effective Aug.1,1964
	Date of Birth: Aug.20,1913 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Delta L. Moore	Date Issued: Oct.1,1969	Date Orig. Entry: ----
	Date of Birth: Aug.20,1913 / Birth Place: Sandpoint, Idaho	Full Name of Mother: Delta Sheler Moore	Name of Father: William J. Sheler	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #535-28-1453	By whom issued and signed: Social Security Adm.	Date Issued:	Date Orig. Entry: Oct.15,1947
	Date of Birth: Aug.20,1913 / Birth Place: Sandpoint, Idaho Bonner County	Full Name of Mother: Delta Luella Roscoe	Name of Father: William Jacob Sheler	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Bergan	Evidence reviewed by: gml Glenda Larson	Date Filed: March 13, 1970

FORM BH 56067

MAR 16 1970

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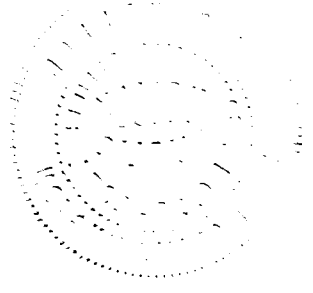


214-104-022-614

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-225

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Robert Rex Saunders			2. Date Of Birth (month) 1 (day) 4 (year) 13	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Farnum	
FATHER	6. Full Name of Father: Simon Saunders			7. State or Country of Father's Birth: Fremont Co. Idaho	
MOTHER	8. Full Maiden Name of Mother: Medora Wade			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Robert Rex Saunders	11. Present Address of Registrant: 4430 Aster Springfield Ore	
NOTARY (Seal)	Subscribed and sworn to before me on: March 9 19 70		12. Signature of Notary: Janice I. Duncan	13. Notary Commission expires: MY COMMISSION EXPIRES JUNE 19, 1972 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Ordination as a Deacon		By whom issued and signed: LDS Church, Ogden 16th Ward, Edward M. White, Ward Clerk	Date Issued: ----	Date Orig. Entry: ordained Mar.1,1925
	Date of Birth: Jan.4,1913	Birth Place: Farnum, Idaho Freemont County	Full Name of Mother: Medora Wade	Name of Father: Simon Saunders	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #253716	Date Issued: ----	Date Orig. Entry: child born Apr.9,1937
	Date of Birth: Age: 24	Birth Place: Farnum, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age:65		By whom issued and signed: Electa M. Saunders Wadsworth	Date Issued: Feb.3,1969	Date Orig. Entry: ----
	Date of Birth: Jan.4,1913	Birth Place: Farnum, Idaho Fremont County	Full Name of Mother: MeDora Wade	Name of Father: Simon Saunders	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	March 18, 1970

FORM BH 56067

10-21-66

NOV 2 1973

319-25-037-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-299

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Sarah Carothers			2. Date Of Birth (month) June (day) 25 (year) 1913	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Brown's Creek Owyhee	b. City or Town of Birth: P.O. Oreana, Owyhee Co.	
FATHER	6. Full Name of Father: James Milton Carothers			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Lena R. Edwards			9. State or Country of Mother's Birth: Nebraska	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mario C. Mulette	11. Present Address of Registrant: 4302 W State, Boise 83703	
NOTARY (Seal)	Subscribed and sworn to before me on: 3-19 1970		12. Signature of Notary: [illegible]	13. Notary Commission expires: 4-22 1972	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #427694	Date Issued: ----	Date Orig. Entry: child born Nov. 4, 1946
	Date of Birth: Age: 33	Birth Place: Oreana, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt (bd. 3/17/1890)		By whom issued and signed: May C. Sothern	Date Issued: Mar. 18, 1970	Date Orig. Entry: ---
	Date of Birth: June 25, 1913	Birth Place: Brown's Creek, P.O Oreana, Owyhee Co, ID	Full Name of Mother: Lena Rebecca Edwards Carothers	Name of Father: James Milton Carothers	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record		By whom issued and signed: University of Idaho	Date Issued: ----	Date Orig. Entry: June 13, 1939
	Date of Birth: June 25, 1913	Birth Place: Oreana, Idaho	Full Name of Mother: ----	Name of Father: James M. Carothers	
QUALIFYING INFORMATION					

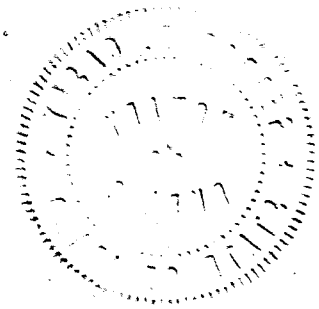
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Berson	Evidence reviewed by: Glenda Larson	Date Filed: April 7, 1970

FORM BH 56067

5-11-67

Millette.

APR 8 1970



346-231-043-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-319

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hilda Elisa Luoma		2. Date of Birth (month) (day) (year): March 31, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley; b. City or Town of Birth: Norwood
FATHER	6. Full Name of Father: Matt Luoma		7. State or Country of Father's Birth: Finland
MOTHER	8. Full Maiden Name of Mother: Mary Albertina Sorila		9. State or Country of Mother's Birth: Finland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Glenn E. Caskey	11. Present Address of Registrant: Box 218 Kuna, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 30 1970	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 20 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St.Luke's Hospital, Boise, ID	Date Issued: ----	Date Orig. Entry: child born Oct.15,1945
	Date of Birth: Mar.31,1913 / Birth Place: Norwood, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Booklet entitled Commencement Memories	By whom issued and signed: Personal record-Behnke-Walker Business College, Portland, OR	Date Issued: appears old	Date Orig. Entry: graduated 1932
	Date of Birth: Mar.31,1913 / Birth Place: Norwood, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: John W. Kangas Age:70	Date Issued: Apr.7,1970	Date Orig. Entry: ----
	Date of Birth: Mar.31,1913 / Birth Place: Norwood, Idaho	Full Name of Mother: Maria Albertina Sorila (Mary)	Name of Father: Matt W. Luoma (Wesiluoma)	
QUALIFYING INFORMATION	The family name was originally Wesiluoma but was shortened to Luoma.			
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson		Date Filed: April 16,1970

FORM BH 56067

APR 16 1970

344 219-115-017-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-344

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth E. Barry			2. Date Of Birth (month) July (day) 15 (year) 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Clark	b. City or Town of Birth: Humphrey
FATHER	6. Full Name of Father: James Francis Barry			7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Julia Daisy Robbins			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth E. Barry		11. Present Address of Registrant: 118 Silver King Mine Rd. Redding Cal.
NOTARY (Seal)	Subscribed and sworn to before me on: April 21 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: April 20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Bible Record		By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 15,1913	Birth Place: Humphrey, Idaho	Full Name of Mother: Julia Daisy Robbins	Name of Father: James Francis Barry	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge		By whom issued and signed: Army of U.S.	Date Issued: Inducted Mar.17,1943	Date Orig. Entry: ----
	Date of Birth: Jul 15,1913	Birth Place: Humphrey, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 48-10427	Date Issued: ---	Date Orig. Entry: child born Sept.22,1948
	Date of Birth: Age 35	Birth Place: Humphrey, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 21, 1970

FORM BH 56067

APR 2 1 1970

165-215-036-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-425

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mae Jones		2. Date Of Birth (month) Aug. (day) 15 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Malad Oneida; b. City or Town of Birth: Malad
FATHER	6. Full Name of Father: Harvey L. Jones		7. State or Country of Father's Birth: Idaho Oneida
MOTHER	8. Full Maiden Name of Mother: Catherine Price		9. State or Country of Mother's Birth: Idaho Oneida
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mae Walker	11. Present Address of Registrant: 1220 Sunset Blackfoot Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 16, 1970	12. Signature of Notary: Dexter H Gardner	13. Notary Commission expires: 11-1 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Catherine Price Jones	Date issued: Feb.16,1970	Date Orig. Entry: ---
	Date of Birth: Aug.15,1913	Birth Place: Malad, Idaho Oneida County	Full Name of Mother: Catherine Price Jones	Name of Father: Harvev Lusk Jones	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #260362	Date issued: ---	Date Orig. Entry: child born Sep.3,1937
	Date of Birth: Age: 24	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Malad 1st Ward	Date issued: Oct.2,1921	Date Orig. Entry: baptized Oct.2,1921
	Date of Birth: Aug.15,1913	Birth Place: Oneida County Malad, Idaho	Full Name of Mother: Catherine Price	Name of Father: Harvey L. Jones	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	Glenda Larson	June 5, 1970

FORM BH 56067 2nd form sent 5-1 70 [illegible]

JUN 8 1970

MAY 2 3 1973

168-22-033-866

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-440

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rosella Julia Howell Johnson		2. Date of Birth (month) Dec. (day) 24 (year) 1913	
	3. Color or Race: White	4. Sex	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Julian Harold Johnson		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Howell		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. Subscribed and sworn to before me on May 22nd 19 70	10. Signature of Registrant: Rosella J Jensen	11. Present Address of Registrant: 332 DeLeon Ave. Fremont, Calif. 94538	
		12. Signature of Notary: Joycelyn E. Brose	13. Notary Commission expires: November 20 19 73	

OFFICIAL SEAL
JOYCELYN E. BROSE
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Nov. 20, 1973

(See Reverse Side)

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Equitable Life Assurance Society of the U.S.	Date Issued: ---	Date Orig. Entry: Sept.28,1949	
	Date of Birth: Dec.24,1913	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: Cottonwood Stake Maternity Hospital,L.M.Berry,Supt.Hosp.	Date Issued: ---	Date Orig. Entry: child born Dec.14,1937	
	Date of Birth: Dec.24,1913	Birth Place: Rexburg, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of membership	By whom issued and signed: LDS Church	Date Issued: ---	Date Orig. Entry: baptized May 6,1922	
	Date of Birth: Dec.24,1913	Birth Place: Rexburg, Idaho	Full Name of Mother: Martha Howell	Name of Father: Julian Harold Johnson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	June 10, 1970

FORM BH 56067

JUN 11 1970

381-123-021-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-518

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: SHIRLEY HILL CHATTERTON		2. Date of Birth (month) (day) (year): JUNE 23 1913
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County: FRANKLIN; b. City or Town of Birth: FRANKLIN, IDA.
FATHER	6. Full Name of Father: ROLAND JACOB CHATTERTON		7. State or Country of Father's Birth: SALT LAKE CITY, UTAH
MOTHER	8. Full Maiden Name of Mother: MARTHA JANET HILL		9. State or Country of Mother's Birth: SPRINGVILLE UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Shirley Hill Chatterton	11. Present Address of Registrant: 504 S. HAWTHORNE MOSE LAKE SHIRLEY HILL CHATTERTON
NOTARY (Seal)	Subscribed and sworn to before me on: JANUARY 2 1970	12. Signature of Notary: [signature]	13. Notary Commission expires: OCT. 3 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Mrs. Martha Chatterton	Date issued: Jan.30,1970	Date Orig. Entry: -----
	Date of Birth: June 23, 1913	Birth Place: Franklin, Idaho Franklin County	Full Name of Mother: Martha Janet Hill	Name of Father: Roland Jacob Chatterton	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, George Phillipps, Bishop, Ward 30, Pioneer Stake	Date issued: ---	Date Orig. Entry: baptized Aug.7,1932
	Date of Birth: June 23, 1913	Birth Place: Franklin, Idaho	Full Name of Mother: Martha Hill	Name of Father: Roland J. Chatterton	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for license to marry #19		By whom issued and signed: Cache County, Utah	Date issued: June 9,1970	Date Orig. Entry: Jan.18,1935
	Date of Birth: June 23,1913	Birth Place: Franklin, Idaho	Full Name of Mother: Martha Hill	Name of Father: Roland J. Catterton	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

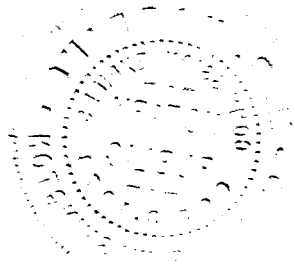
State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	July 10, 1970

FORM BH 56067

12-23-67

(Scattered)

JUL 10 1970



459-52 1004-884

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-823

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Willard LaRoy Derricott		2. Date of Birth (month) Feb. (day) 2 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Liberty (Formerly) Bear Lake Idaho b. City or Town of Birth: Liberty
FATHER	6. Full Name of Father: Charles Derricott		7. State or Country of Father's Birth: Liberty, Idaho
MOTHER	8. Full Maiden Name of Mother: Lavernia Hymas		9. State or Country of Mother's Birth: Hyde Park Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Willard L. Derricott	11. Present Address of Registrant: 2815 North 400 East Mo. Ogden Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 7, 1970	12. Signature of Notary: Von E. Bush	13. Notary Commission expires: November 7, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Liberty Ward, Wm. R. Morgan, Bishop	Date Issued: July 17, 1921	Date Orig. Entry: baptized July 10, 1921
	Date of Birth: Feb. 2, 1913 / Birth Place: Liberty, Idaho Bear Lake County	Full Name of Mother: Lavernia Hymas	Name of Father: Charles Derricott	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Ordination as a Deacon	By whom issued and signed: LDS Church, Liberty Ward Torrey L. Austin, Elder	Date Issued: Feb. 15, 1925	Date Orig. Entry: ordained Feb. 15, 1925
	Date of Birth: Feb. 2, 1913 / Birth Place: Liberty, Idaho Bear Lake County	Full Name of Mother: Lavernia Hymas	Name of Father: Charles Derricott	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for policy	By whom issued and signed: Equitable Life Assurance Society of the U.S.	Date Issued: ----	Date Orig. Entry: June 12, 1956
	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	

DO NOT CERTIFY
TAKE TO REGISTRATION SUPERVISOR
POSSIBLE DUPLICATE
ALSO PULL
CERT# 1913-12097
DELAYED

ify that no prior birth certificate has been found in the Division of Vital Statistics for this d that documentary evidence has been reviewed, which substantiates the facts as set forth in the itract.

	Evidence reviewed by	Date Filed
Larson	gml Glenda Larson	Sept. 9, 1970

FORM BH 56067

SEP 1 0 1970

dup of 1913-12097

DUP OF 1913-12097

297-211-016-857

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-633

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Anna Vera Bigler			2. Date of Birth (month) August (day) 11 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Elba
FATHER	6. Full Name of Father: Jacob Bigler			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Hanna Hepworth			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Anna Taunton		11. Present Address of Registrant: 1934 Conant ave. Burley Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 1 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-24 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record of birth	By whom issued and signed: L.D.S. Church	Date Issued: Jul.9,1970	Date Orig. Entry: Recorded Nov.6, 1927
	Date of Birth: Aug.11,1913 / Birth Place: Elba, Idaho	Full Name of Mother: Hanna Hepworth	Name of Father: Jacob Bigler	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 188435	Date Issued: ----	Date Orig. Entry: child born Jan 30,1931
	Date of Birth: Age 17 / Birth Place: Elba, Idaho	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Application for marriage	By whom issued and signed: County of Elko, Nevada	Date Issued: Mar.16,1967	Date Orig. Entry: Married April 18, 1951
	Date of Birth: / Birth Place:	Full Name of Mother:	Name of Father:	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

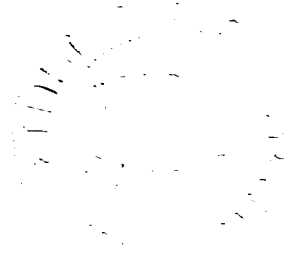
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Sept. 10, 1970

K FORM BH 56067

9-1-70

Clinton

SEP 10 1970



EGT

238-21-1039-299

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-715

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Hulda Schritter (Tschritter)			2. Date of Birth (month) (day) (year): February 17, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls, Idaho
FATHER	6. Full Name of Father: Isreal Schritter			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Rosina Briske			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hulda Walsh		11. Present Address of Registrant: 3919 Hawthorne Rd. Poc.
NOTARY (Seal)	Subscribed and sworn to before me on: October 16 1970	12. Signature of Notary: Florence Cartright		13. Notary Commission expires: 4-20 1974

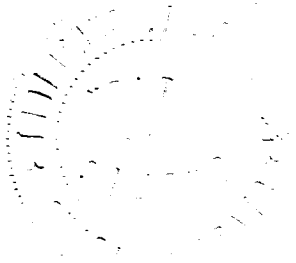
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record	By whom issued and signed: Geo. L. Lpiattler, Ev. Luth., Pastor		Date Issued: Aug.24,1913	Date Orig. Entry: Aug.24,1913
	Date of Birth: Feb.17,1913	Birth Place: American Falls, Idaho	Full Name of Mother: Rosina Brisk	Name of Father: Israel Tschritter	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #610 680 053 MS	By whom issued and signed: Metropolitan Life Ins. Co.		Date Issued: June 1,1961	Date Orig. Entry: Mar.28,1961
	Date of Birth: Feb.17,1913	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother	By whom issued and signed: Emanuel Schritter Age:67		Date Issued: Oct.13,1970	Date Orig. Entry: ----
	Date of Birth: Feb.17,1913	Birth Place: American Falls, Idaho	Full Name of Mother: Rosina Schritter	Name of Father: Isreal Schritter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 16, 1970

FORM BH 56067

OCT 1 6 1970



695-221-022-236

DELAYED CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. De 70-741

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DOROTHY HELEN WINEGAR
2. Date Of Birth (month) 3 (day) 21 (year) 1913
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth: a. County FREMONT; b. City or Town of Birth PARKER IDAHO
7. State or Country of Father's Birth: IDAHO

FATHER

6. Full Name of Father: WILLIAM HENRY WINEGAR
9. State or Country of Mother's Birth: IDAHO

MOTHER

8. Full Maiden Name of Mother: REAH STODDARD

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Pendleton
11. Present Address of Registrant: 6220-41st Sacto Calif

NOTARY (Seal)

Subscribed and sworn to before me on October 6th 1970

12. Signature of Notary: JAHLMER SOLANDER
13. Notary Commission expires: October 19 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of Certificate of Blessing
Date of Birth: Mar.21,1913
Birth Place: Parker, Idaho Fremont County
By whom issued and signed: LDS Church, Parker Ward, Geo. F. Rudd, Clerk
Full Name of Mother: Reah Stoddard
Date Issued: ----
Date Orig. Entry: blessed Nov.9,1913
Name of Father: William H. Winegar

SUPPORTING RECORD 2.

Type of Document: Affidavit by mother
Date of Birth: Mar.21,1913
Birth Place: Parker, Idaho Fremont County
By whom issued and signed: Reah Stoddard Winegar
Full Name of Mother: Reah Stoddard Winegar
Date Issued: Oct.6,1970
Date Orig. Entry: ----
Name of Father: William Henry Winegar

SUPPORTING RECORD 3.

Type of Document: photocopy of Certificate of Baptism and Confirmation
Date of Birth: Mar.21,1913
Birth Place: Parker, Idaho Fremont County
By whom issued and signed: LDS Church, Parker Ward, James Mason, Elder
Full Name of Mother: Rhea Stoddard
Date Issued: ----
Date Orig. Entry: baptized June 3,1922
Name of Father: Wm. H. Winegar

QUALIFYING INFORMATION

photocopy of Metropolitan Life Ins. Co. Policy #32172313 issued July 16, 1923 gives age next birthday as 11 years.

REGISTRAR'S CERTIFICATION (seal)

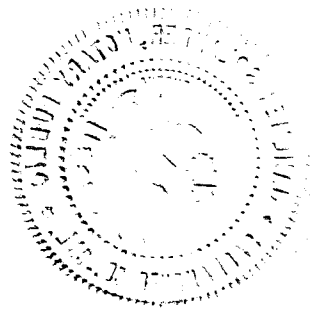
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W. W. Barron
Evidence reviewed by: Glenda Larson
Date Filed: October 28,1970

9-16-76

FORM BH 56067

OCT 29 1970



386-230-018-813

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-756

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jewell Gertrude Choate			2. Date of Birth (month) (day) (year): January 30, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Teakean
FATHER	6. Full Name of Father: Fred Carl Choate			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Maude Belle Hall			9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Jewell G. Lawson	11. Present Address of Registrant: 1110 N. Fall St. Carson City, Nevada
NOTARY (Seal) MARIAN M. MILES NOTARY PUBLIC, STATE OF NEVADA ~~CLEARWATER COUNTY~~ My Commission Expires June 21, 1974	Subscribed and sworn to before me on: Dec 2 1970		12. Signature of Notary: Marian M. Miles	13. Notary Commission expires: June 21 1974

(TO APPLICANT— DO NOT WRITE BELOW THIS LINE)

SUPPORTING RECORD 1.	Type of Document: Certified copy of voting registration	By whom issued and signed: Carson City, Nevada	Date Issued: Mar.13,1970	Date Orig. Entry: Aug.31,1953
	Date of Birth: Jan.30,1913 / Birth Place: Teakean, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records	By whom issued and signed: Edith E.Crowley,Co.Supt. of Public Inst.,Clearwater Co.,ID	Date Issued: Apr.29,1953	Date Orig. Entry: 1925
	Date of Birth: 1913 / Birth Place: ---	Full Name of Mother: Mrs. F. C. Choate	Name of Father: Mr. F. C. Choate	
SUPPORTING RECORD 3.	Type of Document: Affidavits by parents	By whom issued and signed: Maude and F. C.Choate	Date Issued: Oct.26,1970	Date Orig. Entry: ----
	Date of Birth: Jan.30,1913 / Birth Place: Teakean, Idaho Clearwater County	Full Name of Mother: Maude Choate	Name of Father: F. C. Choate	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	Nov. 5, 1970

FORM BH 56067

RUSH 10-30-20 [illegible]

NOV 5 1970

455711-C29-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-763

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Adolph George Dennler			2. Date of Birth (month) (day) (year): August 11 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: LATAH	b. City or Town of Birth: Juliaetta
FATHER	6. Full Name of Father: George John Dennler			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Doris Zumhofe			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Adolph George Dennler		11. Present Address of Registrant: Juliaetta Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 4th November 19 70	12. Signature of Notary: Robt. E. Maguire		13. Notary Commission expires: 12-6 19 70

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by neighbor at time of birth	By whom issued and signed: Wallace H. Clark Age:72		Date Issued: Nov.4,1970	Date Orig. Entry: ---
	Date of Birth: Aug.11,1913	Birth Place: Juliaetta, Idaho	Full Name of Mother: Doris Dennler	Name of Father: George J. Dennler	
SUPPORTING RECORD 2.	Type of Document: certified copy of application & affidavit for marriage Lic.	By whom issued and signed: Nez Perce County, Idaho License #152832		Date Issued: Oct.19,1970	Date Orig. Entry: Oct.19,1935
	Date of Birth: Age: 22	Birth Place: ----	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: Geo. Finke, Ev.Luth.Pastor		Date Issued: ----	Date Orig. Entry: Sept.14,1913
	Date of Birth: Aug.11,1913	Birth Place: Juliaetta, Idaho	Full Name of Mother: Doris Zumhofe	Name of Father: Geo. Dennler	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	Nov. 6, 1970

FORM BH 56067

NOV 6 1970

DECEASED

632-230-008-412

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 70-767

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Karen Olsen			2. Date of Birth (month) April (day) 30 (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Boise	b. City or Town of Birth: Quartzburg
FATHER	6. Full Name of Father: Ole Martin Olsen			7. State or Country of Father's Birth: Norway
MOTHER	8. Full Maiden Name of Mother: Emma Dakka			9. State or Country of Mother's Birth: Norway
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary K. Rose		11. Present Address of Registrant: 906 N. College - Grangeville
NOTARY (Seal)	Subscribed and sworn to before me on: November 6 1970	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Naturalization of father		By whom issued and signed: U. S. A., Clerk of Dist. Ct.	Date Issued: May 11, 1920	Date Orig. Entry: May 11, 1920
	Date of Birth: Age 7	Birth Place: ----	Full Name of Mother: EmmaDakka Olsen	Name of Father: Olè M. Olsen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother		By whom issued and signed: Emma Olsen	Date Issued: Nov. 6, 1970	Date Orig. Entry: -----
	Date of Birth: Apr. 30, 1913	Birth Place: Quartzburg, Ida.	Full Name of Mother: Emma Dakka	Name of Father: Ole Martin Olsen	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho # 238614	Date Issued: ----	Date Orig. Entry: child born Nov. 13, 1935
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

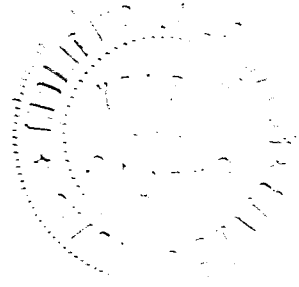
State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Nov. 6, 1970

FORM BH 56067

11-3-70

Olsen - Rose

NOV 9 1970



Dept of 1713 - 15057

L96

DELAYED

469-221-029-132

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-775

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bessie Louise Morey		2. Date Of Birth (month) 7 (day) 21 (year) 1913
	3. Color or Race: W	4. Sex: 7	5. Place of Birth a. County: LATAH; b. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: Oscar Vivaldi Morey		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Emma Alber		9. State or Country of Mother's Birth: Carl County, Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bessie L. Kechter	11. Present Address of Registrant: Southwick, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: October 13 1970	12. Signature of Notary: Gail E. Magnum	13. Notary Commission expires: 12-6 1970

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #49-11446	Date Issued: ----	Date Orig. Entry: child born Sept. 8, 1949
	Date of Birth: Age: 36	Birth Place: Kendrick, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:68		By whom issued and signed: Mrs. Clara Galloway	Date Issued: Oct. 13, 1970	Date Orig. Entry: ----
	Date of Birth: July 21, 1913	Birth Place: Kendrick, Idaho	Full Name of Mother: Emma Alber Morey	Name of Father: Oscar V. Morey	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible		By whom issued and signed: Family Records in Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 21, 1913	Birth Place: ----	Full Name of Mother: Emma Alber Morey	Name of Father: Oscar V. Morey	
QUALIFYING INFORMATION					

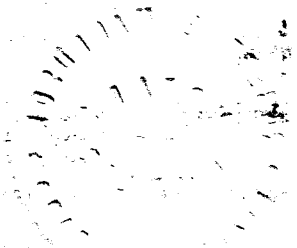
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	November 9, 1970

K FORM BH 56067 7-25-62

NOV 17 1970



DECEASED

612-122-005-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **De 70-783**

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Donald Wynn Oakley
2. Date of Birth (month) (day) (year): Oct. 22 1913
3. Color or Race: White
4. Sex: M.
5. Place of Birth a. County: Benewah
b. City or Town of Birth: St. Mary's Idaho

FATHER

6. Full Name of Father: Wynn Charley Oakley.
7. State or Country of Father's Birth: Wisconsin

MOTHER

8. Full Maiden Name of Mother: Rose Taylor
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Donald Wynn Oakley
11. Present Address of Registrant: 121 E Rusty Walla Walla, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: October 19, 1970

12. Signature of Notary: Ida May Collins
13. Notary Commission expires: Nov. 18, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: The Mutual Life Ins. Co. of New York	Date Issued: May 21,	Date Orig. Entry: May 3, 1938	
	Date of Birth: Oct.22,1913	Birth Place: St. Maries, Idaho USA	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of school records	By whom issued and signed: Dr.W.D.Starr,Principal,Yakima High School, Washington	Date Issued: ---	Date Orig. Entry: Sept.16,1929	
	Date of Birth: Oct.22,1913	Birth Place: St. Marie, Idaho	Full Name of Mother: ----	Name of Father: W. C. Oakley	
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage return #20569	By whom issued and signed: Yakima County, Washington	Date Issued: Oct.13,1970	Date Orig. Entry: Apr.14,1938	
	Date of Birth: Age: 24	Birth Place: St.Mary's, Idaho	Full Name of Mother: Rose Taylor	Name of Father: Winn Oakley	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

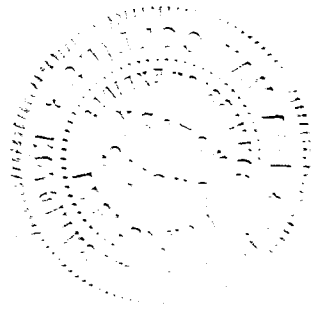
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Benson	Glenda Larson	Nov. 19, 1970

FORM BH 56067

12-11-70

NOV 25 1970



415-207-032-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70=811

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMOGEAN LOIS DAVIS		2. Date Of Birth (month) (day) (year): SEPTEMBER 7 1913
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: LINCOLN; b. City or Town of Birth: SHOSHONE
FATHER	6. Full Name of Father: HOMER W. DAVIS		7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: IDA MAE SAUNDERS		9. State or Country of Mother's Birth: MISSOURI
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emogean Davis Seagraves	11. Present Address of Registrant: Hailey Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 26. March 1970	12. Signature of Notary: H. R. Jackson	13. Notary Commission expires: Dec 12 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin		By whom issued and signed: Earl Williams (bd.5/31/02)	Date issued: Mar.26,1970	Date Orig. Entry: ----
	Date of Birth: Sept.7,1913	Birth Place: Lincoln County Shoshone, Idaho	Full Name of Mother: Ida Mae Saunders	Name of Father: Homer W. Davis	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: July 31,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Ida Davis	Name of Father: Homer Davis	
SUPPORTING RECORD 3.	Type of Document: photograph of tombstone		By whom issued and signed: photograph of own child's grave marker	Date issued: ----	Date Orig. Entry: - ----
	Date of Birth: Sept.7,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	Dec. 4, 1970

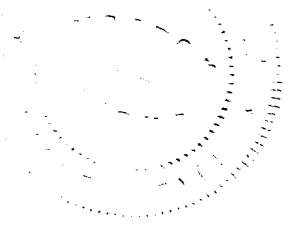
FORM BH 56067

2 cps pd rec # 27789

3-9-70

[illegible]

DEC 4 1970



Mrs. Benson said to accept tombstone

593-217-014-442

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE70-818

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frieda K Nitzel		2. Date Of Birth (month) Jan. (day) 17 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: New Plymouth - Canyon; b. City or Town of Birth: New Plymouth
FATHER	6. Full Name of Father: Adam A. Nitzel		7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Emma Dubarka		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frieda K Helmick	11. Present Address of Registrant: P.O. Box 445 Emmett, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 8 December 1969	12. Signature of Notary: [signature]	13. Notary Commission expires: 20 July 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of Own Childs birth certificate	By whom issued and signed: State of Idaho File # 184815	Date issued: ------	Date Orig. Entry: Child born Sept 8,1930
	Date of Birth: Age 17 Yrs; Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: New Plymouth, Idaho Immanuel Lutheran Church	Date issued: Jan.21,1913	Date Orig. Entry: Baptized 1/21/13
	Date of Birth: Jan.17,1913; Birth Place: New Plymouth,Idaho	Full Name of Mother: Emma Nitzel	Name of Father: Adam Nitzel	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother Age 69Yr	By whom issued and signed: George W. Nitzel	Date issued: Dec.8,1969	Date Orig. Entry: --------
	Date of Birth: Jan.17,1913; Birth Place: New Plymouth,Idaho	Full Name of Mother: Emma Dubarka	Name of Father: Adam A. Nitzel	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	Dec. 14, 1970

FORM BH 56067

12-2-69

691-130-028-993

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-856

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: STANLEY LIVINGSTONE FRANCK
2. Date of Birth: (month) Sept. (day) 30 (year) 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County: KOOTENAI; b. City or Town of Birth: COEUR d'ALENE

FATHER

6. Full Name of Father: LUTHER BISMARCK FRANCK
7. State or Country of Father's Birth: VIRGINIA-U.S.A.

MOTHER

8. Full Maiden Name of Mother: ADELAIDE ALICE RITTENMEYER
9. State or Country of Mother's Birth: IOWA-U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stanley L. Franck
11. Present Address of Registrant: 120 TERRACE CIRCLE DEWITT, N.Y. 13214

NOTARY (Seal)

Subscribed and sworn to before me on December 27, 1970

12. Signature of Notary: Charles C. Doll
13. Notary Commission expires: CHARLES C. DOLL Notary Public in the State of New York Qualified in Onon. Co. No. 34-6[illegible]480 My Commission Expires March 30, 19[illegible]

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of baptismal certificate	By whom issued and signed: St.Luke's Church,Coeur d' Alene, Idaho	Date Issued: ----	Date Orig. Entry: baptized Oct.19,1913	
	Date of Birth: Sep.30,1913	Birth Place: ----	Full Name of Mother: Adelaide Alice Franck	Name of Father: Luther B. Franck	
SUPPORTING RECORD 2.	Type of Document: photocopy of military discharge	By whom issued and signed: U.S. Army, M.W. Force, Col. 244th C.A.	Date Issued: discharged Sep.20,1941	Date Orig. Entry: enlisted Sept.21,1940	
	Date of Birth: Age: 26	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of certificate of Marriage #29	By whom issued and signed: Princess Anne County,Virginia	Date Issued: Mar.10,1941	Date Orig. Entry: Mar.8,1941	
	Date of Birth: Age: 27	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Adelaide A. Rittenmeyer	Name of Father: Luther B. Franck	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

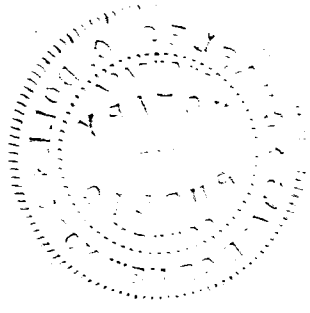
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	Dec. 22, 1970

FORM BH 56067

6-17-67

JAN 6 1971



344-216-003-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 70-860

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Adline Cummins			2. Date Of Birth (month) 2 (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth: Meadowville a. County: Bannock	b. City or Town of Birth: Meadowville
FATHER	6. Full Name of Father: Ulyssis Grant Cummins			7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Jennie Bell			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Liblin		11. Present Address of Registrant: 71 West 3rd South Soda Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 19 70	12. Signature of Notary: Dora Kremer		13. Notary Commission expires: Oct. 18, 19 72

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of certificate of blessing		By whom issued and signed: LDS Church, Meadowville Ward, John J. Skinner, Bishop	Date Issued: ----	Date Orig. Entry: blessed June10,1922
	Date of Birth: Feb.16,1913	Birth Place: Meadowville, Idaho Bannock County	Full Name of Mother: Jennie Bell	Name of Father: Ulyssis Grant Cummins	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend and neighbor at time of birth who was present and helped. Age:78		By whom issued and signed: Rosa Ella Gerber Hawkes	Date Issued: Dec.1,1970	Date Orig. Entry: ---
	Date of Birth: Feb.16,1913	Birth Place: Meadowville, Idaho	Full Name of Mother: Jennie Bell Cummins	Name of Father: Grant Cummins	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License		By whom issued and signed: Weber County, Utah	Date Issued: July 10, 1970	Date Orig. Entry: Apr.30,1932
	Date of Birth: Age: 19	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barson	gml Glenda Larson	Dec. 23, 1970

FORM BH 56067 1 cp [illegible] 36276 6-8-70

DEC 24 1970

553-205-014-047

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-071

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Thelma Isabell Eells		2. Date Of Birth (month) May (day) 5 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho Canyon; b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Horace Elmer Eells		7. State or Country of Father's Birth: Minn.
MOTHER	8. Full Maiden Name of Mother: Mary Etta Dugger		9. State or Country of Mother's Birth: Kans.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Thelma I Eells Conger	11. Present Address of Registrant: 1250 Gladiola Ave Grants Pass Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: January 12 1971	12. Signature of Notary: Catherine G Just	13. Notary Commission expires: My Commission Expires Feb 13, 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for social security #541-48-8704		By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Jan.9,1960
	Date of Birth: May 5,1913	Birth Place: Parma, Canyon County, Idaho	Full Name of Mother: Mary Etta Dugger	Name of Father: Horace Elmer Eells	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records (Castlevale #115)		By whom issued and signed: A.W.Allen,Supt.,Intermediate Dist. #5,Yakima, WA	Date Issued: May 12,1967	Date Orig. Entry: May 1,1927
	Date of Birth: May 5,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate		By whom issued and signed: State of Oregon Vital Statistics Section	Date Issued: Oct.24,1947	Date Orig. Entry: child born July 31,1940
	Date of Birth: Age: 37	Birth Place: Parma, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Berson	Glenda Larson	January 28,1971

FORM BH 56067

JAN 29 1971

743-125-005-354

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-091

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILLIAM Richard Bulis			2. Date Of Birth (month) MAY (day) 25 (year) 1913
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth: a. County Benewah	b. City or Town of Birth: Plummer, Idaho
FATHER	6. Full Name of Father: George Richard Bulis			7. State or Country of Father's Birth: GRAND RAPIDS, MICHIGAN
MOTHER	8. Full Maiden Name of Mother: Adeline Belle Le MAY			9. State or Country of Mother's Birth: EUREKA, CALIFORNIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Richard Bulis		11. Present Address of Registrant: 2809 West MAHON
NOTARY (Seal)	Subscribed and sworn to before me on: January 19 1971	12. Signature of Notary: Callie Menegar		13. Notary Commission expires: Jan. 1 1973

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records (Garfield School)	By whom issued and signed: Spokane Public Schools, WA Dr.Eleanor M.Peterson,Asst.Supt.	Date Issued: Dec.4,1969	Date Orig. Entry: Jan.30,1928	
	Date of Birth: May 25,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: George Bulis	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister Age:67	By whom issued and signed: Lucille Bulis Mulhair	Date Issued: Dec.5,1969	Date Orig. Entry: ---	
	Date of Birth: May 25,1913	Birth Place: Plummer, Idaho	Full Name of Mother: Adeline Belle LeMay	Name of Father: George Richard Bulis	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #D11 329 781	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: Nov.22,1940	Date Orig. Entry: Nov.22,1940	
	Date of Birth: May 25,1913	Birth Place: Plummer, Idaho USA	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

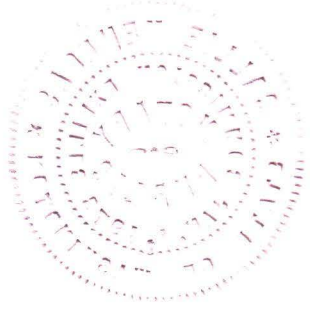
State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	January 29, 1971

FORM BH 56067 2 copys pd. rec# 8717 $2.00 (B)

1-21-65 gm

Lulis

JAN 29 1971



297-203-009-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Katherine Elizabeth Bigelow		2. Date Of Birth (month) August (day) 3 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Hope~~ b. City or Town of Birth: Hope
FATHER	6. Full Name of Father: John William Bigelow		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Mina Viola Starks		9. State or Country of Mother's Birth: Michigan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Katherine B. Ackerman	11. Present Address of Registrant: Box 576 Bowling Green, Va.
NOTARY (Seal)	Subscribed and sworn to before me on: January 29, 19 71	12. Signature of Notary: Marilyn M. Sunles	13. Notary Commission expires: February 19, 19 74

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: Rev. I.L.O'Brien, St.Bernard's Church, Alpena, Michigan	Date issued: May15,1966	Date Orig. Entry: baptized Sep.30,1933
	Date of Birth: Aug.3,1913	Birth Place: Hope, Idaho	Full Name of Mother: Mina Starks	Name of Father: John William Bigelow
SUPPORTING RECORD 2.	Type of Document: photocopy of enrollment blank	By whom issued and signed: Madison College, Harrisonburg, Virginia	Date issued: ---	Date Orig. Entry: June 17,1957
	Date of Birth: Aug.3,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of application for school entrance, Registration	By whom issued and signed: Univeristy of Virginia Mrs. Helen H.Shelton, Recorder	Date issued: Jan.18,1971	Date Orig. Entry: Feb.14,1966
	Date of Birth: Aug.3,1913	Birth Place: Hope, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Glenda Larson	February 3,1971

FORM BH 56067

1cpp dlee # 7096

3-15-66

Released

FEB 4 1971

dup of 1913-16615

DELAYED

386-210-022-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-148

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Madge LaVon Thompson		2. Date Of Birth (month) (day) (year): January 10, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: Twin Groves
FATHER	6. Full Name of Father: James Levi Thompson		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Olive Lucy Cazier		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Madge T Pugh	11. Present Address of Registrant: Box 165 - Ontario, Ore
NOTARY (Seal)	Subscribed and sworn to before me on: February 16 1971	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20- 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 69	By whom issued and signed: Delia Sheppard	Date Issued: Feb. 16,1971	Date Orig. Entry: ---
	Date of Birth: Jan.10,1913 / Birth Place: Twin Groves, Ida.	Full Name of Mother: Olive Lucy Cazier	Name of Father: James Levi Thompson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church	Date Issued: Mar.2,1913	Date Orig. Entry: Blessed Mar. 2,1913
	Date of Birth: Jan.10,1913 / Birth Place: Twin Groves, Ida.	Full Name of Mother: Olive Cazier	Name of Father: J. L. Thompson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 56-9632	Date Issued: ----	Date Orig. Entry: Child born Aug 2,1956
	Date of Birth: Age 43 / Birth Place: Twin Groves, Ida.	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	Feb. 16, 1971

FORM BH 56067

FEB 17 1971

8 pl

331-230-001-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-156

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LOLA MAY CLARK
2. Date Of Birth (month) June (day) 30 (year) 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: ~~Boise~~ IDAHO ADA
b. City or Town of Birth: Boise

FATHER

6. Full Name of Father: AUSTIN ROLAND CLARK
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: JENNIE LUCRETIA McKISSICK
9. State or Country of Mother's Birth: U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: ~~Lola May Curley~~ Lola May Curley

11. Present Address of Registrant: 4343 HARVARD AVE LA MESA CAL.

NOTARY (Seal)

OFFICIAL SEAL
CAROL A. OLIVER
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO, COUNTY
My Commission Expires Nov. 17, 1973

Subscribed and sworn to before me on _____ 19___

12. Signature of Notary: Carol A. Oliver

13. Notary Commission expires: Nov 17 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #255494	---	child born May 29,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 23 / Boise, Idaho	---	---	
SUPPORTING RECORD 2.	Type of Document: photocopy of federal census records	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Dec.30,1970	Date Orig. Entry: Jan.1,1920
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 6 / Idaho	Jennie L. Clark	Oston R. Clark	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Luke's Hospital, Dianne E. Kohtz, ART	Date Issued: Feb.18,1971	Date Orig. Entry: Apr.27,1943
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 30,1913 / Idaho	Jennie Clark	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	Feb. 19, 1971

FORM BH 56067

9-8-76

FEB 22 1971

919-122-075-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Miles Marvel		2. Date Of Birth (month) 12 (day) 22 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lenore
FATHER	6. Full Name of Father: Miles Munford Marvel		7. State or Country of Father's Birth: North Dakota
MOTHER	8. Full Maiden Name of Mother: Bernice Rosella Smith		9. State or Country of Mother's Birth: North Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Miles Marvel	11. Present Address of Registrant: #22 Raymond St Helena Montana
NOTARY (Seal)	Subscribed and sworn to before me on: November 15 1970	12. Signature of Notary: John K. Kline	13. Notary Commission expires: Jan. 3 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: St. Stanislaus, Church, Lewiston, ID, F.J. Blaes, SJ Asst. Pastor	Date Issued: Apr. 7, 1953	Date Orig. Entry: baptized June 23, 1951
	Date of Birth: Dec. 22, 1913 / Birth Place: Lenore, Idaho	Full Name of Mother: Bernice Smith	Name of Father: Miles Marvel	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #256274	Date Issued: ----	Date Orig. Entry: child born June 9, 1937
	Date of Birth: Age: 23 / Birth Place: Lenore, Idaho	Full Name of Mother: ---	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #898-49-01	By whom issued and signed: The Mutual Life Ins. Co. of New York	Date Issued: June 15, 1964	Date Orig. Entry: May 7, 1964
	Date of Birth: Dec. 22, 1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	gml Glenda Larson	Feb. 19, 1971

FORM BH 56067

2 cps pd rec # 4604

10-30-70

FEB 22 1971

632-128-028-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-184

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: JOHN HOWARD STANLEY OLSON			2. Date Of Birth (month) MARCH (day) 28 (year) 1913	
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Idaho Kootenai	b. City or Town of Birth: COEUR D'ALENE	
FATHER	6. Full Name of Father: PETER OLSON			7. State or Country of Father's Birth: SWEDEN	
MOTHER	8. Full Maiden Name of Mother: CAROLINE ERIKSON			9. State or Country of Mother's Birth: SWEDEN	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Howard Stanley Olson	11. Present Address of Registrant: 5417 LAKEWOOD RD, STANWOOD, WASH. 98292	
NOTARY (Seal)	Subscribed and sworn to before me on: 2-25 1971		12. Signature of Notary: Beverly L. Franzen	13. Notary Commission expires: 8-23 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

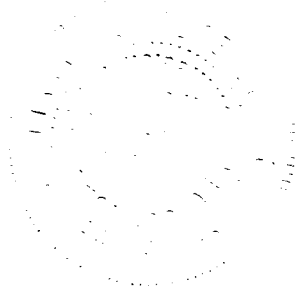
SUPPORTING RECORD 1.	Type of Document: Application for Civil Ser.		By whom issued and signed: Civil Service Commission	Date Issued: Nov.10,1937	Date Orig. Entry: Applied Nov. 10,1937
	Date of Birth: Mar.28,1913	Birth Place: Coeur d'Alene	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate		By whom issued and signed: Lutheran Church J.A.Edlund	Date Issued: Sept.18,1913	Date Orig. Entry: Baptized Sept.18,1913
	Date of Birth: Mar.28,1913	Birth Place: Coeur d'Alene	Full Name of Mother: Caroline Erikson Olson	Name of Father: Peter Olson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certiticate		By whom issued and signed: Washington Dept.of Health	Date Issued: Feb.18,1971	Date Orig. Entry: child born Sept.22,1945
	Date of Birth: Age 32	Birth Place: Coeur d'Alene	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: March 2, 1971

FORM BH 56067

1-26-71

MAR 2 1971



215-230-009-418

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-202

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Geraldine Pearl Savage		2. Date of Birth (month) May (day) 30 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: Thomas Jefferson Savage		7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Amanda Albertina Maynard		9. State or Country of Mother's Birth: Wisconsin	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Geraldine P. Savage	11. Present Address of Registrant: N. 3913 Post Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on March 8 1971	12. Signature of Notary: [illegible]	13. Notary Commission expires: June 3 1971	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle Age 77	By whom issued and signed: Don Maynard	Date Issued: Mar.2,1971	Date Orig. Entry: ------
	Date of Birth: May30,1913 / Birth Place: Sandpoint, Idaho	Full Name of Mother: Amanda Albertina Maynard	Name of Father: Thomas Jefferson Savage	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy # 246	By whom issued and signed: Chicago, Illinois Continental Assurance Co.	Date Issued: Jan.25,1934	Date Orig. Entry: ------
	Date of Birth: May 30,1913 / Birth Place: Sandpoint,Idaho	Full Name of Mother: Amanda Maynard Hamilton	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Copy of Own childs birth certificate	By whom issued and signed: File # 48-6275 State of Washington	Date Issued: -------	Date Orig. Entry: Child born Jan.13,1948
	Date of Birth: Age 34 yrs / Birth Place: Sandpoint, Idaho	Full Name of Mother: ---------	Name of Father: ----------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Glenda Larson	March 9, 1971

FORM BH 56067

MAR 9 1971

454-107-030-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-223

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Demick			2. Date of Birth (month) (day) (year): March 7, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Vasil Demick (deceased)			7. State or Country of Father's Birth: Yugoslavia
MOTHER *	8. Full Maiden Name of Mother: Anna Kromar (DEMICK)			9. State or Country of Mother's Birth: Yugoslavia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George Demick		11. Present Address of Registrant: 110 BROADMOOR AV. SAN ANSELMO, CA 94960
NOTARY (Seal)	Subscribed and sworn to before me on: March 7, 1971	12. Signature of Notary: Wallis Warter		13. Notary Commission expires: November 21 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of honorable discharge	By whom issued and signed: U.S. Army, Harvey D. Taylor, Lt.Col.Cav., Ft.Lewis, WA	Date Issued: discharged Dec.24,1945	Date Orig. Entry: inducted June 9,1942
	Date of Birth: Mar.7,1913 / Birth Place: Salmon, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of social security application for #572-10-1575	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: May 25, 1937
	Date of Birth: Mar.7,1913 / Birth Place: Salmon, Idaho	Full Name of Mother: Annie Kromar	Name of Father: Vasil Demick	
SUPPORTING RECORD 3.	Type of Document: certified copy of application for marriage license #234336	By whom issued and signed: Washoe County, Nevada	Date Issued: Feb.26,1971	Date Orig. Entry: Feb.8,1947
	Date of Birth: Age: 33 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: March 17, 1971

FORM BH 56067

(D) 2-16-71 gml

Kennick

MAR 1 8 1971

215-120-0016-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-230

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edgar Chesterfield Banta			2. Date of Birth (month) (day) (year): November 20, 1913
	3. Color or Race: Amer.	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: at home on ranch near Jackson
FATHER	6. Full Name of Father: Herbert Hume Banta			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Nellie May LANSING			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Chester F Banta		11. Present Address of Registrant: 3719 N.E SHAVER ST PORTLAND OREGON
NOTARY (Seal)	Subscribed and sworn to before me on: May 8th 1969	12. Signature of Notary: Lucy Hannah Pancoast		13. Notary Commission expires: 9-24 1971

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Nellie L. Banta		Date Issued: Jun.16,1942	Date Orig. Entry: ----
	Date of Birth: Nov.20,1913	Birth Place: home on ranch near Jackson, Idaho	Full Name of Mother: Nellie May Banta	Name of Father: Herbert Hume Banta	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Connell C. Ward, Clerk, Dist. 24J, Salem, Oregon		Date Issued: May 20,1969	Date Orig. Entry: Dec.31,1923
	Date of Birth: Age: 10	Birth Place: ----	Full Name of Mother: ----	Name of Father: Herbert Banta	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return	By whom issued and signed: Skamania County, Washington		Date Issued: May 22,1969	Date Orig. Entry: Oct.5,1935
	Date of Birth: Age: 21	Birth Place: Rupert, Idaho*	Full Name of Mother: Nellie Lansing	Name of Father: Herbert H. Banta	
QUALIFYING INFORMATION	There is no longer a town of Jackson. It was located about 5 miles East of Rupert.				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: W W Barron	Evidence reviewed by: gml Glenda Larson		Date Filed: March 19,1971	

FORM BH 56067

MAR 1 9 1971

68-122-023-572

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-296

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louis E. White			2. Date Of Birth (month) (day) (year): September 22, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Grace
FATHER	6. Full Name of Father: Joseph Parley White			7. State or Country of Father's Birth: Salt Lake City, Utah
MOTHER	8. Full Maiden Name of Mother: Grace Margarite Egbert			9. State or Country of Mother's Birth: West Jordan, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louis E. Whites		11. Present Address of Registrant: 2015 W 3420 So SLC Utah
NOTARY (Seal)	Subscribed and sworn to before me on: July 29 1964	12. Signature of Notary: Hazel F. Wurlbert		13. Notary Commission expires: Sept. 28 1964

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father Age 77	By whom issued and signed: J. Parley White	Date Issued: Jun.29,1970	Date Orig. Entry: ----
	Date of Birth: Sept.22,1913 / Birth Place: Grace, Idaho	Full Name of Mother: Grace Marguerite Egbert	Name of Father: J. Parley White	
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: L.D.S.Church	Date Issued: Dec.7,1913	Date Orig. Entry: Blessed Dec.7,1913
	Date of Birth: Sep.22,1913 / Birth Place: Grace, Idaho	Full Name of Mother: Grace Margarite Egbert	Name of Father: Joseph Parley, White	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: State of Utah	Date Issued: July 30,1970	Date Orig. Entry: child born June 13,1935
	Date of Birth: Age: 21 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	fc Glenda Larson	April 7, 1971

FORM BH 56067

APR 8 1971

281-731-030-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-310

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Katherine Sharkey		2. Date Of Birth (month) March (day) 31 (year) 1913
	3. Color or Race: Indian	4. Sex: F.	5. Place of Birth a. County: Idaho Lemhi; b. City or Town of Birth: Tendoy.
FATHER	6. Full Name of Father: Barney F Sharkey		7. State or Country of Father's Birth: Lemhi Idaho.
MOTHER	8. Full Maiden Name of Mother: Katie Cunningham		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen K. Collins	11. Present Address of Registrant: 340-16th Longview Wash.
NOTARY (Seal)	Subscribed and sworn to before me on 2/20 19 71	12. Signature of Notary: Donna M. Beals	13. Notary Commission expires 1/25 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Record	By whom issued and signed: School Marshall-Recorders office	Date Issued: Nov.5,1970	Date Orig. Entry: Report made Oct. 1, 1922
	Date of Birth: Age 9 / Birth Place: Idaho	Full Name of Mother: -----	Name of Father: Barney Sharkey	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who has known her all her life	By whom issued and signed: Olive Langfitt Age: 73	Date Issued: Mar.8,1971	Date Orig. Entry: ---
	Date of Birth: Mar.31,1913 / Birth Place: Tendoy, Idaho	Full Name of Mother: Katie Cunningham Sharkey	Name of Father: Barney Sharkey	
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Joseph Community Hosp., Julia G.Bullock,ART,Med.Rec.Lib.	Date Issued: Apr.8,1971	Date Orig. Entry: Aug. 1961
	Date of Birth: Mar.31,1913 / Birth Place: Idaho	Full Name of Mother: Kate Cunningham Sharkey	Name of Father: Barney Sharkey	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barson	Evidence reviewed by: gml fc Glenda Larson	Date Filed: April 13, 1971

FORM BH 56067

2-23-71

APR 1 3 1971

389-226-040-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-328

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Madelyn Lucille Throndson
2. Date of Birth (month) (day) (year): May 26 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Kellogg Shoshone
b. City or Town of Birth: Kellogg

FATHER

6. Full Name of Father: Hans (Henry) Martinus Throndson
7. State or Country of Father's Birth: Minn. U.S.A.

MOTHER

8. Full Maiden Name of Mother: Victoria Rustad
9. State or Country of Mother's Birth: Norway

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Madelyn Lucille Throndson
11. Present Address of Registrant: 9933 S.E. Burnett Portland Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: JANUARY 22, 1971

12. Signature of Notary: [signature]

13. Notary Commission expires: My Commission Expires Dec. 15, 1972 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by cousin	Ralph T. Throndson (born May 1903)	Jan.18,1971	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 26,1913 / Kellogg,Idaho	Victoria Rustad	Hans (Henry) Martinus Throndson	
SUPPORTING RECORD 2.	Certificate of Baptism	United Norwegian Lutheran Church of America,T.I.Ove,Pastor	--	baptized June 20,1914
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 26,1913 / Kellogg, Idaho	Victoria Throndson	Henry Throndson	
SUPPORTING RECORD 3.	Doctor's Certificate of birth for own child	Dr.Victor E. Breul,Los Angeles California	---	child born Aug.6,1938
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 26,1913 Kellogg, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Larson	gml Glenda Larson	April 20, 1971

FORM BH 56067

12-15-70

APR 20 1971

465 2051014-432

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-352

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Flora Honora Donahue	2. Date of Birth (month) (day) (year): August 5, 1913
	3. Color or Race: White; 4. Sex: Female; 5. Place of Birth a. County: Custer	b. City or Town of Birth: Mackay
FATHER	6. Full Name of Father: Thomas Terrence Donahue	7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Hannah McKelvey	9. State or Country of Mother's Birth: Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Flora Honora Scott
		11. Present Address of Registrant: 2013878-N-th Las Vegas Nev.
NOTARY (Seal)	Subscribed and sworn to before me on: 19 70	12. Signature of Notary: Dorothy A Frederick
		13. Notary Commission expires: 6/18 1973

Notary Public - State of Nevada
CLARK COUNTY
DOROTHY A. FREDERICK
My Commission Expires June 18, 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal certificate Roman Catholic Church	By whom issued and signed: St. Bernard Church, Blackfoot, ID, James T. Hallessen, Pastor	Date issued: June 29, 1970	Date Orig. Entry: baptized Jan. 25, 1914
	Date of Birth: Aug. 5, 1913; Birth Place: Mackey, Idaho	Full Name of Mother: Honora McCalvey	Name of Father: Thomas Donahue	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #425788	Date issued: ----	Date Orig. Entry: child born Sept. 10, 1946
	Date of Birth: Age: 33; Birth Place: Mackay, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage records book 13; page 283	By whom issued and signed: Shoshone County, Idaho	Date issued: Apr. 20, 1971	Date Orig. Entry: Sept. 16, 1937
	Date of Birth: Age: 27; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 29, 1971

FORM BH 56067

APR 3 0 1971

386-R2-1928-156

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-393

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kathrine Maria Thomson		2. Date Of Birth (month) (day) (year): February 12, 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Plummer
FATHER	6. Full Name of Father: Jabez Vines Thomson		7. State or Country of Father's Birth: Montgomeryshire, N. Wales
MOTHER	8. Full Maiden Name of Mother: Grace Maude Jewell		9. State or Country of Mother's Birth: Corry, Pennsylvania
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kathrine Maria (Thomson) Norder	11. Present Address of Registrant: 74 Windsor Beach Rd. Erie, Pa.
NOTARY (Seal)	Subscribed and sworn to before me on: July 10 1967	12. Signature of Notary: Samuel L. Uber	13. Notary Commission expires: SAMUEL L. UBER, NOTARY PUBLIC HARBORCREEK TOWNSHIP, ERIE COUNTY MY COMMISSION EXPIRES OCTOBER 1, 1969 Oct 1, 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: driver's license #8903638	By whom issued and signed: Commonwealth of Pennsylvania	Date Issued: Jan.15,1963	Date Orig. Entry: Jan.15,1963
	Date of Birth: Feb.12,1913 / Birth Place: -----	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: photocopy of Bible record	By whom issued and signed: Family Bible Record	Date Issued: -----	Date Orig. Entry: obviously old
	Date of Birth: Feb.12,1913 / Birth Place: Plummer, Idaho	Full Name of Mother: Grace Jewell Thomson	Name of Father: Jabez Vines Thomson	
SUPPORTING RECORD 3.	Type of Document: employment record	By whom issued and signed: Harbor Creek Township School Dist.Erie Co., Pennsylvania	Date Issued: Jun.15,1956	Date Orig. Entry: June 15,1956
	Date of Birth: Feb.12,1913 / Birth Place: ---	Full Name of Mother: -----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	hh gml Glenda Larson	May 14, 1971

FORM BH 56067

MAY 17 1971

913-13-023-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-416

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Roy Elmer Matthews
2. Date Of Birth: (month) Oct. (day) 31 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Gem; b. City or Town of Birth: Ola

FATHER

6. Full Name of Father: David Frank Matthews
7. State or Country of Father's Birth: Montana

MOTHER

8. Full Maiden Name of Mother: Ereva Dena Ellsworth
9. State or Country of Mother's Birth: Menan, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roy Matthews
11. Present Address of Registrant: 745 Canyon Dr. Paradise, Calif.

NOTARY (Seal)

Subscribed and sworn to before me on _____ 1971

12. Signature of Notary: Mary Lee Shelley
13. Notary Commission expires _____ 19____

My Commission Expires May 23, 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 91 yrs	By whom issued and signed: Frances Mathews	Date Issued: Apri 13,1971	Date Orig. Entry: -----	
	Date of Birth: Oct.31,1913	Birth Place: Ola, Idaho	Full Name of Mother: Ereva D. Ellsworth (Matthews)	Name of Father: David F. Matthews	
SUPPORTING RECORD 2.	Type of Document: Application for employment at Hospital (Photocopy)	By whom issued and signed: Feather River Hospital Paradise, California	Date Issued: March 18,1971	Date Orig. Entry: Dec.20,1965	
	Date of Birth: Oct.31,1913	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Own Childs birth Certificate	By whom issued and signed: State of Idaho File #409601	Date Issued: ------	Date Orig. Entry: Child born Oct.22,1943	
	Date of Birth: Age 29 yrs	Birth Place: Ola, Idaho	Full Name of Mother: --------	Name of Father: --------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	May 24, 1971

FORM BH 56067

Copy rec 13926

4-19-71

Mathews

MAY 24 1971

652-214-210-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-428

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DRUCILLA JUNE WEST		2. Date of Birth (month) (day) (year): JUNE 14 1913
	3. Color or Race: WHITE	4. Sex: F. M.	5. Place of Birth a. County: BONNEVILLE; b. City or Town of Birth: MILO
FATHER	6. Full Name of Father: CHARLES JESSE WEST		7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELIZABETH MAY NEWMAN		9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: * Drucilla June West	11. Present Address of Registrant: Rt. #1. Rigby, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 21 1971 19 ___	12. Signature of Notary: Allen D. [illegible] Notary Public	13. Notary Commission expires: My Commission Expires May 1, 1972 Rigby, Idaho

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: Idaho Falls LDS Hosp., Idaho Lelia Garland, RRL, Med.Rec.Lib.	Date Issued: May 13, 1971	Date Orig. Entry: Nov.27,1939
	Date of Birth: June 14,1913 / Birth Place: Milo, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church	By whom issued and signed: LDS Church, Lewisville 2nd Ward, Rigby, ID Joseph Jones, Clk.	Date Issued: Apr.10,1971	Date Orig. Entry: blessed Aug.13,1913
	Date of Birth: June 14,1913 / Birth Place: Milo, Idaho Bonneville County	Full Name of Mother: Elizabeth May Newman West	Name of Father: Charles Jesse West	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Zelma West Moss (bd. 8/14/1895)	Date Issued: Jan.11,1971	Date Orig. Entry: ---
	Date of Birth: June 14,1913 / Birth Place: Milo, Idaho Bonneville County	Full Name of Mother: Elizabeth May Newman	Name of Father: Charles Jesse West	
QUALIFYING INFORMATION	official transcript of Rigby High School Record issued Jan.4,1971 gives birthdate as June 14, 1913 and parent's name as C. J. West.			

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: Glenda Larson	Date Filed: May 28, 1971

FORM BH 56067

JUN 1 1971

317-228-C35-969

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-454

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marybeth ~~Maynard~~ Larkam
2. Date of Birth (month) June (day) 28 (year) 1913
3. Color or Race: wh
4. Sex: female
5. Place of Birth a. County: Culdesac Nez Perce
b. City or Town of Birth: Culdesac, ~~Missouri~~, Idaho

FATHER

6. Full Name of Father: Charles Newton Larkam
7. State or Country of Father's Birth: Missouri, U.S.A.

MOTHER

8. Full Maiden Name of Mother: Mina Elizabeth Porter Larkam
9. State or Country of Mother's Birth: Missouri, U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marybeth Maynard
11. Present Address of Registrant: Lapwai, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on June 2 1971

12. Signature of Notary: Letha Walters
13. Notary Commission expires: Nov1 1973

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of school census marshal's report	Nez Perce County, Idaho Culdesac, Idaho	May 6,1971	Sept.,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	----	---	C. N. Larkam

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by person present at time of birth	Martha M. Porter Hogaboam Age:88	June 2,1971	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.28,1913	Culdesac, Idaho	Mina Elizabeth Porter Larkam	Charles N. Larkam

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license & certificate	NEz Perce County, Idaho Co.File #224143, bk.15, pg.664	May 6,1971	Aug.14,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 37	Culdesac, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Barron	Glenda Larson	June 9, 1971

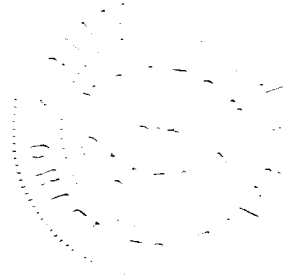
FORM BH 56067

ICS pd rec #10641

4-3-71

Maynard

JUN 9 1971



367-20-035-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-484

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILMA MINERVA LOPER			2. Date Of Birth (month) Feb. (day) 20 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: ~~Ft Lapwai~~, Nez Perce IDAHO	b. City or Town of Birth: FORT LAPWAI
FATHER	6. Full Name of Father: JAMES THOMAS LOPER			7. State or Country of Father's Birth: ARKANSAS
MOTHER	8. Full Maiden Name of Mother: SARAH ANN GREEN			9. State or Country of Mother's Birth: TENNESSEE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X [signature]		11. Present Address of Registrant: [illegible] EIGHTH [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on 11th MAY 1971	12. Signature of Notary: Milton A Neher		13. Notary Commission expires: August 31 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Klamath Falls Public Schools, Oregon, Earl Ferguson, Supt.	Date Issued: Feb.12,1971	Date Orig. Entry: Sept.7,1920
	Date of Birth: Feb.20,1913 / Birth Place: ----	Full Name of Mother: S. A. Loper	Name of Father: James Loper	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (almost ten years older)	By whom issued and signed: Irma Naomi Loper O'Malley	Date Issued: May 11,1971	Date Orig. Entry: ---
	Date of Birth: Feb.20,1913 / Birth Place: Nez Perce County Ft.Lapwai, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Page from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Feb.20,1913 / Birth Place: Lapwai, Idaho	Full Name of Mother: S. A. Loper	Name of Father: J. T. Loper	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal) K	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W M Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 23, 1971

FORM BH 56067

2-1-71

JUN 23 1971

551-123-021-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-508

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Fred Evans			2. Date Of Birth (month) (day) (year): October 23 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Preston, Franklin	b. City or Town of Birth: Preston, Idaho
FATHER	6. Full Name of Father: James Eddie Evans			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Minnie Alice Warrick			9. State or Country of Mother's Birth: Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Charles Fred Evans		11. Present Address of Registrant: 3525 East Highland Phoenix Arizona
NOTARY (Seal)	Subscribed and sworn to before me on: May 3 1960	12. Signature of Notary: Stella M. Thaxton		13. Notary Commission expires: My Commission Expires Oct. 8 1961

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for Soc. Sec.#	By whom issued and signed: 518 07 9885 Treasury Dept. Int.Rev.	Date Issued: Dec.11,1936	Date Orig. Entry: Dec.11,1936
	Date of Birth: Oct.23,1913 / Birth Place: Preston,Idaho	Full Name of Mother: Minnie Alice Warrick	Name of Father: James Edward Evans	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S.Church	Date Issued: Mar.21,1937	Date Orig. Entry: Ordained Mar.21,1937
	Date of Birth: Oct.23,1913 / Birth Place: Preston, Idaho	Full Name of Mother: Minnie Warrick	Name of Father: James Edward Evans	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 82	By whom issued and signed: Ettie W. Condie	Date Issued: Apr.21,1960	Date Orig. Entry: -----
	Date of Birth: Oct.23,1913 / Birth Place: Preston, Idaho	Full Name of Mother: Minnie Alice Warrick	Name of Father: James Eddie Alexander Evans	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	June 30,1971

orn. Corr. on file in Corr. files. (G) 3-24-60. Search Made in Franklin Co. - K.M.

FORM BH 56067

JUL 1 1971

386-105 c003-689

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-534

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Herbert Reed Thomas			2. Date Of Birth (month) (day) (year): April 5 1913
	3. Color or Race: White	4. Sex: Male (Male)	5. Place of Birth a. County: Bannock	b. City or Town of Birth: Downey
FATHER	6. Full Name of Father: Martin Adams Thomas			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Texie Letitia Whitt			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: H. Reed Thomas		11. Present Address of Registrant: Lava Hot Springs, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1971	12. Signature of Notary: La Rue Manwaring		13. Notary Commission expires: Feb 19 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

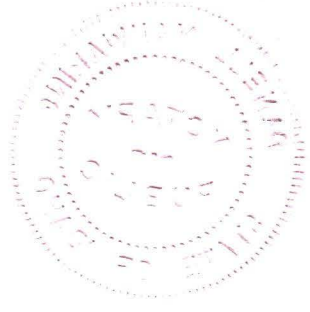
SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of own child's birth	By whom issued and signed: Pocatello General Hospital, Pocatello, Idaho	Date Issued: ---	Date Orig. Entry: child born Jan.20,1940
	Date of Birth: Apr.5,1913 / Birth Place: Bannock County Downey, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Statement regarding church records	By whom issued and signed: Sheldon H.Jones, Ward Clerk Lava Hot Springs Ward,LDS Church	Date Issued: June 23,1971	Date Orig. Entry:
	Date of Birth: Apr.5,1913 / Birth Place: Downey, Idaho Bannock County	Full Name of Mother: Texie L. Whitt	Name of Father: Martin Adams Thomas	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Downey High School	Date Issued: ---	Date Orig. Entry: Sept. 1930
	Date of Birth: Apr.5,1913 / Birth Place: ---	Full Name of Mother: Texie W. Thomas	Name of Father: Martin A. Thomas	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: July 14, 1971

FORM BH 56067

5-19-71

JUL 1 4 1971



818-23-0057-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-537

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lula Rachell Hayter		2. Date Of Birth (month) (day) (year): 11 - 13 - 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Benewah; b. City or Town of Birth: Farm (near St. Maries)
FATHER	6. Full Name of Father: Asa Ashby Hayter		7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Dora Myrtle Burton		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lula R. Stratton	11. Present Address of Registrant: 308 West Turner Ritzville, Wash. 99169
NOTARY (Seal)	Subscribed and sworn to before me on: April 16 1971	12. Signature of Notary: [signature]	13. Notary Commission expires: 6-29 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of certificate of marriage #46945 A		By whom issued and signed: Spokane County, Washington	Date Issued: Apr.13,1971	Date Orig. Entry: Oct.28,1932
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: Myrtle Burton	Name of Father: Asa Hayter	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school census records		By whom issued and signed: Benewah County, Idaho School Dist. #1	Date Issued: Apr.15,1971	Date Orig. Entry: 1924
	Date of Birth: Nov.13,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person who assisted with the birth		By whom issued and signed: Mrs. H. E. Strenge Age:77	Date Issued: July 6,1971	Date Orig. Entry: ----
	Date of Birth: Nov.13,1913	Birth Place: near St. Maries, Idaho	Full Name of Mother: Myrtle Burton Hayter	Name of Father: Asa Ashby Hayter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. M. Larson	gml Glenda Larson	July 14, 1971

FORM BH 56067

Stratton

JUL 15 1971

285-22-4038-5546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 71-539

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Queena Shearer			2. Date Of Birth (month) (day) (year): January 24, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Alfred John Shearer			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Grace Darling Edwards			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Queena Shearer		11. Present Address of Registrant: 307 Blaine St Caldwell Ida
NOTARY (Seal)	Subscribed and sworn to before me on: 7-12 1971	12. Signature of Notary: [illegible]		13. Notary Commission expires: 5-16 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record		By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date Issued: Apr.28,1970	Date Orig. Entry: ---
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Grace Darling Shearer	Name of Father: Alfred J. Shearer	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Hope Shearer Shaffer Age:67	Date Issued: Aug.10,1970	Date Orig. Entry: ----
	Date of Birth: Jan.24,1913	Birth Place: Payette, Idaho	Full Name of Mother: Grace D. Edwards Shearer	Name of Father: A. J. Shearer	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #279037	Date Issued: ---	Date Orig. Entry: child born Apr.22,1939
	Date of Birth: Age: 26	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	gml Glenda Larson	July 14, 1971

FORM BH 56067

Hallman (nee Shearer)

JUL 15 1971

235-227-0/6-306

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-565

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Phyllis Stevenson			2. Date of Birth (month) (day) (year): November 27, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: Isaac Henry Stevenson			7. State or Country of Father's Birth: Bennington, Idaho
MOTHER	8. Full Maiden Name of Mother: Charlotte Reader Cooper			9. State or Country of Mother's Birth: Wellsville, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Phyllis Stevenson		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: March 5 1971	12. Signature of Notary: John A. Daly		13. Notary Commission expires: 8-16 1972

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership	By whom issued and signed: LDS Church, Ella D. Jack, Cust. of Church Membership Records	Date Issued: June 9, 1952	Date Orig. Entry: baptized Dec. 3, 1921
	Date of Birth: Nov. 27, 1913 / Birth Place: Sublett, Idaho	Full Name of Mother: Charlotte Cooper	Name of Father: Isaac Stevenson	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #265611	Date Issued: ----	Date Orig. Entry: child born Mar. 13, 1938
	Date of Birth: Age: 24 / Birth Place: Sublet, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #518-09-4286	By whom issued and signed: Social Security Adm.	Date Issued: ---	Date Orig. Entry: Dec. 21, 1936
	Date of Birth: Nov. 27, 1913 / Birth Place: Sublet, Idaho	Full Name of Mother: Charlotte Cooper	Name of Father: Isaac Henery Stevenson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: July 21, 1971

FORM BH 56067

JUL 21 1971

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-627

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothea Mae Bartlett
2. Date Of Birth (month) (day) (year): Feb. 5, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Coeur d'Alene-Kootenai
b. City or Town of Birth: IDAHO — Coeur d'Alene

FATHER

6. Full Name of Father: Lloyd EARL Bartlett
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Amelia Gladys Treff
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothea Mae Bartlett
11. Present Address of Registrant: 2057 Almond ave Concord, Calif 94520

NOTARY (Seal)

Subscribed and sworn to before me on: July 1, 1971
12. Signature of Notary: Raymond S. Sams.
13. Notary Commission expires: My Commission Expires September 19, 1971

RAYMOND S. SAMS
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
CONTRA COSTA COUNTY

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of own child's birth certificate #9571	Los Angeles County, Calif.	Fb.11,1969	child born June 18,1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age:26	Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt who lived nearby at time of birth	Laura G. Brooks(bd.9/17/01)	Aug.13,1971	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb.5,1913	Coeur d'Alene, Idaho	Amelia Gladys Treff	Lloyd E. Bartlett

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
certified copy of marriage license #2165	San Francisco, California	Aug.9,1971	Nov.2,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 21	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	gml Glenda Larson	August 27,1971

FORM BH 56067

AUG 30 1971

763-126-034-533

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-679

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Welcome Ray Pollard
2. Date of Birth (month) (day) (year): October 26, 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Minidoka
b. City or Town of Birth: Heyburn

FATHER

6. Full Name of Father: Robert Theodore Pollard
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Margaret Louise Ellis
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Welcome Ray Pollard
11. Present Address of Registrant: Route 1, Box 5, Biggs, Calif. 95917

NOTARY (Seal)

Subscribed and sworn to before me on 11th January 1971

12. Signature of Notary: BRADLEY DUKE, Notary Public — State of Nevada, Washoe County, My Commission Expires February 16, 1972; Bradley Duke
13. Notary Commission expires: February 16 1972

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family at time of birth	Nellie M. Schodde Age:80	Mar.17,1969	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.26,1913	Heyburn, Idaho Minidoka County	Margaret Louise Ellis Pollard	Robert Theodore Pollard

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding union records	Carpenters Local #971,Reno,NV Primo J.Bertoldi,Business Rep.	Feb.28,1969	Feb.8,1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.26,1913	---	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Minidoka County Schools,ID Darrell J. Hatfield,ED.D.,Supt. of schools	Sep.7,1971	1919-20

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.26,1913	Heyburn, Idaho Minidoka County	Margaret L. Ellis Pollard	Robert T. Pollard

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W M Larson	gml Glenda Larson	Sept. 28, 1971

FORM BH 56067

SEP 29 1971

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-689

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernice Ellen Maher			2. Date of Birth (month) (day) (year): February 5 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Owyhee	b. City or Town of Birth: Lone Tree
FATHER	6. Full Name of Father: Francis Vincent Maher			7. State or Country of Father's Birth: Silver City, Idaho
MOTHER	8. Full Maiden Name of Mother: Alice Isabel Swisher			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernice Bissingham		11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: Oct. 5 1971	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

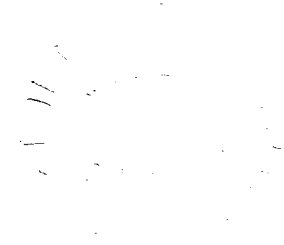
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Original Newspaper notice	By whom issued and signed: The Owyhee Avalanche		Date Issued: Feb.14,1913	Date Orig. Entry: Feb. 14, 1913
	Date of Birth: Feb.5,1913	Birth Place: Lone Tree	Full Name of Mother: Alice Maher	Name of Father: Francis Maher	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt age 76	By whom issued and signed: Cynthia Shea		Date Issued: Oct.5,1971	Date Orig. Entry: -----
	Date of Birth: Feb.5,1913	Birth Place: Lone Tree	Full Name of Mother: Isabel Swisher	Name of Father: Francis Vincent Maher	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 844 54 23	By whom issued and signed: Mutual Life Ins. Co. of N.Y.		Date Issued: Aug.7,1959	Date Orig. Entry: Aug 7,1959
	Date of Birth: Age 46	Birth Place: ----	Full Name of Mother: ----------	Name of Father: -------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Florence Curtright	Date Filed: Oct. 5,1971

FORM BH 56067

OCT 5 1971



745-213-026-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-702

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mae Minnie Gundersen		2. Date Of Birth (month) Feb. (day) 13 (year) 1913
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Jefferson; b. City or Town of Birth: Rigby
FATHER	6. Full Name of Father: James C. Gundersen		7. State or Country of Father's Birth: USA
MOTHER	8. Full Maiden Name of Mother: Louise Andersen		9. State or Country of Mother's Birth: USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mae Freeman	11. Present Address of Registrant: Thornton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: May 29 19 71	12. Signature of Notary: Mary Smith	13. Notary Commission expires: June 25, 19 71

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister		By whom issued and signed: Tula Carolina Gunderson Olson (more than 12 yrs. older)	Date issued: May 29, 1971	Date Orig. Entry: ----
	Date of Birth: Feb.13,1913	Birth Place: Rigby, Idaho	Full Name of Mother: Louise Andersen Gundersen	Name of Father: James C. Gundersen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Independence Ward T. Royce Moss, Bishop	Date issued: Mar.6,1949	Date Orig. Entry: baptized Mar.5,1949
	Date of Birth: Feb.13,1913	Birth Place: Rigby, Idaho Jefferson County	Full Name of Mother: Louise Anderson	Name of Father: James C. Gunderson	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #650270-H		By whom issued and signed: American National Ins. Co. Galveston, Texas	Date issued: Aug.4,1953	Date Orig. Entry: July 15, 1953
	Date of Birth: Feb.13,1913	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barson	Glenda Larson	October 8,1971

FORM BH 56067

OCT 8 1971

635-208-035-293

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-731

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Josephine Fleshman			2. Date Of Birth (month) (day) (year): March 8 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Leland, Idaho Nezperce	b. City or Town of Birth: Leland, Idaho
FATHER	6. Full Name of Father: James Edward Fleshman			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Dora Delind Kite			9. State or Country of Mother's Birth: Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Josephine Stenseth		11. Present Address of Registrant: 4706 NE 68th
NOTARY (Seal)	Subscribed and sworn to before me on: February 12, 1971	12. Signature of Notary: Lily A. Goodwin		13. Notary Commission expires: July 5 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Joseph's Hospital, Lewiston, ID, Ruthe Black, Asst. Rec. Lib.	Date Issued: July 26, 1971	Date Orig. Entry: Jan. 11, 1936	
	Date of Birth: Mar. 8, 1913	Birth Place: Leland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school records	By whom issued and signed: Don A. Blakely, Joint School Dist. #283, Kendrick, Idaho	Date Issued: May 13, 1971	Date Orig. Entry: Sept. 1929	
	Date of Birth: Mar. 8, 1913	Birth Place: ---	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: James Edward Fleshman	Date Issued: June 23, 1971	Date Orig. Entry: ---	
	Date of Birth: Mar. 8, 1913	Birth Place: Leland, Idaho	Full Name of Mother: Dora D. Kite Fleshman	Name of Father: James Edward Fleshman	
QUALIFYING INFORMATION					

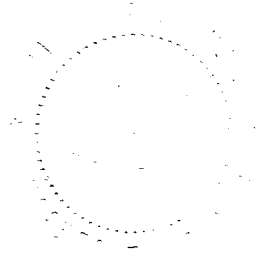
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	October 20, 1971

FORM BH 56067

OCT 2 0 1971



759-119-007-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-753

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HENRY McCLOUD PERRY		2. Date Of Birth (month) MARCH (day) 19 (year) 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: BONNER; b. City or Town of Birth: COLBURN
FATHER	6. Full Name of Father: SAMUEL J. PERRY		7. State or Country of Father's Birth: CANADA
MOTHER	8. Full Maiden Name of Mother: DEBORAH McLOUD		9. State or Country of Mother's Birth: OSHKOSH, WISCONSIN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Henry McCloud Perry	11. Present Address of Registrant: RT 4 BOX 1558 Roseburg Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: October 22 1971	12. Signature of Notary: Ellen D. Moon	13. Notary Commission expires: October 12 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of pages from Bible Records	By whom issued and signed: Family records in Bible	Date issued: Oct.22,1971 notarized	Date Orig. Entry: obviously old
	Date of Birth: Mar.19,1913; Birth Place: Colburn, Idaho	Full Name of Mother: Deborah McCloud Perry (Boyington) dec.5/7/51)	Name of Father: Samuel J. Perry (dec.12/15/1915)	
SUPPORTING RECORD 2.	Type of Document: U.S.Forest Service Motor Vehicle Operator's Award Card	By whom issued and signed: L.M.Thorpe,Acting Forest Supv. Roseburg,OR card #615-809	Date issued: May15,1966	Date Orig. Entry: May 15,1966
	Date of Birth: Mar.19,1913; Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records,Colburn School Dist.19	By whom issued and signed: Mike Lamanna, Asst.Supt. Bonner County, Idaho	Date issued: Aug.10,1971	Date Orig. Entry: Sept.1919
	Date of Birth: Age: 6; Birth Place: ----	Full Name of Mother: Ms. V. Boyington	Name of Father: ----	
QUALIFYING INFORMATION				

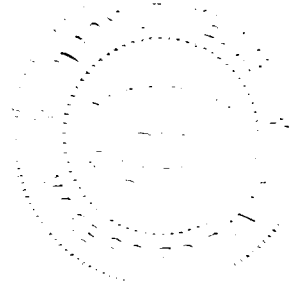
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Benson	Glenda Larson	November 3,1971

FORM BH 56067

NOV 4 1971



994-21-0370-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE71-793

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nettie Grace Ridings
2. Date of Birth (month) (day) (year): March 17, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth — a. County: Lemhi; b. City or Town of Birth: May

FATHER

6. Full Name of Father: J. Mack Ridings
7. State or Country of Father's Birth: Athon, Tennessee

MOTHER

8. Full Maiden Name of Mother: Jessie Blanch DeLong
9. State or Country of Mother's Birth: Hanson, Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nettie Grace Walker
11. Present Address of Registrant: 14 Dearborn, Sandpoint Idaho 83864

NOTARY (Seal)

Subscribed and sworn to before me on: October 27 1971
12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs Hospital birth certificate	Bonner General Hospital Sandpoint, Idaho	-----	Child born March 12,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 17,1913	May, Idaho	-------	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 1707021	Bankers Life Co. Des Moines Iowa-G.Robertson-Registrar	Sept 16,1954	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 13,1913	May, Idaho	-------	-------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother Age 82yrs	Jessie Blanch Wells	Nov.8,1971	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
March 17,1913	May, Idaho	Jessie Blanch DeLong	J. Mack Ridings

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	sl Sue Lowe	Nov. 16, 1971

FORM BH 56067

NOV 16 1971

165-112-0248-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-840

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Carl P Jones ---Carl Preston Jones		2. Date of Birth (month) (day) (year): September 12, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Plummer
FATHER	6. Full Name of Father: Walter Preston Jones		7. State or Country of Father's Birth: Harlan County Nebraska
MOTHER	8. Full Maiden Name of Mother: Mary Rosella McGeorge		9. State or Country of Mother's Birth: Harlan County, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Carl Preston Jones	11. Present Address of Registrant: E 6300 First Avenue Spokane, Washington 99206
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 3rd 1971	12. Signature of Notary: J H Muller	13. Notary Commission expires: 3-28 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage certificate #50706 A	By whom issued and signed: Spokane County, WA	Date Issued: Mar.26,1971	Date Orig. Entry: June 26,1935
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: Mary McGeorge	Name of Father: Walter P. Jones
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Edgecliff Hospital, Spokane, WA, Geo.W.Rodkey, MD, Director	Date Issued: Mar.30,1971	Date Orig. Entry: Jan.20,1966
	Date of Birth: Sep.12,1913	Birth Place: Plummer, Idaho	Full Name of Mother: Mary McGeorge	Name of Father: Walter P. Jones
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: Nov.17,1969	Date Orig. Entry: obviously old
	Date of Birth: Sep.12,1913	Birth Place: Plummer, Idaho	Full Name of Mother: ----	Name of Father: ----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Barron	Evidence reviewed by: Glenda Larson	Date Filed: December 9,1971

FORM BH 56067

11-5

DEC 15 1971

632-208-028-814

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-857

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EVELYN LENORA OLSON		2. Date Of Birth (month) MAY (day) 8 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Coeur d'Alene Kootenai; b. City or Town of Birth: Coeur D Alene
FATHER	6. Full Name of Father: EDWARD A. OLSON		7. State or Country of Father's Birth: BUKSNES County NORWAY
MOTHER	8. Full Maiden Name of Mother: ELLA HAUKAAS		9. State or Country of Mother's Birth: MELDAL-Cty - NORWAY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn L. Berry	11. Present Address of Registrant: RT 4 Box 1558 Roseburg Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: October 27, 1971	12. Signature of Notary: Edna D Moore	13. Notary Commission expires: October 12, 1973

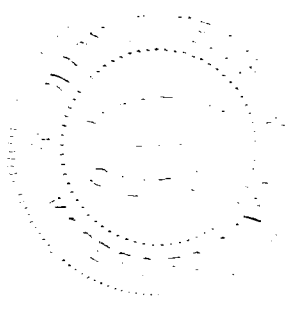
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certified copy of own child's birth certificate #2143	By whom issued and signed: State of Oregon Division of Vital Statistics	Date Issued: April 19, 1947	Date Orig. Entry: child born Feb.22,1947
	Date of Birth: Age: 33 / Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage License & Certificate #1009	By whom issued and signed: Sanders County, Montana J.P. Seridan, Justice of Peace	Date Issued: Feb.3,1933	Date Orig. Entry: Feb.3,1933
	Date of Birth: Age: 19 / Birth Place: Coeur d'Alene, ID Kootenai County	Full Name of Mother: Ella Hawkis	Name of Father: Ed Olson	
SUPPORTING RECORD 3.	Type of Document: Statement regarding school records	By whom issued and signed: Bonner Co. School Dist.#82, Mike Lamanna, Asst.Supt.	Date Issued: Dec.13,1971	Date Orig. Entry: Sept. 1923
	Date of Birth: May 8,1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Ed Olson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: D W Larson	Evidence reviewed by: gml Glenda Larson	Date Filed: Dec. 21, 1971

FORM BH 56067 rpt'd Rec'd 1696 7-30-71

DEC 22 1971



337-22-4603-066

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-870

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bessie Clark
2. Date of Birth (month) (day) (year): July 27, 1913
3. Color or Race:
4. Sex: Female
5. Place of Birth: a. County: Bannock; b. City or Town of Birth: Groveland

FATHER

6. Full Name of Father: Marion Clark
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Mary Lovenia Moffett
9. State or Country of Mother's Birth: Mexico

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bessie Clark Elmer
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: June 25 1969
12. Signature of Notary: B G Kelsey
13. Notary Commission expires: My Commission Expires April 28, 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of Church Certificate of birth
By whom issued and signed: LDS Church, (from Groveland Ward, page 156 line 292)
Date Issued: ----
Date Orig. Entry: Sept.7,1913
Date of Birth: July 27,1913
Birth Place: Groveland, Idaho Bingham County
Full Name of Mother: Mary Lovina Moffett
Name of Father: Marion Clark

SUPPORTING RECORD 2.

Type of Document: Affidavit by aunt who lived in the home
By whom issued and signed: Lula Moffett Millet-Age:69
Date Issued: June 25,1969
Date Orig. Entry: ----
Date of Birth: July 27,1913
Birth Place: Groveland, Idaho
Full Name of Mother: Mary Lovenia Moffett
Name of Father: Marion Clark

SUPPORTING RECORD 3.

Type of Document: photocopy of school records
By whom issued and signed: Byron E. McKinnon, Coordinator of Guidance, Mesa, Arizona
Date Issued: ---
Date Orig. Entry: 1929-32
Date of Birth: Jul.27,1913
Birth Place: ---
Full Name of Mother: Lovenia Longhurst
Name of Father: ----

QUALIFYING INFORMATION

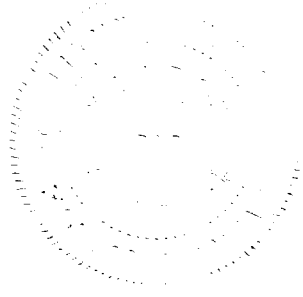
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: W W Larson
Evidence reviewed by: gml Glenda Larson
Date Filed: Dec. 28, 1971

FORM BH 56067

DEC 2 8 1971



291-119-003-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-873

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elmo Reed Brangham
2. Date Of Birth (month) (day) (year): December 19, 1913
3. Color or Race: White
4. Sex: male
5. Place of Birth a. County: Idaho, Bannock
b. City or Town of Birth: Chesterfield

FATHER

6. Full Name of Father: Oliver Raymond Brangham
7. State or Country of Father's Birth: Utah, Logan, Cache County

MOTHER

8. Full Maiden Name of Mother: Lavenna Reese
9. State or Country of Mother's Birth: Utah, Brigham City, Box Elder County

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elmo Reed Brangham
11. Present Address of Registrant: 308 West Main, Kerrville, Texas

NOTARY (Seal) TRILBY Notary Public

Subscribed and sworn to before me on Dec. 22, TRILBY 19 71

12. Signature of Notary: Trilby Talbert
13. Notary Commission expires: 6 TRILBY TALBERT 19 73 Notary Public, Kerr Co., Texas

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certified copy of honorable discharge - Bannock Co.Rec.Off.	U.S. Army, Camp Fannin,TX Sep.Center, D.A.Lind,Major	discharged AC 11/18/45	inducted Oct.16,1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.19,1913 / Chesterfield,Ida. Bannock County	---	---	
SUPPORTING RECORD 2.	Type of Document: photocopies of pages from family Bible-Notarized	By whom issued and signed: Family Records in Bible	Date Issued: Dec.22,1971	Date Orig. Entry: obviously old
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.19,1913 / ----	Lavenna Reese	Oliver Raymond Brangham	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy#678021620	By whom issued and signed: Bankers Life and Casualty Co.	Date Issued: Oct.2,1967	Date Orig. Entry: Aug.25,1967
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.19,1913 / Chesterfield,Idaho	----	-----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Barron	Glenda Larson	Dec. 29, 1971

FORM BH 56067 / Copy 1 Card Pd Rec. II 27262 12-8-71

DEC 30 1971

231-207-634-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-874

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL STAKER			2. Date Of Birth (month) Aug. (day) 7, (year) 1913
	3. Color or Race: Cauc.	4. Sex: F	5. Place of Birth: a. County: Paul Idaho Minadoka	b. City or Town of Birth: Paul
FATHER	6. Full Name of Father: JOSEPH EDWARD STAKER			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: LOUISE GREENWELL			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Staker Lodge		11. Present Address of Registrant: 3608 Sonoma Ave. Santa Rosa, CA 95405
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 30, 1971	12. Signature of Notary: Marion Tuepen		13. Notary Commission expires: NOTARY PUBLIC CALIFORNIA Principal Office in SONOMA COUNTY My Commission Expires Aug. 24, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Louise (Greenwell) Staker	Date Issued: Nov.26,1971	Date Orig. Entry: ---
	Date of Birth: Aug.7,1913 / Birth Place: Paul, Idaho	Full Name of Mother: Louise Greenwell	Name of Father: Joseph Edward Staker	
SUPPORTING RECORD 2.	Type of Document: Hospital Certificate of Birth for own child	By whom issued and signed: Sacred Heart Hospital, Spokane, WA	Date Issued: ----	Date Orig. Entry: child born October 1,1938
	Date of Birth: Aug.7,1913 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: LDS Church certificate of birth	By whom issued and signed: Blaine Stake,Paul Ward,Rec,of Mem.1921,#18695,Bapt.Conf.#506	Date Issued: Dec.23,1971	Date Orig. Entry: Sept.3,1921
	Date of Birth: Aug.7,1913 / Birth Place: Paul,Idaho Minadoka County	Full Name of Mother: Louisa Greenwell	Name of Father: Joseph E. Staker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Dec. 29, 1971

FORM BH 56067

Copy Rec'd Rec'd 26669 11-19-71

DEC 30 1971

844-113-029-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 71-879

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Leo Le Roy Humiston
2. Date of Birth (month) (day) (year): August 13 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Onaway, Latah
b. City or Town of Birth (mail Onaway (Potlatch

FATHER

6. Full Name of Father: George W. Humiston
7. State or Country of Father's Birth: U.S.A.

MOTHER

8. Full Maiden Name of Mother: Rosa Bankey Allen Humiston
9. State or Country of Mother's Birth: California U.S.A

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Leo Le Roy Humiston
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on: JAN. 23 1971
12. Signature of Notary: W B Eastridge
13. Notary Commission expires: MAY 10 1972

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:73	By whom issued and signed: Edna Myrtle Humiston West	Date Issued: Feb.24,1971	Date Orig. Entry: ----
	Date of Birth: Aug.13,1913 / Birth Place: Onaway, Idaho	Full Name of Mother: Rosa Bankey Allen Humiston	Name of Father: George W. Humiston	
SUPPORTING RECORD 2.	Type of Document: Photocopy of enlistment record Idaho State Guard	By whom issued and signed: Paul H. Tobin,Capt.Co A 1st BN 5th Inf Ida-SG	Date Issued: ----	Date Orig. Entry: enlisted Jan.26,1943
	Date of Birth: Aug.13,1913 / Birth Place: Potlatch, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #267391	Date Issued: ----	Date Orig. Entry: child born May 8,1938
	Date of Birth: Age: 24 / Birth Place: Potlatch, Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	gml Glenda Larson	Dec. 30, 1971

FORM BH 56067

DEC 30 1971

389-20?-019--295

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-011

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Goldie Lenore Christian			2. Date Of Birth (month) (day) (year): Nov. 7 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho Custer	b. City or Town of Birth: Goldberg
FATHER	6. Full Name of Father: John Franklin Christian			7. State or Country of Father's Birth: Missouri
MOTHER	8. Full Maiden Name of Mother: Ella Vilate King			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Goldie C. Williamette		11. Present Address of Registrant: Sterling, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 3 1971	12. Signature of Notary: E. T. Miller		13. Notary Commission expires: June 1 1973

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #211319		Date Issued: ----	Date Orig. Entry: child born Apr.13,1933
	Date of Birth: Age: 19	Birth Place: Goldburg, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister	By whom issued and signed: Alice Bell Powers (bd.10/28/1900)		Date Issued: Dec.30,1971	Date Orig. Entry: ---
	Date of Birth: Nov.7,1913	Birth Place: Goldberg, Idaho Custer County	Full Name of Mother: Ella Vilate Christian (nee King)	Name of Father: John Franklin Christian	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #2750292	By whom issued and signed: American Republic Ins. Co.		Date Issued: Sep.10,1963	Date Orig. Entry: Aug.14,1963
	Date of Birth: Nov.7,1913	Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Larson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 7, 1972

FORM BH 56067

JAN 7 1972

747-218-036-064

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-028

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Matilda Josephine Grimaud			2. Date Of Birth (month) Dec. (day) 18 (year) 1913
	3. Color or Race: White	4. Sex: Fm	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Adrien Grimaud			7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Evelina Doutre			9. State or Country of Mother's Birth: Canada
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Matilda Josephine Grimaud Buckley		11. Present Address of Registrant: 5100 South 1050 West Ogden, Utah 84403
NOTARY (Seal)	Subscribed and sworn to before me on: December 27 19 71	12. Signature of Notary: Helen Clark		13. Notary Commission expires: Oct. 1 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:70	By whom issued and signed: Evelina Giraud		Date Issued: Dec.27,1971	Date Orig. Entry: ----
	Date of Birth: Dec.18,1913	Birth Place: Blackfoot,Idaho Bingham County	Full Name of Mother: Evelina Doutre	Name of Father: Adrien Grimaud	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #1735487	By whom issued and signed: Bankers Life Co., Des Moines, Iowa		Date Issued: Oct.1,1955	Date Orig. Entry: Aug.24,1955
	Date of Birth: Dec.18,1913	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #229599		Date Issued: ---	Date Orig. Entry: child born Feb.13,1935
	Date of Birth: Age: 21	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	Jan. 18, 1972

FORM BH 56067

JAN 1 8 1972

264-126-009-816

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. **DE 72-033**

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ogden Augustus Southmayd		2. Date Of Birth (month) January (day) 26 (year) 1913
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Bonner
			b. City or Town of Birth: Sandpoint
FATHER	6. Full Name of Father: John Bulkley Southmayd		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Minnie Lee Hawker		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ogden A. Southmayd	11. Present Address of Registrant: E. 517 Augusta Spokane, Wash.
NOTARY (Seal)	Subscribed and sworn to before me on 1-13 19 72	12. Signature of Notary: J. K. Simpson	13. Notary Commission expires 6-7 19 72

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate	By whom issued and signed: Spokane County Health Dist., Washington	Date Issued: Jan.12,1972	Date Orig. Entry: child born Apr.14,1945
	Date of Birth: Age: 32 / Birth Place: Sandpoint, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Certified copy of certificate of Marriage #51130 A	By whom issued and signed: Spokane County, Washington	Date Issued: Jan.12,1972	Date Orig. Entry: Sept.3,1935
	Date of Birth: Age: 22 / Birth Place: Sandpoint, Idaho	Full Name of Mother: Minnie Hawker	Name of Father: John B. Southmayd	
SUPPORTING RECORD 3.	Type of Document: Statement of Policy Status for insurance policy #674004	By whom issued and signed: Central Life Assurance Co, DesMoines, Iowa	Date Issued: July 23,1971	Date Orig. Entry: Dec.16,1955
	Date of Birth: Jan.26,1913 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: Glenda Larson	Date Filed: Jan. 18, 1972

FORM BH 56067

1 Certified Rec'd #26733 1-11-72

JAN 1 8 1972

168-206-021-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Priscilla Johnson		2. Date Of Birth (month) 9 (day) 6 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Ada; b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: John Edwin Johnson		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Jennie Mc Clanhan		9. State or Country of Mother's Birth: Missouri
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Priscilla Swing	11. Present Address of Registrant: Rt 1 - Box 890 - Parkdale Or 97041
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 11th 1972	12. Signature of Notary: Bruce I White	13. Notary Commission expires: 10-6 1972

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for Social Security #538-05-3146	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Oct.7,1938
	Date of Birth: Sep.6,1913 / Birth Place: Boise, Idaho	Full Name of Mother: Jennie McClanahan	Name of Father: John Edwin Johnson	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage return #15214	By whom issued and signed: Yakima County, Washington	Date Issued: ----	Date Orig. Entry: Nov.23,1931
	Date of Birth: Age: 18 / Birth Place: Boise, Idaho	Full Name of Mother: Jennie McClanahan	Name of Father: John Johnson	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible	By whom issued and signed: family records in Bible	Date Issued: ----	Date Orig. Entry: appears old
	Date of Birth: Sep.6,1913 / Birth Place: Boise, Idaho	Full Name of Mother: Mrs. Jennie McClanahan Johnson	Name of Father: ----	
QUALIFYING INFORMATION				

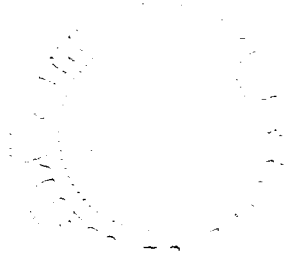
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	Feb. 16, 1972

FORM BH 56067

FEB 17 1972



235-101-014-367

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leroy Charles Stevens			2. Date Of Birth (month) 1 (day) 1 (year) 1913	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Idaho Canyon	b. City or Town of Birth: Wilder	
FATHER	6. Full Name of Father: Charles Lewis Stevens			7. State or Country of Father's Birth: Virginia	
MOTHER	8. Full Maiden Name of Mother: [illegible]			9. State or Country of Mother's Birth: Maryland	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leroy Charles Stevens		11. Present Address of Registrant: Wilder R 2	
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 1966	12. Signature of Notary: Hazel L. Hurlbert		13. Notary Commission expires: Sept. 28 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy	By whom issued and signed: Grange Mutual Life Co.	Date Issued: 1945 April 12	Date Orig. Entry: April 12, 1945
	Date of Birth: Jan 1, 1913 / Birth Place: Wilder, Idaho	Full Name of Mother: ---------	Name of Father: - ---------	
SUPPORTING RECORD 2.	Type of Document: Petition for Membership	By whom issued and signed: Lodge # 137 Independent Order of O.F.	Date Issued: Feb. 24, 1945	Date Orig. Entry: Feb. 24, 1945
	Date of Birth: Jan. 1, 1913 / Birth Place: Wilder, Idaho	Full Name of Mother: Stevens Lillie Bell Coppersmith	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 270483	Date Issued: ----	Date Orig. Entry: child born Aug. 10, 1938
	Date of Birth: Age 25 / Birth Place: Wilder, Idaho	Full Name of Mother: ----	Name of Father: - -----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	fc Florence Curtright	Feb. 22, 1972

FORM BH 56067

Certificate # 5942

FEB 25 1972

134-105-029-346

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-172

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VICTOR MARTIN ANDERSON		2. Date Of Birth (month) JUNE (day) 5 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Latah; b. City or Town of Birth: Potlatch
FATHER	6. Full Name of Father: MARTIN ALEXANDER ANDERSON		7. State or Country of Father's Birth: State of Idaho
MOTHER	8. Full Maiden Name of Mother: ELESA CORNELIA TUFT		9. State or Country of Mother's Birth: State of Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victor Martin Anderson	11. Present Address of Registrant: Potlatch, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: FEBRUARY 8 1972	12. Signature of Notary: [signature]	13. Notary Commission expires: OCTOBER 5 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Elesa Cornelia Anderson	Date issued: Nov.19,1971	Date Orig. Entry: ----
	Date of Birth: June 5,1913	Birth Place: Potlatch, Idaho Latah County	Full Name of Mother: Elesa Cornelia Tuft	Name of Father: Martin Alexander Anderson
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy	By whom issued and signed: Great Northwest Life Ins.Co. Spokane, WA	Date issued: ---	Date Orig. Entry: Apr.5,1934
	Date of Birth: June 5,1913	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: Martin A. Anderson
SUPPORTING RECORD 3.	Type of Document: Statement regarding medical records	By whom issued and signed: Richard W.Reed,Business Mgr. Moscow Clinic	Date issued: ----	Date Orig. Entry: Sept.17,1958
	Date of Birth: Age: 45	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	March 14, 1972

FORM BH 56067

1-7-72

MAR 15 1972

849-23-042-918

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-177

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Catherine Agnes Hurst			2. Date Of Birth (month) August (day) 31, (year) 1913
	3. Color or Race: White	4. Sex: Fe	5. Place of Birth a. County: Twin Falls	b. City or Town of Birth: Filer, Idaho
FATHER	6. Full Name of Father: William Richard Hurst			7. State or Country of Father's Birth: Dalles, Oregon
MOTHER	8. Full Maiden Name of Mother: Sigrid Bendina Georgina Dahlquist ~~Dahlquist~~			9. State or Country of Mother's Birth: Sweden
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Catherine Agnes Hurson		11. Present Address of Registrant: Rt. #4, Buhl, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 19 72	12. Signature of Notary: Alta Gannon		13. Notary Commission expires: Sept. 2 19 72

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Filer School Dist.#413, Idaho Tom Turner, Supt.		Date Issued: Sep.16,1971	Date Orig. Entry: Sept.10,1928
	Date of Birth: Aug.31,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: W. R. Hurst	
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sigrid B. Hurst Age:87		Date Issued: Sep.27,1971	Date Orig. Entry: ---
	Date of Birth: Aug.31,1913	Birth Place: Filer, Idaho	Full Name of Mother: Sigrid B. Hurst	Name of Father: William Richard Hurst	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #330245		Date Issued: ---	Date Orig. Entry: child born Dec.10,1941
	Date of Birth: Age: 28	Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barron	Evidence reviewed by: Glenda Larson	Date Filed: March 15, 1972

FORM BH 56067

9-27-71

Atkinson

MAR 1 6 1972

962 - 211-017-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-208

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Claire Florence Robbins		2. Date of Birth (month) May (day) 11 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clark	b. City or Town of Birth: Humphrey
FATHER	6. Full Name of Father: Franklin Otto Robbins		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Ada Belle Wakefield		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Claire Florence Casey	11. Present Address of Registrant: 511 Ash Street, Anaconda,	
NOTARY (Seal)	Subscribed and sworn to before me on: August 19, 19 71	12. Signature of Notary: [illegible]	13. Notary Commission expires: Mont. February 3, 19 74	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Beaver Creek Ward No. Idaho Falls Stake,	Date Issued: June 3, 1935	Date Orig. Entry: baptized June 1, 1935	
	Date of Birth: May 11, 1913	Birth Place: Humphrey, Idaho Clark County	Full Name of Mother: Ada Belle Wakefield	Name of Father: Otto F. Robbins	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father	By whom issued and signed: Franklin Otto Robbins	Date Issued: Aug. 12, 1971	Date Orig. Entry: ----	
	Date of Birth: May 11, 1913	Birth Place: Humphrey, Idaho	Full Name of Mother: Ada Belle Wakefield Robbins	Name of Father: Franklin Otto Robbins	
SUPPORTING RECORD 3.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family recordsin Bible	Date Issued: ---	Date Orig. Entry: obviously old	
	Date of Birth: May 11, 1913	Birth Place: Humphrey, Idaho	Full Name of Mother: Ada Belle Wakefield	Name of Father: Franklin Otto Robbins	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

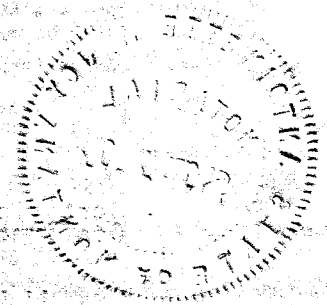
State Registrar	Evidence reviewed by	Date Filed
W W Benson	gml Glenda Larson	April 7, 1972

FORM BH 56067

APR 10 1972

J. i Claire Robbins (Marie Mann Casey)

by McKeon - attorney



BOTH DELAYED

dupe of 1913 D99-0021

296-125-030-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-275

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Vernon LeRoy Brown			2. Date of Birth (month) Sept. (day) 25 (year) 1913
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Plano	Madison
			b. City or Town of Birth: Plano (Mail Rexburg)	
FATHER	6. Full Name of Father: LeRoy P. Brown			7. State or Country of Father's Birth: Plano, Idaho
MOTHER	8. Full Maiden Name of Mother: Hazel Smith			9. State or Country of Mother's Birth: St. Anthony, Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Vernon LeRoy Brown		11. Present Address of Registrant: Rt. 2, Rexburg, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 7, 19 72	12. Signature of Notary: Merrill W. Rudd		13. Notary Commission expires: 8-1, 19 74

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 79	By whom issued and signed: Hazel Smith Brown	Date issued: Apr.7,1972	Date Orig. Entry: -----	
	Date of Birth: Sept.25,1913	Birth Place: Plano,Idaho	Full Name of Mother: Hazel Smith	Name of Father: LeRoy P. Brown	
SUPPORTING RECORD 2.	Type of Document: Church Record	By whom issued and signed: L.D.S.Church	Date issued: Dec.9,1934	Date Orig. Entry: Baptized July 5,1925	
	Date of Birth: Sept.25,1913	Birth Place: Plano,Idaho	Full Name of Mother: Hazel Smith	Name of Father: LeRoy P. Brown	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy	By whom issued and signed: Bankers Life Co.	Date issued: Jun.25,1942	Date Orig. Entry: June 25,1942	
	Date of Birth: Sept,25,1913	Birth Place: Rexburg	Full Name of Mother: Hazel E. Brown	Name of Father: ------	
QUALIFYING INFORMATION					

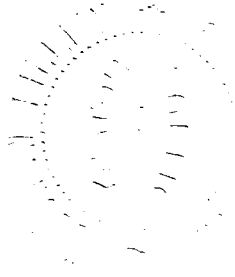
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Florence Curtright	April 27,1972

FORM BH 56067

APR 27 1972



458-106-028-469

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-298

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ralph Wesley Meredith
2. Date Of Birth: May 6 1913
3. Color or Race: W
4. Sex: M
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Kootenai Ford

FATHER

6. Full Name of Father: Walter Scott Meredith
7. State or Country of Father's Birth: Michigan

MOTHER

8. Full Maiden Name of Mother: Mable Morris
9. State or Country of Mother's Birth: Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ralph Wesley Meredith
11. Present Address of Registrant: Rt 2 Box 117 Sandpoint, Idaho 83864

NOTARY (Seal)

Subscribed and sworn to before me on: February 9 1972
12. Signature of Notary: Phyllis Poradi
13. Notary Commission expires: Jan. 1 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #54-11280	----	child born Sep. 12, 1954

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 41	Ford, Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
(Farragut ID) photocopy of designation, change or revocation beneficiary	Retirement & Disability Fund U.S. Civil Service Comm.	----	Dec. 31, 1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 6, 1913	----	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Dept. of Commerce	Apr. 18, 1972	Census taken Jan. 1, 1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 6	Idaho	Mabel Meredith	Walter Meredith

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml Florence Curtright	May 2, 1972

FORM BH 56067

5-1-72

MAY 3 1972

384-19.035-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-300

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: AUGUST D. THIESSEN			2. Date Of Birth (month) (day) (year): February 19, 1913
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: LEWISTON, NEZ PERCE IDAHO	b. City or Town of Birth: LEWISTON, IDAHO
FATHER	6. Full Name of Father: GUS THIESSEN			7. State or Country of Father's Birth: GERMANY
MOTHER	8. Full Maiden Name of Mother: MARY WASEM			9. State or Country of Mother's Birth: BAGLE COUNTY, IOWA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: August D. Thiessen		11. Present Address of Registrant: 620 Thiessen Road Lapwai Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 25 19 72	12. Signature of Notary: Jessie L. Jacobs		13. Notary Commission expires: Jan. 15 19 75

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement & photocopy of lodge record	By whom issued and signed: Elks Lodge #896, Lewiston, ID Wilber W. Perry, Secretary	Date Issued: ---	Date Orig. Entry: Dec. 6, 1945
	Date of Birth: Feb. 19, 1913 / Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of school census marshal's report	By whom issued and signed: Nez Perce County, Idaho School Dist. #2	Date Issued: Sep. 7, 1971	Date Orig. Entry: Sept. 1920
	Date of Birth: Age: 7 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Gus Thiessen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by friend & neighbor at time of birth & now	By whom issued and signed: Alvin V. McCormack (bd 12/21/1896)	Date Issued: Mar. 27, 1972	Date Orig. Entry: ---
	Date of Birth: Feb. 19, 1913 / Birth Place: at home on farm	Full Name of Mother: Mary Thiessen	Name of Father: Gus Thiessen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: May 2, 1972

FORM BH 56067

6-13-72 gml

MAY 3 1972

565-229-042-895

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-302

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Naomi Tolman
2. Date of Birth: (month) May (day) 29 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Twin Falls; b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Francis Lyman Tolman
7. State or Country of Father's Birth: Cardston, Alberta, Canada

MOTHER

8. Full Maiden Name of Mother: Mary Elizabeth Hinman
9. State or Country of Mother's Birth: Cardston, Alberta Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Naomi Tolman Vincent
11. Present Address of Registrant: 3760 So. 9th E., Apt 72 Salt Lake City, Utah

NOTARY (Seal)

Subscribed and sworn to before me on February 7 1972

12. Signature of Notary: Theodore R. Priestley
13. Notary Commission expires: 4-16-1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
LDS Church Certificate of birth	Salt Lake Stake, Salt Lake 29th Ward, rec.members #24781 entry 1274	Oct.9,1970	June 5,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29,1913	Twin Falls, Idaho	Elizabeth Hillman	Francis Lyman Tolman

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 10 480 098	Metropolitan Life Ins. Co.	Nov.1,1945	Nov.1,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 29,1913	Twin Falls,Idaho	----	- ----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Childs birth certificate	State of Utah # 3534	Feb.24,1972	Child born Oct.27,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	---	-----	- -----

QUALIFYING INFORMATION

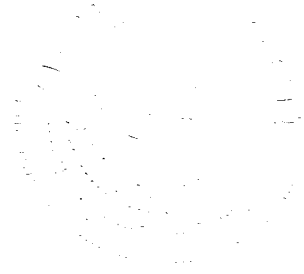
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	gml fc Florence Curtright	May 3, 1972

FORM BH 56067

MAY 4 1972



27-12-012-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-328

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Leonard Sparks			2. Date of Birth (month) June (day) 29 (year) 1913
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Howe	b. City or Town of Birth: Howe Idaho
FATHER	6. Full Name of Father: Charles Clair Sparks			7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Susella Hitz			9. State or Country of Mother's Birth: Ohio
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Leonard Sparks		11. Present Address of Registrant: 1401 Riviera Dr. Idaho Falls
NOTARY (Seal)	Subscribed and sworn to before me on: April 19 1972	12. Signature of Notary: Martha L. Dolman		13. Notary Commission expires: Jan 25 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #292670		Date Issued: ---	Date Orig. Entry: child born Apr.24,1940
	Date of Birth: Age: 26	Birth Place: Howe, Idaho	Full Name of Mother: ----		Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Idaho Falls 2nd Ward, Levi L. Pearson, Elder		Date Issued: ---	Date Orig. Entry: baptized Feb.19,1939
	Date of Birth: June 29,1913	Birth Place: Howe, Idaho	Full Name of Mother: Sousie Ella Hitz		Name of Father: Charles Clair Sparks
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt Age:78	By whom issued and signed: Hazel B. Hitz		Date Issued: Apr.17,1972	Date Orig. Entry: ---
	Date of Birth: June 29,1913	Birth Place: Howe, Idaho	Full Name of Mother: Sousie Ella Hitz		Name of Father: Charles Clair Sparks
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	Glenda Larson	May 10, 1972

FORM BH 56067

MAY 10 1972

395-20-036-286

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-335

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Jessie Alice Trease
2. Date Of Birth (month) 6 (day) 20 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Black Pine Idaho Oniedo
b. City or Town of Birth: [illegible] Oct 4, 1870

FATHER

6. Full Name of Father: John Wesley Trease
7. State or Country of Father's Birth: Crossfimbers Missouri

MOTHER

8. Full Maiden Name of Mother: Jessie Myrtyle Showalter
9. State or Country of Mother's Birth: Beatrice Nebraska Mar 31, 1883

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Jessie Alice Trease Patrick
11. Present Address of Registrant: 130 West State Hi Way Corrington, Utah

NOTARY (Seal)

Subscribed and sworn to before me on 17th March 19 73

12. Signature of Notary: W. Ray Jenkins
13. Notary Commission Expires: October 30 19 73

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	June 20,1913	Black Pine, Idaho Oneida County	LDS Church, West Jordan Stake Kenneth M. Williams, Mission P.	Jessie Myrtle Showalter	Nov. 3, 1957	John Wesley Trease	baptized Oct. 9, 1957
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate	Age: 21	Black Pine, Idaho	State of Utah	---	Apr. 26, 1972	---	child born Aug. 16, 1934
SUPPORTING RECORD 3.	certified copy of application for license to marry #4155	June 20,1913	Black Pine, Idaho	Box Eler County, Utah	Jessie Myrtle Showalter	Apr. 11, 1972	John Wesley Trease	Dec. 7, 1931

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: D. W. Benson
Evidence reviewed by: gml Glenda Larson
Date Filed: May 12, 1972

FORM BH 56067

3-10-72

MAY 12 1972

435-228-040-283

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De 72-354

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAURA PINE McVAY			2. Date Of Birth (month) (day) (year): November 28 1913
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Pine Creek, Idaho, Shoshone County	b. City or Town of Birth:
FATHER	6. Full Name of Father: JAMES HAMILTON McVAY			7. State or Country of Father's Birth: Brookings, Oregon
MOTHER	8. Full Maiden Name of Mother: CHARLOTTE, ~~KKKKKKK~~ SOPHIA KHLEMET			9. State or Country of Mother's Birth: STOCKTON, CALIFORNIA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Laura McVay Clark		11. Present Address of Registrant: 613 Windsor St Santa Cruz Calif
NOTARY (Seal)	Subscribed and sworn to before me on: October 5 1970	12. Signature of Notary: Margaret Foerster		13. Notary Commission expires: 1974

MARGARET FOERSTER
NOTARY PUBLIC-CALIFORNIA
COUNTY OF SANTA CRUZ
My Commission Expires

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Mildred Virginia McVay Spry (bd. 2-7-01)	Date Issued: Sep.29,1970	Date Orig. Entry: ----
	Date of Birth: Nov.28,1913	Birth Place: Shoshone County Pine Creek, Idaho	Full Name of Mother: Charlotte Sophia Khlemet McVay	Name of Father: James Hamilton McVay
SUPPORTING RECORD 2.	Type of Document: photocopy of pages from family Bible	By whom issued and signed: Family Records in Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: Nov.28,1913	Birth Place: ---	Full Name of Mother: Charlotte Khlemet McVay	Name of Father: James Hamilton McVay
SUPPORTING RECORD 3.	Type of Document: photocopy of federal census record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: ----	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Charlotte McVay	Name of Father: James H. McVay
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 2, 1972

FORM BH 56067

9-22-70

JUN 2 1972

134-224-009-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-368

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gladys Vena Aldrich			2. Date Of Birth (month) (day) (year): January 24, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Dover
FATHER	6. Full Name of Father: Harry Leon Aldrich			7. State or Country of Father's Birth: New York
MOTHER	8. Full Maiden Name of Mother: Emma Ethel Statts			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gladys Vena Aldrich		11. Present Address of Registrant: Box 111, Moyie Springs, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: May 10 1972	12. Signature of Notary: Lucille E. Myers		13. Notary Commission expires: Sept. 11 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Mike Lamanna, Asst. Supt., Bonner County School Dist. #82 IDAHO	Date Issued: Oct. 25, 1968	Date Orig. Entry: Sept. 1918
	Date of Birth: Jan. 24, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: H. L. Aldrich
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (10 yrs. older)	By whom issued and signed: Vera B. Parker	Date Issued: Nov. 28, 1967	Date Orig. Entry: ---
	Date of Birth: Jan. 24, 1913	Birth Place: Dover, Idaho	Full Name of Mother: Emma E. Aldrich (nee Statts)	Name of Father: Harry L. Aldrich
SUPPORTING RECORD 3.	Type of Document: certified copy of marriage return #2808	By whom issued and signed: Pend Oreille County, State of Washington	Date Issued: Mar. 13, 1972	Date Orig. Entry: Nov. 28, 1936
	Date of Birth: Age: 23	Birth Place: Dover, Idaho	Full Name of Mother: Emma Statts	Name of Father: H. L. Aldrich
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W. W. Barson	Evidence reviewed by: gml Glenda Larson	Date Filed: June 12, 1972

FORM BH 56067

JUN 13 1972

296-225-033-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-386

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Veion Sarah Brown
2. Date Of Birth (month) Sept. (day) 25 (year) 1913
3. Color or Race: caucasian
4. Sex: female
5. Place of Birth a. County: Madison
b. City or Town of Birth: Plano

FATHER

6. Full Name of Father: LeRoy P. Brown
7. State or Country of Father's Birth: Egin, Idaho

MOTHER

8. Full Maiden Name of Mother: Hazel Eujean Smith
9. State or Country of Mother's Birth: Egin, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Veion B. Cole
11. Present Address of Registrant: Rexburg Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 23 May 19 72

12. Signature of Notary: [signature]
13. Notary Commission expires: 20 Sept 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #252184	----	child born Feb.17,1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 23 / Plano, Idaho	---	---	
SUPPORTING RECORD 2.	Affidavit by mother	Hazel E. Brown	May 23,1972	---
	Sep.25,1913 / Plano, Idaho	Hazel Smith Brown	LeRoy P. Brown	
SUPPORTING RECORD 3.	Certified copy of school census Marshal's report	School Dist. #46, Madison & Fremont Counties, ID	May 15,1972	Sept.1924
	Sep.25,1913 / ----	Hazel Brown	Roy Brown	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
[signature]	Glenda Larson	June 13, 1972

FORM BH 56057

JUN 1 3 1972

DECEASED

493-116-031-417

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-417

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Raymond Clifton Miller			2. Date Of Birth (month) (day) (year): May 16, 1913
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Kamiah, Ida. Lewis	b. City or town of Birth: Kamiah, Idaho
FATHER	6. Full Name of Father: Clifton Jerry Miller			7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Minnie Myrtle Daggett			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Raymond Clifton Miller		11. Present Address of Registrant: Koosia, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 16 1972	12. Signature of Notary: Jean A. Nelson		13. Notary Commission expires: 8-25 1973

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #53-8557	Date Issued: ---	Date Orig. Entry: child born July 7, 1953	
	Date of Birth: Age: 40	Birth Place: Kamiah, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of hospital record Hosp.#7592	By whom issued and signed: Grangeville General Hospital, Idaho	Date Issued: ---	Date Orig. Entry: Dec.2,1962	
	Date of Birth: May 16,1913	Birth Place: U.S.A.	Full Name of Mother: Minnie Dagget	Name of Father: Clifton Miller	
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Records in Bible/ Jean A. Nelson, Notary, Kamiah, ID	Date Issued: June 15,1972	Date Orig. Entry: obviously old	
	Date of Birth: May 16,1913	Birth Place: Kamiah, Idaho	Full Name of Mother: Minnie Myrtle Daggett	Name of Father: Clifton Jerry Miller	

QUALIFYING INFORMATION

Affidavit by Lollie F. Lefler Age;77 who witnessed birth. Signed June 15, 1972 and states, Raymond Cliffton Miller born 16th of May 1913 at Kamiah, Idaho to Cliffton Jerry Miller and Minnie Myrtle Daggett Miller.

REGISTRAR'S CERTIFICATION (seal)

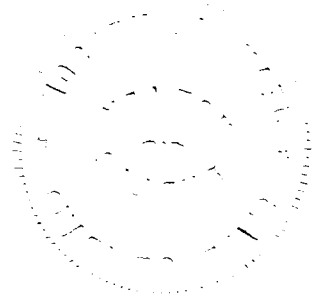
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Barron	Glenda Larson	June 20, 1972

FORM BH 56067

(M) 6-29-72

JUN 2 1 1972



852-204-022-763

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-426

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna Jane Hess		2. Date Of Birth (month) June (day) 4 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Marysville Fremont Ida b. City or Town of Birth: Marysville Ida
FATHER	6. Full Name of Father: Hyrum Wilson Hess		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Vera Monica Potter		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Jane Hess (Dixon)	11. Present Address of Registrant: 373 Hawkeye Pocatello, Ida 83201
NOTARY (Seal)	Subscribed and sworn to before me on: 3 March 1972	12. Signature of Notary: Clara Jenkins	13. Notary Commission expires: 17 March 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister Age:69	By whom issued and signed: Sherry Hess Storer	Date Issued: Mar.3,1972	Date Orig. Entry: ----	
	Date of Birth: Jan.4,1913	Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: Vera Monica Potter	Name of Father: Hyrum Wilson Hess	
SUPPORTING RECORD 2.	Type of Document: Duplicate Certificate of Blessing	By whom issued and signed: LDS Church, Pocatello 23rd Ward, Alameda Stake, R.J.Shelley, Clerk	Date Issued: Mar.19,1972	Date Orig. Entry: blessed Mar.2,1913	
	Date of Birth: Jan.4,1913	Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: Vera Potter	Name of Father: Hyrum W. Hess	
SUPPORTING RECORD 3.	Type of Document: Duplicate Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Pocatello 23rd Ward, Ralph J. Shelley, W. Clerk	Date Issued: Mar.19,1972	Date Orig. Entry: baptized July 2,1921	
	Date of Birth: Jan.4,1913	Birth Place: Marysville, Idaho Fremont County	Full Name of Mother: Vera Potter	Name of Father: Hyrum W. Hess	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: W W Benson	Evidence reviewed by: Glenda Larson	Date Filed: June 26,1972

FORM BH 56067

JUN 27 1972

514-223-023-364

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-499

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: NELLIE [illegible] VAUGHN			2. Date Of Birth (month) 1 (day) 23 (year) 1913	
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: IDAHO GEM	b. City or Town of Birth: EMMETT	
FATHER	6. Full Name of Father: MORGAN A VAUGHN			7. State or Country of Father's Birth: New York, USA.	
MOTHER	8. Full Maiden Name of Mother: NELLIE ELMRIA LOUNSBURY			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ellie Gifford		11. Present Address of Registrant: Boise Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on 7-25 1972	12. Signature of Notary: [signature]		13. Notary Commission expires 8-1 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: LDS Church, Elmer Hall, Bishop Boise, 6th Ward	Date Issued: Oct. 5, 1958	Date Orig. Entry: baptized Oct. 4, 1958	
	Date of Birth: Jan. 23, 1913	Birth Place: Emmett, Idaho Gem County	Full Name of Mother: Nellie Elmria Lounsbury	Name of Father: Morgan A. Vaughn	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #199809	Date Issued: ---	Date Orig. Entry: child born Feb. 22, 1932	
	Date of Birth: Age: 19	Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #590 581 954 MP	By whom issued and signed: Metropolitan Life Ins. Co.	Date Issued: May 1, 1959	Date Orig. Entry: Apr. 7, 1959	
	Date of Birth: Jan. 23, 1913	Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W W Larson	Glenda Larson	July 28, 1972

FORM BH 56067

JUL 31 1972

815-216-016-789

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE72-565

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ordell Hansen			2. Date Of Birth (month) June (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Albion
FATHER	6. Full Name of Father: Charles Hansen			7. State or Country of Father's Birth: American Fork, Utah
MOTHER	8. Full Maiden Name of Mother: Margaret Priscilla Philips			9. State or Country of Mother's Birth: American Fork, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ordell Roragen		11. Present Address of Registrant: Lake Havasue City Ariz.
NOTARY (Seal)	Subscribed and sworn to before me on: August 25 1972	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church Jerome, Idaho	Date issued: -----	Date Orig. Entry: Baptized Sept 11, 1921
	Date of Birth: June 16,1913 / Birth Place: Albion, Idaho	Full Name of Mother: Margrett P. Philips	Name of Father: Charles Hansen	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister Age 70 yrs	By whom issued and signed: Annie Caldbeck	Date issued: Sept.17,1971	Date Orig. Entry: -----
	Date of Birth: June 16, 1913 / Birth Place: Albian, Idaho	Full Name of Mother: Margaret Priscella Hansen	Name of Father: Charles Hansen	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Marriage License	By whom issued and signed: State of Montana Cascade,Cty Great Falls,Montana	Date issued: Sept.22,1970 ----	Date Orig. Entry: Married Oct.25,1947
	Date of Birth: June 16,1913 / Birth Place: Albion, Idaho	Full Name of Mother: Margaret Priscilla Phillips	Name of Father: Charles Hansen	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
W. W. Benson	Sue Lowe	August 25, 1972

FORM BH 56067

7-1-70

AUG 25 1972

33-003-001 - 849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-575

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WANDA CLARK			2. Date Of Birth (month) JUNE (day) 3 (year) 1913
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: IDAHO	b. City or Town of Birth: BOISE
FATHER	6. Full Name of Father: WILLIAM EDWARD CLARK			7. State or Country of Father's Birth: OHIO
MOTHER	8. Full Maiden Name of Mother: CLARA FRANCES HURLEY			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wanda Giannotti		11. Present Address of Registrant: 501-EL-RANCHO-DRIVE-SP #6C SPARKS, NEVADA - 89431
NOTARY (Seal)	Notary Public - State of Nevada, Washoe County. My Commission Expires March 4, 1973	Subscribed and sworn to before me on 1972	12. Signature of Notary: Paul E. Lessinger	13. Notary Commission expires: March 4 1973

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date Issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	June 3,1913	---	Mission Dolores, San Francisco CA, Patrick J. O'Shea, Asst. Pastor	Clara Hurley	Sep. 15, 1959	William E. Clarke	baptized Oct. 19, 1913
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate	Age: 24	Boise, Idaho	Washoe Co. Dist. Health Dept., Reno, NV	---	July 10, 1972	---	child born June 24, 1937
SUPPORTING RECORD 3.	photocopy of hospital admission card	June 3, 1913	---	Mary Lou Black, Med. Rec. Lib. St. Mary's Hospital	---	Aug. 21, 1972	---	June 24, 1937

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
D W Larson	gml Glenda Larson	August 31, 1972

FORM BH 56067

SEP 1 1972

391-225-033-864

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-576

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Grace Thelma Crabtree		2. Date Of Birth (month) April (day) 25 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison; b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: Fredrick Aston Crabtree		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Rosella Young (no middle name)		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Grace Thelma Crabtree Anderson	11. Present Address of Registrant: Terreton, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 31st August 1972	12. Signature of Notary: Ira J. Hale	13. Notary Commission expires: 12-20 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father		By whom issued and signed: Fredrick Aston Crabtree	Date issued: Aug.31,1972	Date Orig. Entry: ---
	Date of Birth: Apr.25,1913	Birth Place: Rexburg, Idaho	Full Name of Mother: Rosella Young (nmn)	Name of Father: Fredrick Aston Crabtree	
SUPPORTING RECORD 2.	Type of Document: photocopy of page from family Bible		By whom issued and signed: Family Records in Bible	Date issued: Aug.31,1972	Date Orig. Entry: obviously old
	Date of Birth: Apr.25,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy		By whom issued and signed: Metropolitan Life Ins. Co.	Date issued: --	Date Orig. Entry: Jan.10,1933
	Date of Birth: Apr.25,1913	Birth Place: Rexburg, Idaho	Full Name of Mother: ----	Name of Father: Fred Crabtree	
QUALIFYING INFORMATION					

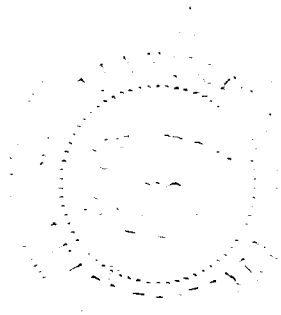
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 1, 1972

FORM BH 56067

SEP 1 1972



DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

Department of Public Health
Division of Vital Statistics
Boise, Idaho

State File No. DE 72-617
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas Orin Martin
2. Date Of Birth (month) (day) (year): February 15 1913
3. Color or Race: white
4. Sex: male
5. Place of Birth: a. County: Blaine; b. City or Town of Birth: Martin

FATHER

6. Full Name of Father: Era Loucis Martin
7. State or Country of Father's Birth: Owyhee County, Idaho

MOTHER

8. Full Maiden Name of Mother: Jessie Nichols
9. State or Country of Mother's Birth: Blaine County, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas Orin Martin
11. Present Address of Registrant: Route 7, Caldwell, Idaho 83605

NOTARY (Seal)

Subscribed and sworn to before me on: September 25 1972
12. Signature of Notary: Judy A. Hayden
13. Notary Commission expires: June 3 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by mother	By whom issued and signed: Jessie Martin, Arco, Idaho	Date Issued: 7-11-56	Date Orig. Entry:
Class* B	Date of Birth: February 15, 1913 / Birth Place: Martin, Idaho, Blaine County	Full Name of Mother: Jessie Nichols Martin	Name of Father: Era Loucis	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for Social Security #520-03-9830	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Dec.4,1936
Class	Date of Birth: Feb.15,1913 / Birth Place: Martin, Idaho	Full Name of Mother: Jessie Hannah Nichols	Name of Father: Era L. Martin	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #354170	Date Issued: ---	Date Orig. Entry: child born July 1,1942
Class	Date of Birth: Age: 29 / Birth Place: Martin, Idaho, Blaine County	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Hicks	Evidence reviewed by: bw Glenda Larson	Date Filed: October 3,1972

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

1 copy issued

Form DPH 49067

OCT -4 1972

815-228-021-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Velma Emma Hansen			2. Date Of Birth (month) April (day) 28th (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Preston, Ida. Franklin	b. City or Town of Birth: Preston	
FATHER	6. Full Name of Father: Samuel Nephi Hansen			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Rhoda Ann Jenkins			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Velma Emma Clason	11. Present Address of Registrant: 2653 Fairmont Dr. Burley, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: August 15 19 72		12. Signature of Notary: Jim Friesen	13. Notary Commission expires: Sept. 1 19 73	

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Age from Marriage Record		By whom issued and signed: Twin Falls County, Idaho Book 8 page 289 marriages	Date Issued: Oct.6,1972	Date Orig. Entry: May 17,1930
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Lorenzo Johnson, Bishop, Preston 2 Ward	Date Issued: ---	Date Orig. Entry: baptized July 17,1921
	Date of Birth: Apr.28,1913	Birth Place: Preston, Idaho Franklin County	Full Name of Mother: R. Anna Jenkins	Name of Father: Samuel N. Hansen	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #199901	Date Issued: ---	Date Orig. Entry: child born Jan.27,1932
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: October 11,1972

FORM BH 56067

8-3-72

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OCT 1 1 1972

493-223-006-685

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-714

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ALDAH MAY MITCHELL			2. Date Of Birth (month) JAN. (day) 23 (year) 1913	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: BINGHAM Co, IDAHO	b. City or Town of Birth: AMERICAN FALLS, IDAHO	
FATHER	6. Full Name of Father: CECIL R. MITCHELL			7. State or Country of Father's Birth: UNITED STATES	
MOTHER	8. Full Maiden Name of Mother: GLADYS M. WHEELER			9. State or Country of Mother's Birth: KANSAS, USA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alta M. Blackburn		11. Present Address of Registrant: 1021 E. 7th E, CHERRYVALE	
NOTARY (Seal)	Subscribed and sworn to before me on: SEPT. 9 1972	12. Signature of Notary: Mary E. Brady		13. Notary Commission expires: APRIL 15, 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #67-8016	By whom issued and signed: State of Kansas, Division of Vital Statistics & Records		Date Issued: Sept.6,1956	Date Orig. Entry: child born Sep.29,1939
	Date of Birth: Age: 26	Birth Place: American Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Bingham County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Aug.15,1972	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Gladys Mitchell	Name of Father: Cecil Mitchell	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative	By whom issued and signed: Aldah Clarkson Age: 73		Date Issued: Nov.10,1972	Date Orig. Entry: ---
	Date of Birth: Jan.23,1913	Birth Place: American Falls, Idaho	Full Name of Mother: Gladys (Wheeler) Mitchell	Name of Father: C. R. Mitchell	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	November 15, 1972

FORM BH 56067

8-4-72

Blackburn

NOV 16 1972

914-131-006-869

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 72-790

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Charles Donald Ramey			2. Date Of Birth (month) (day) (year): March 31, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Bingham	b. City or Town of Birth: Blackfoot
FATHER	6. Full Name of Father: Jacob P. Ramey			7. State or Country of Father's Birth: Virginia
MOTHER	8. Full Maiden Name of Mother: Adelia York			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donald Ramey		11. Present Address of Registrant: Rt. 1, Box 150, Blackfoot, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: December 18 1972	12. Signature of Notary: Thomas E. Moss		13. Notary Commission expires: Sept. 26 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #423544	Date Issued: ---	Date Orig. Entry: child born Aug.15,1946
	Date of Birth: Age: 33	Birth Place: Blackfoot, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person living with family at time of birth		By whom issued and signed: Zina H. Capell Age:76	Date Issued: Dec.18,1972	Date Orig. Entry: --
	Date of Birth: Mar.31,1913	Birth Place: Blackfoot,Idaho Bingham County	Full Name of Mother: Adelia York Ramey	Name of Father: Jacob P. Ramey	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for insurance policy #430395		By whom issued and signed: The Beneficial Life Ins. Co.	Date Issued: Jan.12,1956	Date Orig. Entry: Jan.6,1956
	Date of Birth: Mar.31,1913	Birth Place: Blackfoot, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	December 27,1972

FORM BH 56067

DEC 2 9 1972

994-108-018-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-017

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clyde B. Riddle		2. Date Of Birth (month) (day) (year): 8 - 8 - 1913
	3. Color or Race: W	4. Sex: male	5. Place of Birth: a. County: Clearwater; b. City or Town of Birth: Elk River
FATHER	6. Full Name of Father: Lester Samuel Riddle		7. State or Country of Father's Birth: Mahaffey, Pa.
MOTHER	8. Full Maiden Name of Mother: Elsie May Bellomy		9. State or Country of Mother's Birth: Hubbardstown, W. Va.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clyde B Riddle	11. Present Address of Registrant: Troy Ida Box 294
NOTARY (Seal)	Subscribed and sworn to before me on SEP 25 1972 19	12. Signature of Notary: [signature] NOTARY PUBLIC for the State of Idaho	13. Notary Commission expires: My commission expires August 1, 1973 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of application for insurance policy #17664		By whom issued and signed: Idaho Mutual Benefit Assoc. Boise, Idaho	Date issued: Feb.15,1943	Date Orig. Entry: Feb.12,1943
	Date of Birth: Aug.8,1913	Birth Place: Elk River, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school census Marshall's Report		By whom issued and signed: Latah County, Idaho Dist. #13	Date issued: Sep.13,1972	Date Orig. Entry: Sep.10,1923
	Date of Birth: Age: 10	Birth Place: ---	Full Name of Mother: ---	Name of Father: Lester Riddle	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother		By whom issued and signed: Elsie May Riddle	Date issued: Jan.8,1973	Date Orig. Entry: ---
	Date of Birth: Aug.8,1913	Birth Place: Elk River, Idaho	Full Name of Mother: Elsie May Riddle	Name of Father: Lester Samuel Riddle	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	January 11,1973

FORM BH 56067 1 cp pdl rec # 27165 1-15-69

JAN 11 1973

331-207-240-862

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-018

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verna Mae ~~Wilcox~~ Clark			2. Date Of Birth (month) April (day) 7 (year) 1913	
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Shoshone Idaho	b. City or Town of Birth: Wallace	
FATHER	6. Full Name of Father: Harry Lee Clark			7. State or Country of Father's Birth: Iowa	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Margaret Hose			9. State or Country of Mother's Birth: Iowa	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Verna Mae Wilcox	11. Present Address of Registrant: Rt 2 Box 2463 Wenatchee, Wash 98801	
NOTARY (Seal)	Subscribed and sworn to before me on: October 27, 1970		12. Signature of Notary: Stanley J. Hontz	13. Notary Commission expires: June 11, 1973	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records		By whom issued and signed: St.Anthony's Community Hosp., Wenatchee, WA, Wand Sibert, ART	Date Issued: Oct.30,1972	Date Orig. Entry: Aug.14,1966
	Date of Birth: Apr.7,1913	Birth Place: Idaho	Full Name of Mother: Elizabeth Hose	Name of Father: Harry Clark	
SUPPORTING RECORD 2.	Type of Document: Certified copy of own child's birth certificate #197		By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: Jan.5,1973	Date Orig. Entry: child born June 19,1933
	Date of Birth: Age: 20	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certified copy of marriage return #6939		By whom issued and signed: Chelan County Clerk's Office, Washington	Date Issued: Dec.4,1972	Date Orig. Entry: May 21,1932
	Date of Birth: Age: 19	Birth Place: Wallace, Idaho	Full Name of Mother: Elizabeth Hose	Name of Father: Harry Clark	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: January 11,1973

FORM BH 56067

10-6-70

JAN 11 1973

513-84-009-355

STATE BOARD OF HEALTH,
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-094

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROSELLA MARIE NACCARATO			2. Date Of Birth (month) (day) (year): February 4 1913
	3. Color or Race: Italian	4. Sex: F	5. Place of Birth a. County: (Priest River) Bonner County	b. City or Town of Birth: Priest River
FATHER	6. Full Name of Father: ANGELO NACCARATO			7. State or Country of Father's Birth: Grimoldi, Italy
MOTHER	8. Full Maiden Name of Mother: MARIE THERESA			9. State or Country of Mother's Birth: Grimoldi, Italy
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Rosella Marie Naccarato Rosella Marie Naccarato Cox		11. Present Address of Registrant: (P.O. Box 285) WA 502 S. 5th, Othello/
NOTARY (Seal)	Subscribed and sworn to before me on: January 26 1973	12. Signature of Notary: Carol Holmes		13. Notary Commission expires: Nov. 15 1975

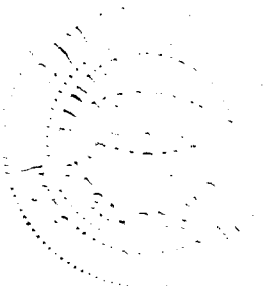
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy Marriage Return #7314	By whom issued and signed: Chelan County, Washington	Date Issued: Nov.10,1972	Date Orig. Entry: July 12,1933
	Date of Birth: Age: 20	Birth Place: Priest River, Idaho	Full Name of Mother: Tresa Marie Naccarato	Name of Father: Angel Naccarato
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom Issued and signed: St.Anthony's Community Hosp. Wenatchee, WA	Date Issued: Jan.11,1973	Date Orig. Entry: Nov.19,1939
	Date of Birth: Feb.4, Age:26	Birth Place: Priest River, Idaho	Full Name of Mother: ----Niccarato	Name of Father: Angelo Niccarato
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister	By whom issued and signed: Anna Naccarato Falsetto (bd.1/10/1898)	Date Issued: Nov.10,1972	Date Orig. Entry: ---
	Date of Birth: Feb.4,1913	Birth Place: Priest River, Idaho	Full Name of Mother: Maria Theresa Naccarato	Name of Father: Angelo Naccarato
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: February 8,1973

FORM BH 56067

FEB 9 1973



239-229-042-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-095

Box 606 Hailey Ida. 83333

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verneda North Stiffler		2. Date Of Birth (month) November (day) 29 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth: Twin Falls; a. County: Twin Falls; b. City or Town of Birth: Twin Falls
FATHER	6. Full Name of Father: Glen Calloway Stiffler		7. State or Country of Father's Birth: Illinois, USA
MOTHER	8. Full Maiden Name of Mother: Ella Livermore		9. State or Country of Mother's Birth: Minnesota, USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]	11. Present Address of Registrant: ~~467 North Maurice St., TF~~
NOTARY (Seal)	Subscribed and sworn to before me on: November 16, 1961 19	12. Signature of Notary: Margaret Wood	13. Notary Commission expires: June 14, 19 64

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #241786	Date issued: ---	Date Orig. Entry: child born Mar.21,1936
	Date of Birth: Age: 22	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by maternal uncle	By whom issued and signed: Archie Livermore (bd.12/2/1899)	Date issued: Nov.16,1961	Date Orig. Entry: ---
	Date of Birth: Nov.29,1913	Birth Place: Twin Falls, Idaho Twin Falls County	Full Name of Mother: Ella Livermore Stiffler	Name of Father: Glen Calloway Stiffler
SUPPORTING RECORD 3.	Type of Document: photocopy of school records	By whom issued and signed: Twin Falls, High School	Date issued: ---	Date Orig. Entry: Sep.10,1928
	Date of Birth: Nov.29,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: photocopy of family record which appears to be old gives birthdate as November 29, 1913 and parents names as Ella Livermore Stiffler and Glen C. Stiffler.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	February 8,1973

FORM BH 56067

3-9-60 one copy paid #19892

FEB 9 1973

742-218-037-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-109

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen Rose Gusman		2. Date Of Birth (month) (day) (year): October 18 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Owhyee; b. City or Town of Birth: Pleasant Valley
FATHER	6. Full Name of Father: Frank Gusman		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mona Clegg		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen R. Bonnell	11. Present Address of Registrant: Rt #2 Caldwell Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1967	12. Signature of Notary: Hazel L. Hurlbert	13. Notary Commission expires: Sept. 28 1968

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Transcript	By whom issued and signed: College of Idaho, Caldwell	Date issued: Sept.2,1954	Date Orig. Entry: Matriculation Feb.9,1954
	Date of Birth: Oct.18,1913	Birth Place: Pleasant Valley	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: Family	Date issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: Oct.18,1913	Birth Place: ------	Full Name of Mother: Mona Belle Clegg	Name of Father: Francis Marion Gusman
SUPPORTING RECORD 3.	Type of Document: Affidavit of Application for Marriage License	By whom issued and signed: Humboldt County-Nevada Grace W. Bell- County Clerk	Date issued: Nov.29,1972	Date Orig. Entry: Feb.25,1956
	Date of Birth: Oct.18, 1913	Birth Place: ------	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Sue Lowe	Date Filed: Feb. 15, 1973

FORM BH 56067 Kush 6-20-67

FEB 16 1973

APR 27 1976

593-223-012-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-121

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DOROTHY ELIZABETH VICKERS			2. Date Of Birth (month) December (day) 23 (year) 1913	
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Twin Falls, Idaho Twin Falls	b. City or Town of Birth: Twin Falls, Idaho	
FATHER	6. Full Name of Father: Richard Maxson Vickers			7. State or Country of Father's Birth: Dunlap, Kansas Morris County	
MOTHER	8. Full Maiden Name of Mother: Dakota Elizabeth Prentiss			9. State or Country of Mother's Birth: Huron, South Dakota	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Dorothy E. Millage	11. Present Address of Registrant: 4861 Cliffside Dr., Riverside Calif.	
NOTARY (Seal)	Subscribed and sworn to before me on: February 16, 1973		12. Signature of Notary: /s/ Donna Cooley signature & seal attached	13. Notary Commission expires: November 26, 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Morris County, Kansas		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Jan.31,1973	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6 yrs.	Birth Place: Idaho	Full Name of Mother: Dakota E. Vickers	Name of Father: Richard M. Vickers	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person present at time of birth		By whom issued and signed: Stella Prentiss Walters Age: 84	Date Issued: Feb.9,1973	Date Orig. Entry: ---
	Date of Birth: Dec.23,1913	Birth Place: Twin Falls,Idaho	Full Name of Mother: Dakota Elizabeth Prentiss Vickers	Name of Father: Richard Maxson Vickers	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #103		By whom issued and signed: Riverside County Recorder's office, California	Date Issued: Feb.14,1973	Date Orig. Entry: child born Mar.9,1938
	Date of Birth: Age: 24	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: Feb. 21, 1973

FORM BH 56067

FEB 21 1973
MAY 31 1973

STATE OF CALIFORNIA
COUNTY OF Riverside } SS.

On February 16, 1973 before me,

the undersigned, a Notary Public in and for said County and State,

personally appeared

Dorothy E. Millage,

known to me

to be the person whose name subscribed to the within

instrument and acknowledged that she executed the same.

Signature Donna Cooley

Donna Cooley

Name (Typed or Printed)

Notary Public in and for said County and State

Misc.-166 (C.S.) Ack. Individual (Rev. 12-63) Staple Staple

FOR NOTARY SEAL OR STAMP

OFFICIAL SEAL
DONNA COOLEY
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires Nov. 26, 1976

81-224-028-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rose Mae Hamlin			2. Date Of Birth (month) April (day) 24 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: U.S. a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: Claud Burnett Hamlin			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Marie Helene Donart			9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. Rose Nettleton		11. Present Address of Registrant: Coeur d'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: February 6 1973	12. Signature of Notary: Charles H. Kimball		13. Notary Commission expires: 12/17/73 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #230755		Date Issued: ---	Date Orig. Entry: child born Jan. 18, 1935
	Date of Birth: Age: 21	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding school	By whom issued and signed: Elsie Koch, Office Mgr., Ritzville, WA school dist. #104		Date Issued: May 30, 1972	Date Orig. Entry: May 1, 1920
	Date of Birth: Apr. 24, 1913	Birth Place: ----	Full Name of Mother: Mr. C. B. Hamlin	Name of Father: C. B. Hamlin	
SUPPORTING RECORD 3.	Type of Document: Affidavit by relative who lived nearby at time of birth	By whom issued and signed: Mrs. William S. Donart (Age: 86)		Date Issued: Feb. 8, 1973	Date Orig. Entry: ---
	Date of Birth: Apr. 24, 1913	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Marie H. Hamlin	Name of Father: Claude B. Hamlin	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: March 6, 1973

FORM BH 56067

ICP pd rec # 8607

4-2-65

MAR 7 1973

793-205.034-351

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-157

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Frances Phyllis Pitts
2. Date of Birth (month) (day) (year): December 5, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Minadoka
b. City or Town of Birth: Heyburn

FATHER

6. Full Name of Father: Joseph Pitts
7. State or Country of Father's Birth: England

MOTHER

8. Full Maiden Name of Mother: Frances Elizabeth Leatham
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Frances Phyllis Pitts
11. Present Address of Registrant: 120 North 6th East, Heber City, Utah 84032

NOTARY (Seal)

Subscribed and sworn to before me on: January 30, 1973
12. Signature of Notary: Lola C. Carlile Deputy Clerk
13. Notary Commission expires: Wasatch County, Utah

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of Certificate of Blessing
By whom issued and signed: Heyburn Ward, Boise Stake, Geo. E. Hellewell, Bishop
Date Issued: ---
Date Orig. Entry: blessed Apr.6,1914
Date of Birth: Dec.5,1913
Birth Place: Heyburn, Minidoka County, Idaho
Full Name of Mother: Frances Leatham
Name of Father: Joseph W. Pitts

SUPPORTING RECORD 2.

Type of Document: photocopy of own child's birth certificate
By whom issued and signed: State of Utah
Date Issued: ---
Date Orig. Entry: child born Aug.23,1946
Date of Birth: Age: 32
Birth Place: Heyburn, Idaho
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: photocopy of page 168 & title page of family history book
By whom issued and signed: The Letham or Leatham Family Book of Remembrance, Edwards Bros. Inc., Ann Arbor
Date Issued: ---
Date Orig. Entry: 1955
Date of Birth: Dec.5,1913
Birth Place: Hayburn, Idaho Minidoka County
Full Name of Mother: Elizabeth Frances Leatham
Name of Father: Joseph Jakmen Pitts

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: March 7, 1973

FORM BH 56067

1 cc paid rec. 5825 2nd form sent for Frances Pitts 1 3 72 gml

Jacobsen (son) for Frances Phyllis Pitts

MAR 8 1973

814-226-010-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-168

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Hammon
2. Date Of Birth (month) (day) (year): January 26 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho Bonneville; b. City or Town of Birth: Ammon

FATHER

6. Full Name of Father: Heber Levi Hammon
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Sarah Ann Waters
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs. Hazel Atwood
11. Present Address of Registrant: 967 Gilbert Ely, Nev.

NOTARY (Seal) JAMES R. PRINCE
Notary Public — State of Nevada
White Pine County
My Commission Expires Feb. 2, 1974

Subscribed and sworn to before me on February 16 1973

12. Signature of Notary: James R Prince
13. Notary Commission expires: 2-2-1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and Confirmation	LDS Church, Leonard Ball, Bishop	Oct.1,1922	baptized Oct.1,1922
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Jan.26,1913 / Ammon, Idaho Bonneville County	Sarah Ann Waters	Heber L. Hammon	
SUPPORTING RECORD 2.	Certified copy of own child's birth certificate	State of Utah	Feb.9,1945	child born July 3, 1943
	Age: 30 / Ammon, Idaho	---	---	
SUPPORTING RECORD 3.	Certificate of Blessing	LDS Church, Hillsdale Branch Ammon Ward, James G. Browning, Jr. Clerk	---	blessed Jan.4,1914
	Jan.26,1913 / ---*	Sarah A. Waters	Heber L. Hammon	

QUALIFYING INFORMATION

*Ammon was written in on the certificate in different ink but the ink appears to be old.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	March 8, 1973

FORM BH 56067

2-9-73 ✓

MAR 9 1973

Dep of 1973 - 21450

365-114-028-284

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-183

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Harvey Allen Coe			2. Date Of Birth (month) (day) (year): Nov. 14, 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: near Plummer Kootenai Co.	b. City or Town of Birth: (now changed to Benewah Co.)
FATHER	6. Full Name of Father: William Alexander Coe			7. State or Country of Father's Birth: Smith Co. Virginia
MOTHER	8. Full Maiden Name of Mother: Nannie Matilda Shuler			9. State or Country of Mother's Birth: Gracon Co. Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Harvey A. Coe		11. Present Address of Registrant: Box 164, Pinehurst, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 16, 1972	12. Signature of Notary: Wendell A. Schutt		13. Notary Commission expires: Sept. 5, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Records photocopy		By whom issued and signed: Family Records	Date issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Nov.14,1913	Birth Place: Kootenai County, Idaho	Full Name of Mother: Nannie Matilda Coe	Name of Father: William Alexander Coe	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #310328	Date issued: ---	Date Orig. Entry: child born Mar.23,1941
	Date of Birth: Age: 27	Birth Place: Plummer, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present		By whom issued and signed: Mary V. Gallagher Age:71	Date issued: March 1,1973	Date Orig. Entry: ---
	Date of Birth: Nov.14,1913	Birth Place: near Plummer, Idaho	Full Name of Mother: Nannie Matilda Shuler (Coe)	Name of Father: William Alexander Coe	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	March 16, 1973

FORM BH 56067

1 cp PG Rec'd #05379 12-12-72

MAR·1 9 1973

714-20-8-010-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-205

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donna Beatrice Paulsen		2. Date Of Birth (month) (day) (year): November 8 1913	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Bonneville Idaho	b. City or Town of Birth: Idaho Falls, Ida.
FATHER	6. Full Name of Father: Charles Morton Paulsen		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Emily Elizabeth Jones		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donna B. Freemon	11. Present Address of Registrant: P.O. Box # 5 No. Salt Lake Utah 84054	
NOTARY (Seal)	Subscribed and sworn to before me on: March 11TH 1973	12. Signature of Notary: Ray F. Lowe Jr	13. Notary Commission expires: OCTOBER 24 1973	

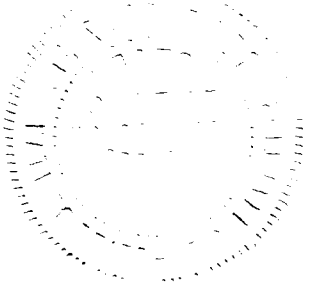
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of own child's birth certificate	By whom issued and signed: child born in Salt Lake County, Utah	Date Issued: ---	Date Orig. Entry: child born Nov.26,1934	
	Date of Birth: Age: 21	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: LDS Church certificate of birth	By whom issued and signed: Blackfoot Stake, Blackfoot 2nd Ward members #18516, entry 1227	Date Issued: Feb.22,1973	Date Orig. Entry: July 1,1922	
	Date of Birth: Nov.8,1913	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Emily Jones	Name of Father: Charles Poulsen	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister (bd.10/24/96)	By whom issued and signed: Vanessa V. Cole	Date Issued: Mar.3,1973	Date Orig. Entry: ---	
	Date of Birth: Nov.8,1913	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Emily Paulsen	Name of Father: Charles Paulsen	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hick	Evidence reviewed by: Glenda Larson	Date Filed: March 21, 1973

FORM BH 56067

MAR 21 1973



231-125-042-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-225

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Earl LeRoy Stanton		2. Date Of Birth (month) (day) (year): Jan. 25, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Twin Falls, Idaho; b. City or Town of Birth
FATHER	6. Full Name of Father: Charles Henry Stanton		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Nellie Gertrude Malcolm		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: × Earl LeRoy Stanton	11. Present Address of Registrant: 2010 S. Clay
NOTARY (Seal)	Subscribed and sworn to before me on: 3-12- 1973	12. Signature of Notary: Kenneth C Grune	13. Notary Commission expires: 3-19- 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Denver Public Schools, Colo. Rose K. Coale, Sec.	Date Issued: Mar. 2, 1973	Date Orig. Entry: Sept. 7, 1921
	Date of Birth: Jan. 25, 1913 / Birth Place: U.S.	Full Name of Mother: Nellie (Stanton)	Name of Father: Charles (Stanton)	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance policy #543 190 596	By whom issued and signed: The Prudential Ins. Co. of America	Date Issued: ---	Date Orig. Entry: July 22, 1954
	Date of Birth: Jan. 25, 1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital birth certificate for own child	By whom issued and signed: St. Anthony's Hospital, Denver, Colorado	Date Issued: ---	Date Orig. Entry: child born Nov. 18, 1946
	Date of Birth: Jan. 25, 1913 / Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: March 30, 1973	

FORM BH 56067 rec # 4206 5 2copy pd. 8-7-72 V

Stanton

APR 6 1973

981-205-014-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73=232

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Leona Pearl Ryals		2. Date Of Birth (month) 4 (day) 8 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Middleton
FATHER	6. Full Name of Father: Alvin Joseph Ryals		7. State or Country of Father's Birth: Arkansas	
MOTHER	8. Full Maiden Name of Mother: Clara Emma Shaffer		9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona Pearl Staley	11. Present Address of Registrant: 2101 N. 29th Boise, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 23 1973	12. Signature of Notary: Jan L. Sheffer	13. Notary Commission expires: Dec. 31 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Lukes	Date Issued: Jul.18,1960	Date Orig. Entry: Admitted July 18,1960
	Date of Birth: Apr.8,1913	Birth Place: -----	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Insurance Policy	By whom issued and signed: Metropolitan Life Co.	Date Issued: May 1955	Date Orig. Entry: Application Apr.12,1955
	Date of Birth: Apr.8,1913	Birth Place: Middleton,Idaho	Full Name of Mother: Clara Shaffer	Name of Father: Alvin Ryals
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 249780	Date Issued: -----	Date Orig. Entry: child born Oct.25,1936
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: -----	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	April 4,1973

FORM BH 56067

2-6-73

APR 6 1973

AEC

219-222-042-453

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-288

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Augusta Barbezat		2. Date Of Birth (month) (day) (year): November 22, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Falls; b. City or Town of Birth: Filer
FATHER	6. Full Name of Father: Louis August Barbezat		7. State or Country of Father's Birth: Springfield, Ill
MOTHER	8. Full Maiden Name of Mother: Minnie Gertrude Metcilf		9. State or Country of Mother's Birth: Bloomington, Neb.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Myrtle Pritchard	11. Present Address of Registrant: 924 Western Ave Colton
NOTARY (Seal)	Subscribed and sworn to before me on: March 23, 1973	12. Signature of Notary: Frank A. Sellaro	13. Notary Commission expires: August 19, 1974

FRANK A. SELLARO
NOTARY PUBLIC
SAN BERNARDINO COUNTY
CALIFORNIA
My Commission Expires August 19, 1974

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records	By whom issued and signed: Dr. Anne F. Bradfield, Dir. of Pupil Personnel, Alameda Unified School Dist.	Date issued: Mar. 6, 1968	Date Orig. Entry: Aug. 12, 1929
	Date of Birth: Nov. 22, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Statement and photocopy of hospital record	By whom issued and signed: San Bernardino County Gen. Hosp, CA Marceile, Pers. Rec.	Date issued: Apr. 19, 1973	Date Orig. Entry: Aug. 1947
	Date of Birth: Nov. 22, 1913	Birth Place: Filer, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: photocopy of application for social security #572-07-3331	By whom issued and signed: Social Security Adm.	Date issued: --	Date Orig. Entry: June 7, 1937
	Date of Birth: Nov. 22, 1913	Birth Place: Filer, Idaho	Full Name of Mother: Gertrude Metcaff	Name of Father: Louis Albert Barbezat
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	May 8, 1973

FORM BH 56067 1 Copy Ans #6924 12-7-72 gml

MAY 1 0 1973
JUN 2 2 1976

445-201-033-655

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-339

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Elaine Munns		2. Date Of Birth (month) 7 (day) 1 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Madison	b. City or Town of Birth: Herbert
FATHER	6. Full Name of Father: Henry Alvin Munns		7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Weekes		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Eva Elaine Munns	11. Present Address of Registrant: 75 S. 5th West Rexburg, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: May 25 1973	12. Signature of Notary: John S Tribbett	13. Notary Commission expires: August 26 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Alvin W. Munns Age:76	Date Issued: ----	Date Orig. Entry: May 25,1973
	Date of Birth: July 1,1913 / Birth Place: Herbert, Idaho Madison County	Full Name of Mother: Sarrah Ann Weekes	Name of Father: Henry Alvin Munns	
SUPPORTING RECORD 2.	Type of Document: Certified copy of school census report	By whom issued and signed: Ind. Dist. #1, Madison County Idaho	Date Issued: May15,1973	Date Orig. Entry: Sept.5,1922
	Date of Birth: July 1,1913 / Birth Place: ----	Full Name of Mother: Sarah Munns	Name of Father: Harry H. Munns	
SUPPORTING RECORD 3.	Type of Document: photocopy of church record	By whom issued and signed: LDS Church, P C Temple	Date Issued: ----	Date Orig. Entry: baptized Nov.5,1921
	Date of Birth: July 1,1913 / Birth Place: Herbert, Idaho Madison County	Full Name of Mother: Sarah Ann Weeks	Name of Father: Henry Alvin Munns	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: May 31, 1973

FORM BH 56067

JUN 1 1973

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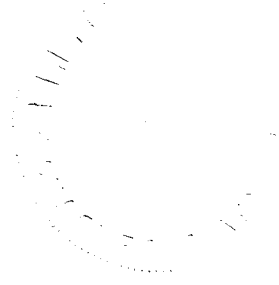

231-219-035-192

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Pauline Starcher		2. Date Of Birth (month) Aug. (day) 19 (year) 1913
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: ~~Slickpoo~~ Idaho, Nez Perce Culdesac; b. City or Town of Birth: Slickpoo (mail Culdesac)
FATHER	6. Full Name of Father: Carl Eldoras Starcher		7. State or Country of Father's Birth: Kansas
MOTHER	8. Full Maiden Name of Mother: Iva Myrtle Arbuckle		9. State or Country of Mother's Birth: Heppner Ore.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Pauline Thomason	11. Present Address of Registrant: 5422 S.E. Ramona
NOTARY (Seal)	Subscribed and sworn to before me on: April 11, 1973	12. Signature of Notary: Norma E. Greene	13. Notary Commission expires: 11-27 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Certificate of own child's birth certificate		By whom issued and signed: Asotin County Mem. Hosp, Clarkston, WA, Lulu Swope, Supt. Hosp.	Date issued: ---	Date Orig. Entry: child born Mar. 19, 1952
	Date of Birth: Aug. 19, 1913	Birth Place: Culdesac, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records		By whom issued and signed: St. Vincent Hospital & Medical Center, Portland, OR, M.V. Ryan, R.R.A.	Date issued: Apr. 9, 1973	Date Orig. Entry: Dec. 7, 1955
	Date of Birth: Aug. 19, 1913	Birth Place: Culdesack, Idaho	Full Name of Mother: Iva Arbuckle	Name of Father: Carl Starcher	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school census report		By whom issued and signed: Nez Perce County, Idaho	Date issued: May 16, 1973	Date Orig. Entry: Sept. 7, 1923
	Date of Birth: Age: 10	Birth Place: ----	Full Name of Mother: Myrtle Starcher	Name of Father: Carl Starcher	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	June 5, 1973

FORM BH 56067 1 cp Pd Rec # 09107 3-13-73

JUN 5 1973

397-23-029-66C

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-399

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLORENCE MAE TIPTON		2. Date Of Birth (month) (day) (year): MAY 13 1913
	3. Color or Race	4. Sex: FEMALE	5. Place of Birth a. County: YALE, IDA. LATAH; b. City or Town of Birth: YALE, IDAHO
FATHER	6. Full Name of Father: JOSEPH ELIJAH TIPTON		7. State or Country of Father's Birth: KENTUCKY
MOTHER	8. Full Maiden Name of Mother: ELLA FLORENCE OFFILL		9. State or Country of Mother's Birth: NEBRASKA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Florence Mae Akers	11. Present Address of Registrant: VERNONIA, OREG.
NOTARY (Seal)	Subscribed and sworn to before me on: MAY 23 1973	12. Signature of Notary: Wilbur E. Wilson	13. Notary Commission expires: Nov. 20 1973

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother	By whom issued and signed: Reuben Edward Tipton (10 years older)	Date Issued: May 23,1973	Date Orig. Entry: ----
	Date of Birth: May 13,1913 / Birth Place: Yale, Idaho	Full Name of Mother: Ella Florence Offill Tipton	Name of Father: Joseph Elijah Tipton	
SUPPORTING RECORD 2.	Type of Document: Petition for Membership	By whom issued and signed: Rebekah Lodge, Mt.Heart, #243	Date Issued: Nov.27,1963	Date Orig. Entry: Nov.14,1963
	Date of Birth: May 13,1913 / Birth Place: Yale, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of hospital certificate of own child's birth	By whom issued and signed: St.Anthony Mercy Hospital, Pocatello,ID Sr.M.Cecelia,Supt.	Date Issued: ---	Date Orig. Entry: child born Oct.8,1939
	Date of Birth: May 13,1913 / Birth Place: Yale, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Glenda Larson	Date Filed: June 20, 1973

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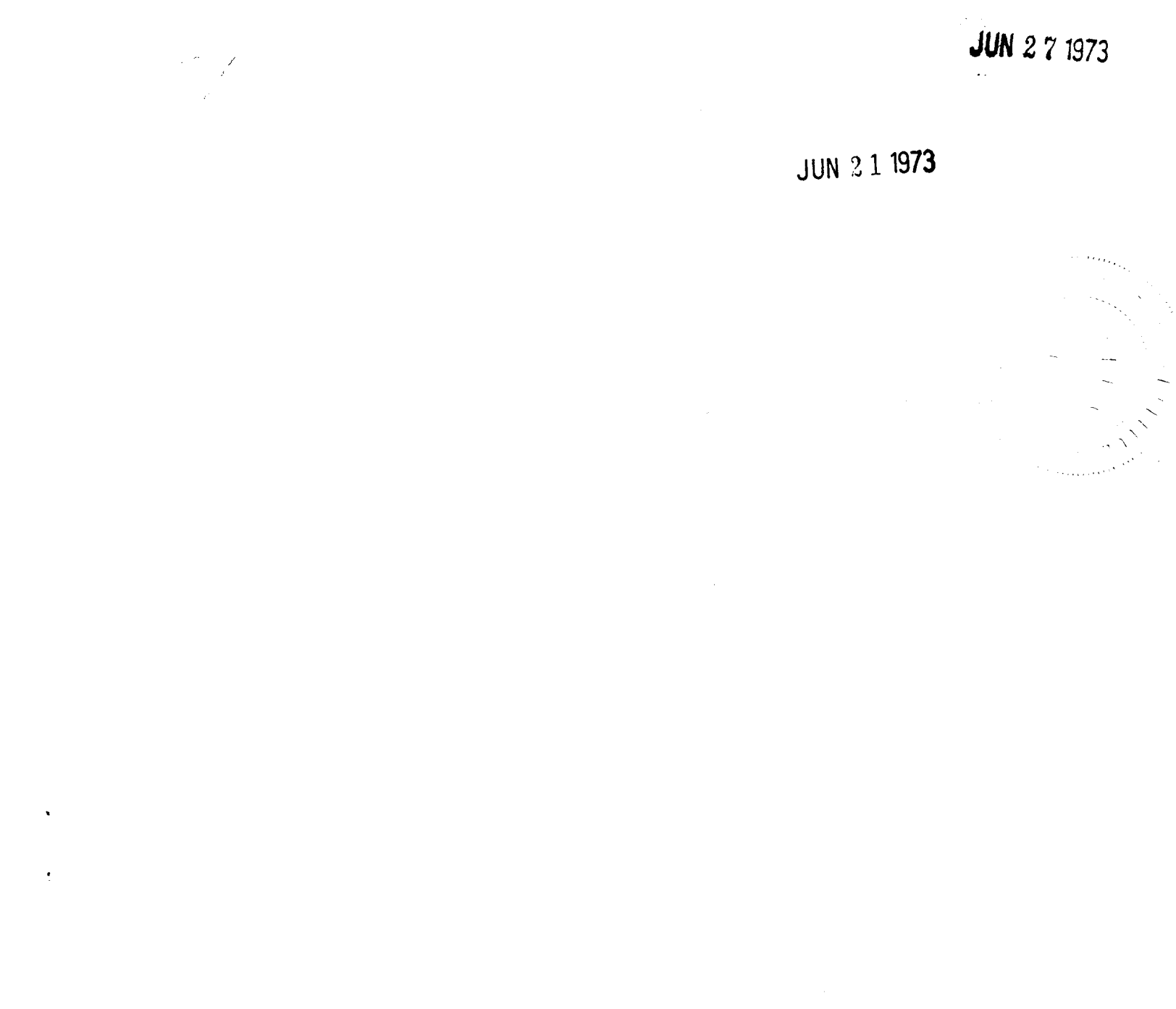
JUN 27 1973

JUN 21 1973



295-215-035-994

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-404

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Irene Thelma Kress		2. Date Of Birth (month) 5 (day) 15 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Spalding Idaho, Nez Perce; b. City or Town of Birth: Spalding
FATHER	6. Full Name of Father: William Henry Kress		7. State or Country of Father's Birth: Evansville Indiana
MOTHER	8. Full Maiden Name of Mother: Emma Marie Zimmerman		9. State or Country of Mother's Birth: Kalispell, Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: ~~Irene Kress Thelma~~ Irene Thelma Kress	11. Present Address of Registrant: McGinnis 2129-12-th Ave Lewiston, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1971	12. Signature of Notary: Ralph Hawey	13. Notary Commission expires: MAR. 22 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding hospital records	By whom issued and signed: St. Joseph's Hospital, Ruthe Black Asst.Lib., Lewiston, ID	Date issued: July 8,1971	Date Orig. Entry: Aug.29,1944
	Date of Birth: May 15,1913 / Birth Place: Spalding, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of marriage return	By whom issued and signed: Book D,page 424 Asotin County Washington	Date issued: orig.copy June 5,1973	Date Orig. Entry: Aug.7,1933
	Date of Birth: Age: 20 / Birth Place: Spalding, Idaho	Full Name of Mother: Emma Zimmerman	Name of Father: Henry Kress	
SUPPORTING RECORD 3.	Type of Document: certified copy of school census marshal's report	By whom issued and signed: Nez Perce County, Idaho, Dist. #42 Leslie Morrison, Deputy	Date issued: June 5,1973	Date Orig. Entry: Oct.21,1923
	Date of Birth: Age: 10 / Birth Place: ---	Full Name of Mother: ---	Name of Father: Henry Kress	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	June 21, 1973

FORM BH 56067

1 cky Pd Rec #04290 11-9-70

JUN 22 1973

8974 B.C. 36-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-408

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lawrence Herschel Higley			2. Date Of Birth (month) (day) (year): December 18, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Black Pine
FATHER	6. Full Name of Father: Charles Stacy Higley			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Martha Arizona Walters			9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lawrence Herschel Higley		11. Present Address of Registrant: Rt Weybourn Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 13, 1973	12. Signature of Notary: [illegible]		13. Notary Commission expires: 2/3/ 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle	By whom issued and signed: Jesse Higley (bd.9/14/1895)	Date Issued: May 18,1973	Date Orig. Entry: ----
	Date of Birth: Dec.18,1913 / Birth Place: Black Pine,Idaho	Full Name of Mother: Martha A. Higley	Name of Father: Charles S. Higley	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Black Pine Prect.Oneida Co.ID	By whom issued and signed: U.S. Department of Commerce Bureau of the census	Date Issued: Apr.3,1973	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 16 / Birth Place: Idaho	Full Name of Mother: Martha A. Higley	Name of Father: Charles Higley	
SUPPORTING RECORD 3.	Type of Document: LDS Church Certificate of Birth	By whom issued and signed: Malad Stake,Black Pine Ward members #10618,blessed line 45	Date Issued: June 29,1971	Date Orig. Entry: Feb.1,1914
	Date of Birth: Dec.18,1913 / Birth Place: Black Pine,Idaho Oneida County	Full Name of Mother: Martha A. Walters	Name of Father: Charles S. Higley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: June 25, 1973

FORM BH 56067

JUN 2 6 1973

366-218-005-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-439

REGISTRANT

1. Registrant's Full Name at Birth: Norma Caroline Townsend
2. Date Of Birth (month) (day) (year): March 18 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: ~~Tensed~~ Kootenai*
   b. City or Town of Birth: Tensed Idaho

FATHER

6. Full Name of Father: Royce Glenn Townsend
7. State or Country of Father's Birth: Iowa, Webster Co.

MOTHER

8. Full Maiden Name of Mother: Beulah Vivian Townsend
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Norma C Larsen
11. Present Address of Registrant: 226 Shaver Ln Redding Ca.

NOTARY (seal)

Subscribed and sworn to before me on: June 18 1973

12. Signature of Notary: Ruth M Smith
13. Notary Commission expires: Jan 5 1975

OFFICIAL SEAL RUTH M. SMITH NOTARY PUBLIC-CALIFORNIA SHASTA COUNTY My Commission Expires Jan 5, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Royce V.(AKA Glenn)Townsend	Date Issued: June 18,1973	Date Orig. Entry: ---
	Date of Birth: Mar.18,1913 / Birth Place: Tensed, Idaho	Full Name of ~~Mother~~ father: Royce V. Townsend AKA Royce Glenn Townsend	Name of ~~Father~~ mother: -----	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Clearwater County, Idaho	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: May 21,1973	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6 / Birth Place: Idaho	Full Name of Mother: Beulah Townsend	Name of Father: Royce G. Townsend	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Baptism	By whom issued and signed: St. Joseph Parish,Redding,CA	Date Issued: ----	Date Orig. Entry: baptized May 5,1951
	Date of Birth: Mar.18,1913 / Birth Place: ---	Full Name of Mother: Beulah V. Kenoyer	Name of Father: Royce V. Townsend	

QUALIFYING INFORMATION

*Tensed is in Benewah County.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrich	Glenda Larson	July 20,1973

FORM BH 56067

JUL 2 3 1973

-843-120-021-76

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-463

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Daniel Belton Hatch			2. Date Of Birth (month) (day) (year): November 20, 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Oxford, Ida. Franklin	b. City or Town of Birth: Oxford, Idaho	
FATHER	6. Full Name of Father: Daniel George Hatch			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Elsie May Gooch			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Daniel Belton Hatch	11. Present Address of Registrant: Montpelier, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 25 1973		12. Signature of Notary: Nola S. Jones	13. Notary Commission expires: 8-10 1975	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: LDS Church, Oxford Ward, Edwin Smith, Clerk	Date Issued: ---	Date Orig. Entry: blessed Jan.4,1914
	Date of Birth: Nov.20,1913	Birth Place: Oxford, Idaho	Full Name of Mother: Elsie Gooch	Name of Father: Daniel G. Hatch	
SUPPORTING RECORD 2.	Type of Document: Notice of Removal		By whom issued and signed: LDS Church, Swan Lake Ward, Walter Hatch, Bishop, Oxford, ID	Date Issued: Nov.2,1914	Date Orig. Entry: Nov.2,1914
	Date of Birth: Nov.20,1913	Birth Place: Oxford, Idaho	Full Name of Mother: Elsie Gooch	Name of Father: Daniel G. Hatch	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: On file Idaho #254015	Date Issued: ---	Date Orig. Entry: child born Apr.7,1937
	Date of Birth: Age: 23	Birth Place: Oxford, Idaho	Full Name of Mother: --- -	Name of Father: ----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Hicks	Evidence reviewed by: Glenda Larson	Date Filed: July 26, 1973

FORM BH 56067 1 copy paid rec. 18172 2nd form sent 5/24/73 gml

JUL 2 7 1973

154-206-221-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Laurine Anderson			2. Date Of Birth (month) Oct. (day) 6 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cottonwood Franklin	b. City or Town of Birth: Cottonwood, Idaho.
FATHER	6. Full Name of Father: Herman Anderson			7. State or Country of Father's Birth: Sweden, Europe
MOTHER	8. Full Maiden Name of Mother: Lida Larson			9. State or Country of Mother's Birth: Sweden, Europe
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Esther A. Leathom		11. Present Address of Registrant: Hagerman, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: August 3 1973	12. Signature of Notary: Lavella J. Mink		13. Notary Commission expires: April 22 1974

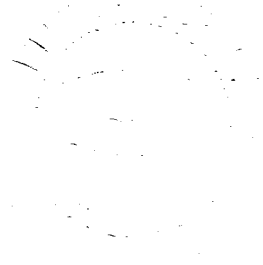
APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage register		By whom issued and signed: Jerome County, Idaho	Date Issued: June 30,1931 quarter end	Date Orig. Entry: Apr.24,1931
	Date of Birth: Age: 17	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Preston 1st Ward J.Rallison,Clerk	Date Issued: ---	Date Orig. Entry: baptized Mar.17,1923
	Date of Birth: Oct.6,1913	Birth Place: Cottonwood, Idaho Bannock County	Full Name of Mother: Lida Larsen (Anderson)	Name of Father: Herman (Anderson)	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #200704	Date Issued: ---	Date Orig. Entry: child born Mar.23,1932
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: August 14, 1973

FORM BH 56067

AUG 1 5 1973



993-206-040-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-510

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: [illegible]		2. Date Of Birth (month) (day) (year): [illegible]
	3. Color or Race: [illegible]	4. Sex: [illegible]	5. Place of Birth a. County: IDAHO b. City or Town of Birth: [illegible]
FATHER	6. Full Name of Father: [illegible]		7. State or Country of Father's Birth: OREGON
MOTHER	8. Full Maiden Name of Mother: [illegible]		9. State or Country of Mother's Birth: UNKNOWN
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Purcell Laura Louise	11. Present Address of Registrant: [illegible]
NOTARY (Seal)	Subscribed and sworn to before me on June 21 19 71	12. Signature of Notary: L. Anita Pugh	13. Notary Commission expires: May 11 19 75

L. ANITA PUGH
NOTARY PUBLIC
SACRAMENTO COUNTY, CALIFORNIA
My commission expires May 11, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother		By whom issued and signed: Adah Eleanor Richardson	Date issued: Sept.9,1971	Date Orig. Entry: ---
	Date of Birth: Mar.6,1913	Birth Place: Mullan, Idaho	Full Name of Mother: Adah E. Richardson (Conrad)	Name of Father: Walker C. Richardson	
SUPPORTING RECORD 2.	Type of Document: photocopy of federal census record, Shoshone County, Id.		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: orig.dated June 19,1973	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Adale Richardson	Name of Father: W. C. Richardson	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: child born in El Dorado Co., Placerville, California	Date issued: ---	Date Orig. Entry: child born June 18,1944
	Date of Birth: Age: 21	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	August 23, 1973

FORM BH 56067

[illegible] 9522

21st form sent 5-12-71 [illegible]

AUG 24 1973
JUL 15 1974

555-6-213-010-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-520

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Olive Newman		2. Date Of Birth (month) (day) (year): January 13, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: (about 3 mi. RURAL RT #1 Idaho Falls (no. of Iona
FATHER	6. Full Name of Father: Franklin Hughes Newman		7. State or Country of Father's Birth: Peoa, Utah, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Ethel Amelda Crowley		9. State or Country of Mother's Birth: Iona, Idaho, U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Olive Newman	11. Present Address of Registrant: 1202 E. 17th St. Idaho Falls, Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 25 1973	12. Signature of Notary: [signature]	13. Notary Commission expires: Aug 22 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Franklin Hughes Newman	Date Issued: Aug. 20, 1956	Date Orig. Entry: ---
	Date of Birth: Jan. 13, 1913	Birth Place: Route #1, - Idaho Falls, Idaho	Full Name of Mother: Ethel Amelda Crowley	Name of Father: Franklin Hughes Newman
SUPPORTING RECORD 2.	Type of Document: Certificate of Blessing	By whom issued and signed: LDS Church, Shelton Ward, John S. Howard, Bishop	Date Issued: ---	Date Orig. Entry: blessed Mar. 2, 1913
	Date of Birth: Jan. 13, 1913	Birth Place: Iona, Idaho Bonneville County	Full Name of Mother: Ethel A. Crowley	Name of Father: Franklin Hughes Newman
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #252785	Date Issued: ---	Date Orig. Entry: child born Jan. 15, 1937
	Date of Birth: Age: 24	Birth Place: Iona, Idaho	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: GML Glenda Larson	Date Filed: August 29, 1973

FORM BH 56067 10-70

8-23-73 gml

AUG 2 9 1973

238-129-006-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Philip Alvin Styhl		2. Date Of Birth (month) Sept. (day) 29 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Idaho, Bingham; b. City or Town of Birth: Firth
FATHER	6. Full Name of Father: Alfred Styhl		7. State or Country of Father's Birth: Sweden
MOTHER	8. Full Maiden Name of Mother: Selma Peterson		9. State or Country of Mother's Birth: Iowa U.S.A.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Philip A. Styhl	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: July 31 1973	12. Signature of Notary: Pearl Tolman	13. Notary Commission expires: April 22 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Clara Styhl Johnson Age:72	Date issued: July 25,1973	Date Orig. Entry: ----
	Date of Birth: Sep.29,1913 / Birth Place: Firth, Idaho	Full Name of Mother: Selma Wilhelmia Peterson	Name of Father: Alfred Styhl	
SUPPORTING RECORD 2.	Type of Document: photocopy of military record	By whom issued and signed: Sep. Cen. Camp Beale, Calif. AUS	Date issued: separated Dec.7,1945	Date Orig. Entry: inducted June 3,1941
	Date of Birth: Sep.29,1913 / Birth Place: Firth, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of Certificate of Confirmation	By whom issued and signed: A. Martinson, Pastor, Evangelical Lutheran Church (Bethel)	Date issued: June 8,1930	Date Orig. Entry: June 8,1930 confirmed
	Date of Birth: Sep.29,1913 / Birth Place: ----	Full Name of Mother: ----	Name of Father: ----	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept. 7, 1973

FORM BH 56067

1 cp pd rev. 24034

11-17-67

SEP 1 0 1973

349-213-022-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-544

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Mary Ada ~~Chamberlain~~ Curr
2. Date Of Birth (month) (day) (year): Aug. 13 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Chester Fremont
b. City or Town of Birth: Chester Idaho

FATHER

6. Full Name of Father: Otis Sherman Curr
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Hannah Hill
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mary ada Chamberlain
11. Present Address of Registrant: Marysvell Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: August 9 1973
12. Signature of Notary: James E. Holcomb
13. Notary Commission expires: 5-8 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding church records	Vere F. Daniels, Ward Clerk LDS Church	---	baptized Aug. 4, 1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 13, 1913	Chester, Idaho Fremont County	Hannah Hill	Otis Sherman Curr

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of affidavit for marriage license	Fremont County, Idaho	June 15, 1973	June 28, 1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 13, 1913	Chester, Idaho Fremont County	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Effie C. Welch Age: 72	Aug. 8, 1973	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug. 13, 1913	Chester, Idaho	Hannah Hill	Otis Sherman Curr

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	Sept. 10, 1973

FORM BH 56067

SEP 11 1973

745-20-8007-633

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-548

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Victoria Elizabeth Presta		2. Date Of Birth (month) June (day) 8 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Priest River, Ida - Bonner; b. City or Town of Birth: Italy
FATHER	6. Full Name of Father: Michele Presta		7. State or Country of Father's Birth: Italy
MOTHER	8. Full Maiden Name of Mother: Rosa Ottobone		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Victoria E. Burnett	11. Present Address of Registrant: 1740 Olympic Ave
NOTARY (Seal)	Subscribed and sworn to before me on July 19 1973	12. Signature of Notary: Diane Scoville	13. Notary Commission expires: Jan 6 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage certificate #28471	By whom issued and signed: Kitsap County, Washington County Auditor's Office	Date Issued: June 27,1973	Date Orig. Entry: July 9,1955
	Date of Birth: Age: 42	Birth Place: Priest River, Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certified copy of voter registration	By whom issued and signed: Kitsap County Auditor's Office, Washington	Date Issued: July 19,1973	Date Orig. Entry: Sept.18,1964
	Date of Birth: June 8,1913	Birth Place: Priest River, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister at home at time of birth	By whom issued and signed: Laura Rautell Age:70	Date Issued: Aug.17,1973	Date Orig. Entry: ----
	Date of Birth: June 8,1913	Birth Place: Priest River, Idaho	Full Name of Mother maiden name: Rose Presta(Ottobone)	Name of Father: Michael Presta
QUALIFYING INFORMATION				

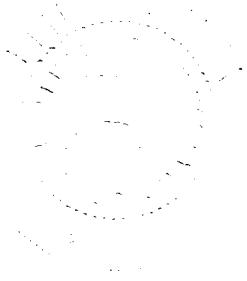
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	Sept. 12, 1973

FORM BH 56067

SEP 1 3 1973



466-209-030-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-551

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Naomi Moore		2. Date Of Birth (month) 11 (day) 9 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lemhi; b. City or Town of Birth: May Idaho
FATHER	6. Full Name of Father: William LeRoy Moore		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Blanche Lonetta Martin		9. State or Country of Mother's Birth: Minneapolis - Minn
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Naomi Roller	11. Present Address of Registrant: 25 Johnson, Blackfoot Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: 8-15 1973	12. Signature of Notary: Darwin C. Smith	13. Notary Commission expires: 12-15 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #211690	Date Issued: ----	Date Orig. Entry: child born Apr.23,1933
	Date of Birth: Age: 19 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for social security #529-60-2484	By whom issued and signed: Social Security Adm.	Date Issued: ----	Date Orig. Entry: Aug.30,1961
	Date of Birth: Nov.9,1913 / Birth Place: May, Idaho Lemhi County	Full Name of Mother: Blanche Lonetta Martin	Name of Father: William LeRoy Moore	
SUPPORTING RECORD 3.	Type of Document: Certified statement regarding school records	By whom issued and signed: Lemhi County Recorder's Office, Idaho Dist.#1	Date Issued: July 27,1973	Date Orig. Entry: Sept.1925
	Date of Birth: Nov.9,1913 / Birth Place: ----	Full Name of Mother: ----	Name of Father: Roy Moore	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

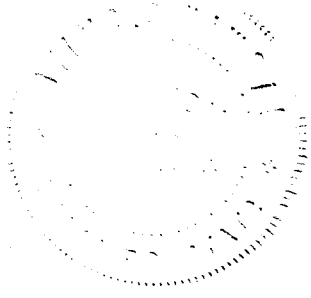
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	Sept.12,1973

FORM BH 56067

7-3-73

SEP 13 1973



176-120-035-275

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-584

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Agost			2. Date Of Birth (month) 9 (day) 20 (year) 1913	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce	b. City or Town of Birth: Lewiston	
FATHER	6. Full Name of Father: Joseph Agost			7. State or Country of Father's Birth: Italy	
MOTHER	8. Full Maiden Name of Mother: Rosa Speno			9. State or Country of Mother's Birth: Italy	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: George Agost	11. Present Address of Registrant: 3414 - 12th St. F Lewiston, Idaho 83501	
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1973		12. Signature of Notary: R L Booke	13. Notary Commission Expires: Notary Public Nez Perce County, Idaho My Commission Expires May, 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by brother		By whom issued and signed: John Agost (bd.8/16/03)	Date Issued: June 25,1973	Date Orig. Entry: ---
	Date of Birth: Sep.20,1913	Birth Place: Lewiston, Idaho NezPerce County	Full Name of Mother: Rosa Speno	Name of Father: Joseph Agost	
SUPPORTING RECORD 2.	Type of Document: Marriage license and certificate		By whom issued and signed: On file Idaho #61-1570	Date Issued: Mar.4,1961	Date Orig. Entry: Mar.3,1961
	Date of Birth: Age: 47	Birth Place: Lewiston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Baptismal Record		By whom issued and signed: Roman Catholic Church	Date Issued: Jun 20,1973	Date Orig. Entry: Sept.20,1914 Baptized
	Date of Birth: Sept.20,1913	Birth Place: Lewiston,Idaho	Full Name of Mother: Rosa Sepno	Name of Father: Joseph Agost	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal) K	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Florence Curtright	Date Filed: Oct.3,1973

FORM BH 56067

OCT 4 1973

249-11-0123-522

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-593

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Edgar Smith			2. Date Of Birth (month) (day) (year): April 14, 1913
	3. Color or Race: White American	4. Sex: Male	5. Place of Birth a. County: Emmett, Idaho - Gem	b. City or Town of Birth: Emmett, Idaho
FATHER	6. Full Name of Father: Charles Smith			7. State or Country of Father's Birth: Murray, Utah
MOTHER	8. Full Maiden Name of Mother: Laura Essigkeek			9. State or Country of Mother's Birth: Fryburg, Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Melvin Edgar Smith	11. Present Address of Registrant: 627½ E. Main, Emmett, Ida
NOTARY (Seal)	Subscribed and sworn to before me on: September 6 19 73		12. Signature of Notary: R. O'Mahan	13. Notary Commission expires: Oct. 5, 19 73

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism and Confirmation		By whom issued and signed: LDS Church, Emmett Ward, Alfred G. Pollard, Clerk	Date Issued: July 9, 1921	Date Orig. Entry: baptized July 2, 1921
	Date of Birth: Apr. 14, 1913	Birth Place: Emmett, Idaho Gem County	Full Name of Mother: Laura Essigkeek	Name of Father: Charles Smith	
SUPPORTING RECORD 2.	Type of Document: photocopy of personnel application record		By whom issued and signed: Boise Payette Lumber Co.	Date Issued: ---	Date Orig. Entry: June 3, 1946
	Date of Birth: Apr. 14, 1913	Birth Place: Emmett, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Identification Card O 292113 (CE 39682015)		By whom issued and signed: War Department, The Adjutant General's Office, WA	Date Issued: ---	Date Orig. Entry: obviously very old
	Date of Birth: Apr. 14, 1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Mick	Evidence reviewed by: Glenda Larson	Date Filed: Oct. 10, 1973

FORM BH 56067

OCT 1 1 1973

845-127-EN-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-602

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: James Edward Query			2. Date Of Birth (month) (day) (year): February 27, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Parma
FATHER	6. Full Name of Father: Harry James Query			7. State or Country of Father's Birth: Greeley, Colorado
MOTHER	8. Full Maiden Name of Mother: Anna Clara Davis			9. State or Country of Mother's Birth: Walla Walla, Washington
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: James Edward Query		11. Present Address of Registrant: R1 Nampa Ida
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 12 1973	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother Age 78yrs		By whom issued and signed: Anna Clara Query	Date Issued: Oct.12,1973	Date Orig. Entry: --------
	Date of Birth: Feb.27,1913	Birth Place: Parma, Idaho	Full Name of Mother: Anna Clara Davis	Name of Father: Harry James Query	
SUPPORTING RECORD 2.	Type of Document: Family Bible		By whom issued and signed: Family	Date Issued: ------	Date Orig. Entry: Obviously old
	Date of Birth: Feb.27,1913	Birth Place: Parma, Idaho	Full Name of Mother: Anna Clara Davis	Name of Father: Harry James Query	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File # 376211	Date Issued: -----	Date Orig. Entry: Child born July 22,1943
	Date of Birth: Age 30 yrs	Birth Place: Parma, Idaho	Full Name of Mother: -------	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Sue Lowe	Oct. 15, 1973

K FORM BH 56067

OCT 15 1973

DEC 5 1974

FILE # D73-0625

YEAR 1912

4 DUPLICATES FOR DELLA

IDAHO BIRTH CERTIFICATE
FIRST 2 STILLBORN
LAST 2 ALIVE

[X] VOID SEE SB 1912-22043

1912 D73-0625 ATTACHED TO BIRTH 1912-73769
A LIVE BIRTH VERSION OF A STILLBIRTH DUPLICATE

168-211-006-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-636

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Sallie Elizabeth Johnson
2. Date Of Birth (month) (day) (year): January 11, 1913
3. Color or Race: White
4. Sex: female
5. Place of Birth a. County: Bingham
b. City or Town of Birth: Firth

FATHER

6. Full Name of Father: Newton DeWitt Johnson
7. State or Country of Father's Birth: Wyoming

MOTHER

8. Full Maiden Name of Mother: Della Frances Baldwin
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Sally E. Richins
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 27 1973

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: 4-20 1974

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	on file - Idaho - # 206156	----	child born Aug.28,1932

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 19	Firth,Idaho	-----	--------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister age 79	Della Frances Ames	Sept.27,1973	-------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.11,1913	Firth,Idaho	Della Frances Baldwin	Newton DeWitt Johnson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Temporary Membership Record	LDS Church, Elden Lind,Declo Ward Clerk, Cassia E. Stake	Sep.30,1973	baptized July 22,1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.11,1913	Firth, Idaho Bingham County	Della F. Baldwin	Newton "D" Johnson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Glenda Larson	October 24,1973

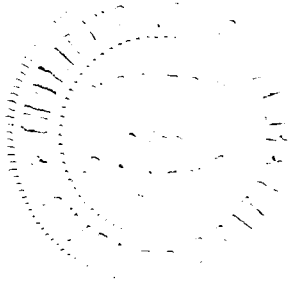
FORM BH 56067

1 cp pd. rec # 23348

9-18-73

Johnson

OCT 24 1973



696-230-039-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-643

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ernestine Theadora Frodsham			2. Date Of Birth (month) Nov. (day) 30. (year) 1913	
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Rockland Power	b. City or Town of Birth: Rockland	
FATHER	6. Full Name of Father: Alfred Charles Frodsham			7. State or Country of Father's Birth: Salt Lake City Utah	
MOTHER	8. Full Maiden Name of Mother: Harriet Louise Jackson			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ernestine T. Weir		11. Present Address of Registrant: 751 N. Grant	
NOTARY (Seal)	Subscribed and sworn to before me on: October 12 1973	12. Signature of Notary: Sara Sasser		13. Notary Commission expires: July 25 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

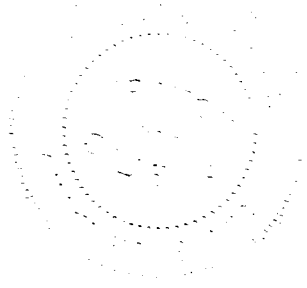
SUPPORTING RECORD 1.	Type of Document: photocopy of LDS Church Certificate of Membership Rec.	By whom issued and signed: LDS Church, Presiding Bishops' Office,		Date Issued: May 20,1971	Date Orig. Entry: baptized Jan.2,1932
	Date of Birth: Nov.30,1913	Birth Place: Rockland, Idaho	Full Name of Mother: Harriet Louise Jackson	Name of Father: Alfred Frodsham	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #292031		Date Issued: ---	Date Orig. Entry: child born Mar.20,1940
	Date of Birth: Age: 26	Birth Place: Rockland, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Statement from reference card	By whom issued and signed: Children's Home Society, Idaho George Mousetis, Exec.Director		Date Issued: Nov.11, 1971	Date Orig. Entry: Mar.6,1929
	Date of Birth: Nov.30,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: Nov. 6, 1973

K FORM BH 56067

5-6-71

NOV 7 1973



883-207-038-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE73-709

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Evelyn S. Hylton		2. Date Of Birth (month) (day) (year): January 7 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Payette	b. City or Town of Birth: New Plymouth
FATHER	6. Full Name of Father: George B. Hylton		7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Nettie Burgin		9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Evelyn S. Braden	11. Present Address of Registrant: Rt 2 Box 10 Weiser Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: December 7 1973	12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Childs birth certificate	By whom issued and signed: State of Idaho File # 233773	Date Issued: ------	Date Orig. Entry: Child born June 26, 1935	
	Date of Birth: 22 yrs	Birth Place: Idaho	Full Name of Mother: --------	Name of Father: --------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Cousin Age 78yrs	By whom issued and signed: Lutie K. Hunter	Date Issued: Oct.23,1973	Date Orig. Entry: -----	
	Date of Birth: Jan.7,1913	Birth Place: New Plymouth, Idaho	Full Name of Mother: Nettie Burgin Hylton	Name of Father: George B. Hylton	
SUPPORTING RECORD 3.	Type of Document: Certified copy of Application for marriage license	By whom issued and signed: Clerk of the Dist. Court-Payette County, Idaho, Eula Cheese	Date Issued: July 3,1973	Date Orig. Entry: Mar.19,1932	
	Date of Birth: Age 19 yrs	Birth Place: --------	Full Name of Mother: --------	Name of Father: ---------	
QUALIFYING INFORMATION					

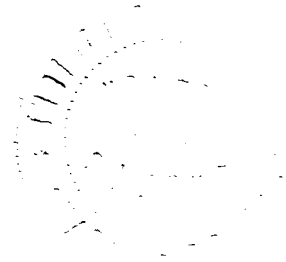
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Dec. 7, 1973

FORM BH 56067

DEC 7 1973



462-105-010-315

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-717

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Stephen Moss		2. Date Of Birth (month) Aug (day) 5 (year) 1913 ~~1913~~
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Antelope Bonneville; b. City or Town of Birth:
FATHER	6. Full Name of Father: Alma Moss		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Elizabeth M Cannon		9. State or Country of Mother's Birth: Hooper, Utah.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph S Moss	11. Present Address of Registrant: Arco, Rte 1 Bx 111, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 30 1973	12. Signature of Notary: Velma Bush	13. Notary Commission expires: 9-24 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Elizabeth Moss	Date Issued: June 30,1973	Date Orig. Entry: ---
	Date of Birth: Aug.5,1913	Birth Place: Antelope, Idaho Bonneville County	Full Name of Mother: Elizabeth Cannon Moss	Name of Father: Alma Moss
SUPPORTING RECORD 2.	Type of Document: certified copy of personnel records	By whom issued and signed: Butte County, Idaho	Date Issued: Nov.16,1973	Date Orig. Entry: Nov.1,1955
	Date of Birth: Aug.5,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: hospital certificate of own child's birth	By whom issued and signed: Idaho Falls LDS Hospital, J.W.West,MD,Attending Physician	Date issued: ---	Date Orig. Entry: child born Dec.22,1936
	Date of Birth: Aug.5,1913	Birth Place: Ririe, Idaho*	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION: *Antelope is listed as mail Ririe.

REGISTRAR'S CERTIFICATION (seal): I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	DEC 10 1973

K FORM BH 56067 1 CD pd Sec. # 13067 5-10-93 gml

DEC 11 1973

433-13-005-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-744

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROSCOE DARWIN McCASLIN
2. Date Of Birth (month) (day) (year): MAY 13 1913
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: PLUMMER BENEWAH
b. City or Town of Birth: PLUMMER

FATHER

6. Full Name of Father: FRANK N. McCASLIN
7. State or Country of Father's Birth: KANSAS

MOTHER

8. Full Maiden Name of Mother: ADA MARIE MONTGOMERY
9. State or Country of Mother's Birth: PENN. MERCER

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Roscoe McCaslin
11. Present Address of Registrant: 1508 N 3rd St Coeur D'Alene Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Oct 29 1973
12. Signature of Notary: Hilda M Cutler
13. Notary Commission expires: April 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Statement regarding school census records	Benewah County, Idaho School Dist. #12	Oct.11,1973	Oct.15,1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 8 / ---	---	---	
SUPPORTING RECORD 2.	Honorable discharge	U.S. Army, Ft.Lewis, WA Harvey D.Taylor,Lt.Col.Cav.	discharged Oct.16,1945	inducted Mar.20,1942
	May 13,1913 / Plummer, Idaho	---	---	
SUPPORTING RECORD 3.	Affidavit by maternal uncle	Guy T. Montgomery (bd. 11/4/1893)	Dec.6,1973	---
	May 13,1913 / Plummer, Idaho	Ada Marie Montgomery McCaslin	Frank Newton McCaslin	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: DEC 18 1973

FORM BH 56067

DEC 19 1973

295-201-242-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 73-751

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Bernice King			2. Date Of Birth (month) April (day) 1 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Twin Falls Home Twin Falls Ida	b. City or Town of Birth: Twin Falls	
FATHER	6. Full Name of Father: James Bussell King Sr			7. State or Country of Father's Birth: Tennessee	
MOTHER	8. Full Maiden Name of Mother: Olive Lucinda Thompson			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Medred K. Lee	11. Present Address of Registrant: 120 E 3rd Ave. Jerome Ida 83338	
NOTARY (Seal)	Subscribed and sworn to before me on: December 6 1973		12. Signature of Notary: Marcy Ambrose	13. Notary Commission expires: 12-31 1973	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry #80729		By whom issued and signed: Salt Lake County, Utah	Date Issued: Oct.31,1973	Date Orig. Entry: ---
	Date of Birth: Apr.1,1913	Birth Place: Twin Falls,Idaho	Full Name of Mother: Olive Lucinda Thompson	Name of Father: James B. (King) Jr.	
SUPPORTING RECORD 2.	Type of Document: (Duplicate of) LDS Church Certificate of Baptism & Confirmation		By whom issued and signed: LDS Church, Harvey L. Davis, Clerk, Jerome 2nd Ward	Date Issued: Nov.10,1973	Date Orig. Entry: Baptized Apr.1,1922
	Date of Birth: Apr.1,1913	Birth Place: Twin Falls,Idaho Twin Falls County	Full Name of Mother: Olive Thompson	Name of Father: James B. King, Sr.	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #286125	Date Issued: ----	Date Orig. Entry: child born Aug.12,1939
	Date of Birth: Age: 26	Birth Place: Twin Falls, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 19 1973

FORM BH 56067 1 cf Pd Rec'd 26589 10-24-73

DEC 2 0 1973

28-215-027-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-006

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: PANSY LUCILLE SHURTZ
2. Date Of Birth (month) (day) (year): APRIL 15 1913
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: JEROME
b. City or Town of Birth: JEROME

FATHER

6. Full Name of Father: JOSEPH FRANCIS SHURTZ
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: ANNIE ELIZABETH CAMPBELL
9. State or Country of Mother's Birth: UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lucille P. Oliveira
11. Present Address of Registrant: 1216 N. Fairfax Ave. Hollywood, Ca., 90046

NOTARY (Seal)

Subscribed and sworn to before me on December 26 19 73

12. Signature of Notary: Helene Gorski
13. Notary Commission expires: June 27 19 76

OFFICIAL SEAL
HELENE GORSKI
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires June 27, 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #191264	---	child born May 7,1931

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 18	Jerome, Idaho	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified statement regarding school records	Joint Class A School Dis.#261 Jerome,ID,John B.Campbell,Supt.	Jan.20, 1971	Sept.7,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	---	---	Joe Shurtz

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and Confirmation	LDS Church, Ontario Ward, Ernest Allen,Bishop	July 20,1927	baptized July 17,1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.15,1913	Jerome, Idaho	Anna Cambell	Joseph Shurtz

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JAN 7 1974

FORM BH 56067

8-22-12

JAN 8 1974

561-111-033-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-038

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Irvin Louis Noakes
2. Date Of Birth (month) August (day) 11, (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Madison
b. City or Town of Birth: Rexburg

FATHER

6. Full Name of Father: Leo M. Noakes
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Alice Elizabeth Luthy
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: X Irvin Louis Noakes
11. Present Address of Registrant: X 417 Plum St. Boise

NOTARY (Seal)

Subscribed and sworn to before me on January 28 1974

12. Signature of Notary: Florence Curtright
13. Notary Commission expires: 4-20 1974

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Record	By whom issued and signed: Family	Date Issued: ---	Date Orig. Entry: obviously old
	Date of Birth: Aug.11,1913 / Birth Place: ----	Full Name of Mother: Alice Luthy	Name of Father: Leo M. Noakes	
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: Army of the United States	Date Issued: Jan.16,1945	Date Orig. Entry: Enlisted Sept.27,1940
	Date of Birth: Aug.11,1913 / Birth Place: Rexburg, Ida.	Full Name of Mother: ----	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt Age 72	By whom issued and signed: Ellen S. Olson	Date Issued: Jan.28,1974	Date Orig. Entry: -------
	Date of Birth: Aug.11,1913 / Birth Place: Rexburg, Idaho	Full Name of Mother: Alice Elizabeth Luthy	Name of Father: Leo M. Noakes	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	fc Florence Curtright	January 28,1974

FORM BH 56067

1 copy pd

1-28-74

Noakes

JAN 2 9 1974

4-93-113-002-239

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-092

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arlo Klingler Dille		2. Date Of Birth (month) (day) (year): Sept. 13 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Herbert
FATHER	6. Full Name of Father: George H. Dille		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Rosa Klingler		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arlo K. Dille	11. Present Address of Registrant: Wendell, Idaho 83355	
NOTARY (Seal)	Subscribed and sworn to before me on: May 5 19 1975	12. Signature of Notary: Jane M. Gleason	13. Notary Commission expires: 10/10? 19 76	

APPLICANT - DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church Herbert, Idaho	Date Issued: ----	Date Orig. Entry: Baptized Oct. 2, 1921
	Date of Birth: Sept 13, 1913 / Birth Place: Herbert, Idaho	Full Name of Mother: Rosa Klingler	Name of Father: George H. Dille	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File#322452	Date Issued: ------	Date Orig. Entry: Child born Sept 1, 1941
	Date of Birth: Age 27 yrs / Birth Place: Idaho	Full Name of Mother: -------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Rose K. Dille	Date Issued: Feb. 25, 1974	Date Orig. Entry: ---
	Date of Birth: Sep. 13, 1913 / Birth Place: Herbert, Idaho	Full Name of Mother: Rose Klingler	Name of Father: George H. Dille	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Jane M. Wick	Evidence reviewed by: sl Glenda Larson	Date Filed: FEB 27 1974	

FORM BH 56067

3-9-73

Dille

FEB 27 1974

693-26-232-465

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-096

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Marguerite Alice Williams
2. Date Of Birth (month) (day) (year): June 26 1913
3. Color or Race: Cauc.
4. Sex: F
5. Place of Birth a. County: Rural Lincoln County
b. City or Town of Birth: Shoshone, Idaho

FATHER

6. Full Name of Father: Karl Williams
7. State or Country of Father's Birth: Alabama

MOTHER

8. Full Maiden Name of Mother: HelenKoenigs
9. State or Country of Mother's Birth: Uniontown, Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Marguerite Alice Williams
11. Present Address of Registrant: 771 W.Galloway,Weiser Id

NOTARY (Seal)

Subscribed and sworn to before me on February 27 19 74

12. Signature of Notary: Elizabeth Coulter
13. Notary Commission expires: March 1 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother Age 88	Helen M. Williams	Feb.26,1974	-----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.26,1913	Shoshone,Idaho	Helen Koenigs	Karl Williams

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	Roman Catholic Church	Feb.22,1974	Baptized Aug. 17,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.26,1913	Shoshone,Idaho	Helena Kornigs	K. Williams

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Policy # 31895-E	Gem State Mutual Life	Apr.16,1957	Apr.12,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jun.26,1913	Idaho	-----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Feb. 27, 1974

FORM BH 56067

FEB 27 1974

755106-02-451

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-108

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Louis Ives			2. Date Of Birth (month) June (day) 6 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Saint Anthony
FATHER	6. Full Name of Father: George William Ives			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Virginia deJardim			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wm L Ives		11. Present Address of Registrant: Saint Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 2 19 74	12. Signature of Notary: Lynette Rose		13. Notary Commission expires: June 30 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy #12 219 332	By whom issued and signed: New York Life Ins. Co.,		Date Issued: Jan.17,1934	Date Orig. Entry: Dec.5,1933
	Date of Birth: June 6,1913	Birth Place: St. Anthony,Idaho	Full Name of Mother: ----	Name of Father: G. William Ives	
SUPPORTING RECORD 2.	Type of Document: Affidavit by person who worked for father at time of birth	By whom issued and signed: William Parley Jones Age:77		Date Issued: Mar.5, 1974	Date Orig. Entry: ---
	Date of Birth: June 6,1913	Birth Place: St.Anthony, Idaho	Full Name of Mother: ----	Name of Father: George William Ives	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism	By whom issued and signed: Church of Holy Rosary,Idaho Falls,Idaho,Rev.Dennis Wassmuth		Date Issued: Feb.27,1974	Date Orig. Entry: baptized July 8, 1913
	Date of Birth: June 6,1913	Birth Place: St.Anthony	Full Name of Mother: Mary Virginia Dajardin	Name of Father: George William Ives	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulick	Evidence reviewed by: Glenda Larson	Date Filed: MAR 8 1974

FORM BH 56067

2-25-74

MAR 8 1974

859-213-035-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-143

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELAINE HERSEY
2. Date Of Birth (month) (day) (year): Oct 13 1913
3. Color or Race: WHITE
4. Sex: F
5. Place of Birth a. County: IDAHO NEZ PERCE
b. City or Town of Birth: LENORE

FATHER

6. Full Name of Father: HARVEY BRUCE HERSEY
7. State or Country of Father's Birth: CALIFORNIA

MOTHER

8. Full Maiden Name of Mother: MABEL ALICE LYON
9. State or Country of Mother's Birth: NORTH DAKOTA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elaine Laird
11. Present Address of Registrant: Dubois, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: March 1, 19 74
12. Signature of Notary: Wayne M. Smith
13. Notary Commission expires: December 5, 19 76

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Transcript of school record	University of Idaho, Moscow, Idaho, M.E.Telin	Feb.22,1974	June 10,1935

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.13,1913	Lenore, Idaho	Mabel (Lyon) Hersey	Bruce Hersey

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt Age:86	Lillian Clendenin	Feb.12,1973	--

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.13,1913	Lenore, Idaho Nez Perce County	Mabel Alice Lyon	Harvey Bruce Hersey

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certified copy of marriage license affidavit	Jefferson County, Idaho	Feb.15,1974	Apr.21,1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 22	---	---	---

QUALIFYING INFORMATION

Certified copy of School Census Marshal's Report for Sept. 1921 gives age as 7 and father as Bruce Hersey. Issued by Nez Perce County Recorder's Office on 2/7/74.

REGISTRAR'S CERTIFICATION (seal)

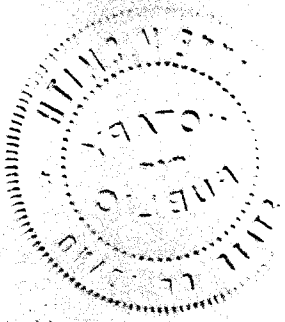
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	MAR 26 1974

FORM BH 56067

Laird

MAR 2 7 1974



DECEASED

DELAYED DUP OF 1913-17340

285-112-028-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Gordon Richard Shern			2. Date Of Birth (month) 1 (day) 12 (year) 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Oscar Richard Shern			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Gertrude Elizabeth Jacobs			9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Gordon R. Shern		11. Present Address of Registrant: Coeur d'Alene, Ida.
NOTARY (Seal)	Subscribed and sworn to before me on: Feb 4 1974	12. Signature of Notary: Jean S. Shern		13. Notary Commission expires: Aug 15 1976

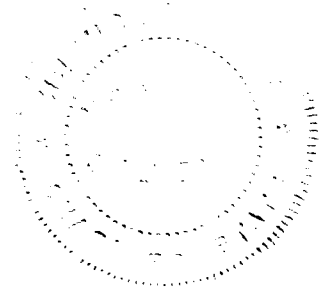
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Discharge	By whom issued and signed: Civilian Conservation Corps H.C.Moore,Capt.Inf-Res.Camp F-142	Date Issued: May 13,1935	Date Orig. Entry: enrolled May 25,1934	
	Date of Birth: Age: 21	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Official Personnel Action	By whom issued and signed: Fred E. Walli,Navy Department	Date Issued: Oct.1,1945	Date Orig. Entry: ---	
	Date of Birth: Jan.12,1913	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by paternal aunt	By whom issued and signed: Ethel Shern Cooper (Age:78)	Date Issued: Mar.25,1974	Date Orig. Entry: ---	
	Date of Birth: Jan.12,1913	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Gertrude Elizabeth Shern	Name of Father: O. R. Shern	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Glenda Larson	Date Filed: APR 9 1974

FORM BH 56067

APR 1 0 1974



666-128-025-238

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-213

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floyd Emil Wood
2. Date Of Birth (month) (day) (year): 5 28th 1913
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: ~~White Bird, Idaho~~ Idaho
b. City or Town of Birth: White Bird, Idaho

FATHER

6. Full Name of Father: George Wood
7. State or Country of Father's Birth: Texas

MOTHER

8. Full Maiden Name of Mother: Martha K Schirtz
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd E Wood
11. Present Address of Registrant: Spray Oregon

NOTARY (Seal)

Subscribed and sworn to before me on: March 18 1974
12. Signature of Notary: Bernadine Nelson
13. Notary Commission expires: My Commission Expires May 21, 1975 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	Clarkston School Dist.#25, Dewey Scheibe, Clerk	Mar.10,1972	May 1,1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28,1913	---	---	George Wood

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal Census Record Asotin County, Washington	U.S. Department of Commerce Bureau of the census	Feb.22,1973	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	Idaho	Martha K. Wood	George Wood

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by half-brother living at home at time of birth	Ralph Kennedy Age: 79	Apr.12,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 28,1913	White Bird,Idaho	Martha K. (Shirts) Wood	George Wood

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	APR 24 1974

FORM BH 56067

APR 24 1974

993-210-026-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-224

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virginia Sophia Ricks		2. Date Of Birth (month) October (day) 10 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho - Jefferson; b. City or Town of Birth: Antelope
FATHER	6. Full Name of Father: Parley Nelson Ricks		7. State or Country of Father's Birth: Rexburg, Idaho
MOTHER	8. Full Maiden Name of Mother: Lottie Ethel Parkison		9. State or Country of Mother's Birth: Genoa, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virginia Sophia Ricks	11. Present Address of Registrant: Coulee Dam, Wa
NOTARY (Seal)	Subscribed and sworn to before me on: March 21 1974	12. Signature of Notary: H.W. Eldridge	13. Notary Commission expires: Nov 10 1974

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by uncle	By whom issued and signed: William L. Parkison Age:72	Date issued: Feb.19,1968	Date Orig. Entry: ----
	Date of Birth: Oct.10,1913	Birth Place: Antelope, Idaho Jefferson County	Full Name of Mother: Ethel Ricks	Name of Father: Parley Ricks
SUPPORTING RECORD 2.	Type of Document: Notarized photocopy of pages from family history	By whom issued and signed: compiled & Published by family repr.,Howard Ricks, Chairman	Date issued: June 19,1973	Date Orig. Entry: 1957
	Date of Birth: Oct.10,1913	Birth Place: Antelope, Idaho	Full Name of Mother: Lottie Ethyl Parkinson	Name of Father: Parley Nelson Ricks
SUPPORTING RECORD 3.	Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Records in Bible/ C.R.Norske,Notary	Date issued: Feb.22,1974	Date Orig. Entry: "appears to be old"
	Date of Birth: Oct.10,1913	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

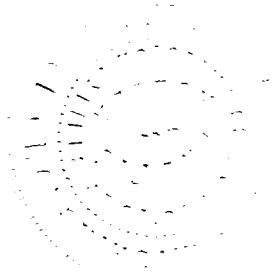
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	APR 26 1974

FORM BH 56067

1 cp pd rec # 9107

5-22-67

APR 2 9 1974
JUL 1 7 1975



319-118-028-944

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-226

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George William Larson		2. Date Of Birth (month) July (day) 18 (year) 1913
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Kootenai; b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Lawrence Marinus Larson		7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mary Agnes Ruddy		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George W. Larson	11. Present Address of Registrant: 5[illegible] Birch Ave. Ca[illegible] Leader[illegible]
NOTARY (Seal)	Subscribed and sworn to before me on: April 10 1974	12. Signature of Notary: Ted D Gibson	13. Notary Commission expires:

OFFICIAL SEAL
TED D. GIBSON
NOTARY PUBLIC CALIFORNI
COUNTY OF MARIN
My Commission Expires Feb. 14, 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of school transcript		By whom issued and signed: University of Washington	Date issued: ---	Date Orig. Entry: Oct.2,1933
	Date of Birth: July 18,1913	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: Marian Larson	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: photocopy of application for insurance		By whom issued and signed: National Service Life Ins. San Francisco,CA 155495	Date issued: ----	Date Orig. Entry: Aug.26,1942
	Date of Birth: July 18,1913	Birth Place: Coeur d'Alene Idaho	Full Name of Mother: Mrs. L. M. Larson	Name of Father: Mr. L. M. Larson	
SUPPORTING RECORD 3.	Type of Document: photocopy of own child's birth certificate		By whom issued and signed: child born in San Francisco, California	Date issued: ---	Date Orig. Entry: child born Sept.4,1944
	Date of Birth: Age: 31	Birth Place: Coeur d'Alene, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

photocopy of affidavit by father, original was dated April 14, 1942, gives, "George William Larson...was born in Coeur d'Alene, Kootenai County, Idaho on July 18, 1913" parents are listed as Mary A. Ruddy Larson and Lawrence M. Larson. /s/ Lawrence M. Larson.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Glenda Larson	

FORM BH 56067

1 cp Pd Rec #02712

4-3-74

APR 2 9 1974

371-22-1022-19 U

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-262

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Nellie Dora Trammell
2. Date of Birth (month) (day) (year): June 25 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: ~~St Anthony~~-Idaho Fremont
b. City or Town of Birth: St. Anthony

FATHER

6. Full Name of Father: Franklin Melgar Trammell
7. State or Country of Father's Birth: Kansas

MOTHER

8. Full Maiden Name of Mother: Charlotte Ard
9. State or Country of Mother's Birth: Kansas

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Nellie D. Crockett
11. Present Address of Registrant: 2347 West Fountain Way Fresno, Calif

NOTARY

Subscribed and sworn to before me on: October 2 1973

12. Signature of Notary: ANNA J. KELLERHALS — Anna J. Kellerhals
13. Notary Commission expires: April 24 1977

OFFICIAL SEAL
ANNA J. KELLERHALS
NOTARY PUBLIC, CALIFORNIA
NOTARY BOND FILED IN
FRESNO COUNTY
My Commission Expires April 24, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1. Type of Document: Affidavit by person present at time of birth (brother)	By whom issued and signed: Frank D. Trammell Age:73	Date Issued: Dec.3,1973	Date Orig. Entry: ----
Date of Birth: June 25,1913 / Birth Place: St.Anthony,Idaho	Full Name of Mother: Charlotte Ard Trammell	Name of Father: F. M. Trammell	
SUPPORTING RECORD 2. Type of Document: notarized photocopy of page from family Bible	By whom issued and signed: Family Records in Bible/R.J. Meier, Notary	Date Issued: ---	Date Orig. Entry: obviously old
Date of Birth: June 25,1913 / Birth Place: -----	Full Name of Mother: Charlottie Trammell	Name of Father: F. M. Trammell	
SUPPORTING RECORD 3. Type of Document: Statement regarding school records	By whom issued and signed: Porterville High School	Date Issued: Apr.22,1974	Date Orig. Entry: Sep.11,1928
Date of Birth: June 25,1913 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	May 24, 1974

FORM BH 56067

2 [illegible] 12-2-6[illegible]

MAY 28 1974

819-203-006-557

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-280

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: June Elnora Harper			2. Date Of Birth (month) 3 (day) 3 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Moreland Idaho, Bingham	b. City or Town of Birth: Moreland, Idaho	
FATHER	6. Full Name of Father: James Benjamam Harper			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Margaret Bertha England			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: June E Catterall	11. Present Address of Registrant: 927 So Adams Moscow Ida 83843	
NOTARY (Seal)	Subscribed and sworn to before me on: May 31 1974		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Membership		By whom issued and signed: L.D.S.Church	Date Issued: July 14,1965	Date Orig. Entry: Recorded June 4, 1921
	Date of Birth: Mar.3,1913	Birth Place: Moreland,Idaho	Full Name of Mother: Margaret England	Name of Father: James Harper	
SUPPORTING RECORD 2.	Type of Document: Marriage License Affidavit		By whom issued and signed: Bingham County, Idaho	Date Issued: Oct.26,1929	Date Orig. Entry: Married Oct.26,1929
	Date of Birth: age 16	Birth Place: Moreland,Idaho	Full Name of Mother: ------	Name of Father: -------	
SUPPORTING RECORD 3.	Type of Document: School Census Report		By whom issued and signed: Dist. 28, Moreland, Idaho	Date Issued: 4-23-74	Date Orig. Entry: Census taken Sept. 1920
	Date of Birth: Age 7	Birth Place: ------	Full Name of Mother: -------	Name of Father: James Harper	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

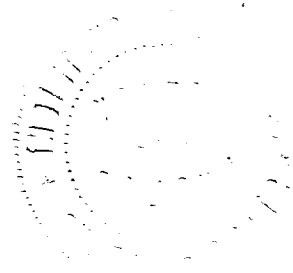
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	May 31, 1974

FORM BH 56067

5-16-74

JUN 3 1974



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652-131-025-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-289

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Walter Louis WEBBER		2. Date Of Birth (month) July (day) 31 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: (Near) Grangeville, Idaho	b. City or Town of Birth: Near Grangeville
FATHER	6. Full Name of Father: Albert R. Webber		7. State or Country of Father's Birth: Wisconsin	
MOTHER	8. Full Maiden Name of Mother: Nellie M. Allen		9. State or Country of Mother's Birth: Colorado	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Walter L. Webber	11. Present Address of Registrant: Talent, Oregon	
NOTARY (Seal)	Subscribed and sworn to before me on: May 1 19 74	12. Signature of Notary: Marilyn B. Webber	13. Notary Commission expires: 2-2 19 77	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #229062	Date Issued: ----	Date Orig. Entry: child born Nov. 25, 1934
	Date of Birth: Age: 21	Birth Place: Grangeville, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister (bd. 5/28/00)		By whom issued and signed: Mabel G. Altman	Date Issued: Apr. 1, 1974	Date Orig. Entry: ----
	Date of Birth: July 31, 1913	Birth Place: Idaho Co. 6½ miles N.E. of Grangeville, Idaho	Full Name of Mother: Nellie M. Allen Webber	Name of Father: Albert R. Webber	
SUPPORTING RECORD 3.	Type of Document: photocopy of page from family Bible records		By whom issued and signed: family record in Bible	Date Issued: Apr. 1, 1974	Date Orig. Entry: old
	Date of Birth: July 31, 1913	Birth Place: ---	Full Name of Mother: Nellie M. Webber	Name of Father: Albert R. Webber	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: JUN - 5 1974

FORM BH 56067

JUN 6 1974

819-102-028-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-324

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: WILLIAM HARRY HAZELTON
2. Date Of Birth (month) SEPT. (day) 2 (year) 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: COEUR D' ALENE - IDAHO
b. City or Town of Birth: COEUR D'ALENE IDAHO

FATHER

6. Full Name of Father: EDWIN REXFORD HAZELTON
7. State or Country of Father's Birth: MT PLEASANT - MICHIGAN

MOTHER

8. Full Maiden Name of Mother: MARY FRANCIS HAZELTON
9. State or Country of Mother's Birth: SENACA - KANSAS

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William Harry Hazelton
11. Present Address of Registrant: 119 [illegible] CAR ROAD LOCUST VIEW, WASH.

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 26 19 63

12. Signature of Notary: M. E Frandsen
13. Notary Commission expires: 1/10/65 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Affidavit by parents
By whom issued and signed: Edwin Hazelton & Mary Hazelton
Date Issued: Aug.26,1963
Date Orig. Entry: ---
Date of Birth: Sep.2,1913
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother: Mary Hazelton
Name of Father: Edwin Hazelton

SUPPORTING RECORD 2.

Type of Document: photocopy of honorable discharge
By whom issued and signed: U.S. Army, John H.Ringe,Lt. Col.46th Armored Inf. Reg.
Date Issued: discharged Dec.29,1941
Date Orig. Entry: inducted Aug.18,1941
Date of Birth: Age: 27 yrs. 11½ mos.
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother: ----
Name of Father: ----

SUPPORTING RECORD 3.

Type of Document: photocopy of hospital certificate of own child's birth
By whom issued and signed: Lake City General Hospital, Coeur d'Alene, Idaho
Date Issued: ----
Date Orig. Entry: child born Dec.7,1946
Date of Birth: Sep.2,1913
Birth Place: Coeur d'Alene, Idaho
Full Name of Mother: ---
Name of Father: ----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: JUN 18 1974

FORM BH 56067

7-12-62

JUN 2 6 1974

855-202-018 -257

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-325

REGISTRANT (Person whose birth is being registered)

1. Registrant's Full Name at Birth: Sylvia Allfaretta Hensley
2. Date of Birth (month) April (day) 2 (year) 1913
3. Color or Race: white
4. Sex: female
5. Place of Birth a. County: Clearwater
b. City or Town of Birth: Kamiah, Idaho

FATHER

6. Full Name of Father: Charles Elmer Hensley
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ruth Beasley Sylvia Allfaretta Hensley
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: S. P. Stafford
11. Present Address of Registrant: 402 E Franklin Ca Elsinore

NOTARY (Seal) attached

Subscribed and sworn to before me on May 13, 1974

12. Signature of Notary: /s/ Lois C. Haun, Riverside County, CA (notarization & ~~signature attached~~)
13. Notary Commission expires: November 11, 1977 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	Date of Birth	Birth Place	By whom issued and signed	Full Name of Mother	Date issued	Name of Father	Date Orig. Entry
SUPPORTING RECORD 1.	Federal Census Record Hermiston, Umatilla Co., Oregon	Age: 6	Idaho	U.S. Department of Commerce Bureau of the Census	Ruth B. Hensley	May 28, 1971	Charles E. Hensley	Jan. 1, 1920
SUPPORTING RECORD 2.	Affidavit by parents	Apr. 2, 1913	vicinity of Kamiah, Idaho (Clearwater Co.)	Charles E. Hensley & Ruth Hensley	Ruth Hensley	Mar. 6, 1954	Charles E. Hensley	---
SUPPORTING RECORD 3.	photocopy of application for insurance policy 20-601-767(8)	Apr. 2, 1913	Kamiah, Idaho	New York Life Ins. Co.	---	Sep. 6, 1946	---	Aug. 28, 46

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Glenda Larson
Date Filed: JUN 19 1974

FORM BH 56067

JUN 2 0 1974

STATE OF CALIFORNIA
COUNTY OF Riverside } ss.

On May 13, 1974, before me, the undersigned, a Notary Public in and for said State, personally appeared Sylvia Allfaretta Hensley Stafford ---

known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same.

WITNESS my hand and official seal.

Signature Lois C. Haun

Lois C. Haun
Name (Typed or Printed)

OFFICIAL SEAL
LOIS C. HAUN
NOTARY PUBLIC CALIFORNIA
PRINCIPAL OFFICE IN
RIVERSIDE COUNTY
My Commission Expires November 11, 1977

(This area for official notarial seal)

Form 3001—(Individual) First American Title Company

413-16-0390-652

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-343

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fred Clarence Malcolm		2. Date Of Birth (month) (day) (year): June 16, 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Lemhi	b. City or Town of Birth: Salmon
FATHER	6. Full Name of Father: Frank Malcolm		7. State or Country of Father's Birth: West Virginia	
MOTHER	8. Full Maiden Name of Mother: Bertha N. Webb		9. State or Country of Mother's Birth: Kansas	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred C. Malcolm	11. Present Address of Registrant: Route 1, Box 34, Salmon, Idaho 83467	
NOTARY (Seal)	Subscribed and sworn to before me on: June 12, 1974	12. Signature of Notary: Frederick Hughes Smith	13. Notary Commission expires: October 1, 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by person present at time of birth	By whom issued and signed: Eva Webb (more than 10 yrs. older)	Date Issued: June 13,1974	Date Orig. Entry: ----
	Date of Birth: June 16,1913 / Birth Place: Salmon, Idaho	Full Name of Mother: Bertha N. Malcolm (Webb)	Name of Father: Frank Malcolm	
SUPPORTING RECORD 2.	Type of Document: Statement regarding hospital records	By whom issued and signed: Steele Memorial Hospital Salmon,ID,Dona Barsalou,ART	Date Issued: June 11,1974	Date Orig. Entry: Nov.20,1966
	Date of Birth: June 16,1913 / Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #234639	By whom issued and signed: The Columbian National Life Ins. Co., of Boston, Mass.	Date Issued: May 13,1936	Date Orig. Entry: May 13, 1936
	Date of Birth: June 16,1913 / Birth Place: Salmon, Idaho	Full Name of Mother: ---	Name of Father: ----	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: JUN 28 1974	

FORM BH 56067

JUN 2 8 1974

613-224-001-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-369

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Margaret Jean Walters			2. Date Of Birth (month) 07 (day) 24 (year) 1913	
	3. Color or Race: W.	4. Sex: F	5. Place of Birth a. County: Boise, Idaho *Home	b. City or Town of Birth: Boise Idaho	
FATHER	6. Full Name of Father: George Washington Walters			7. State or Country of Father's Birth: Nevada	
MOTHER	8. Full Maiden Name of Mother: Nora Laha or Layne			9. State or Country of Mother's Birth: Blackfoot Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Margaret Jean Walters Delaney	11. Present Address of Registrant: RT 3-48 12 NE 219th St Ridgefield Washington 98642	
NOTARY (Seal)	Subscribed and sworn to before me on: May 10 1974		12. Signature of Notary: Beverly A Gustom	13. Notary Commission expires: April 15 1978	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of student registration record-film 14/126-r1.52		By whom issued and signed: Portland Public Schools Oregon State Archives	Date Issued: May 1,1974	Date Orig. Entry: 1924-25
	Date of Birth: July 24,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certified copy of marriage certificate form #21128		By whom issued and signed: Multnomah County, Oregon	Date Issued: June 19,1974	Date Orig. Entry: Feb.20,1932
	Date of Birth: July 24,1913	Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: # 1448 County of Multnomah, Oregon	Date Issued: Jun.29,1953	Date Orig. Entry: child born Apr. 21,1937
	Date of Birth: Age 23	Birth Place: Boise, Idaho	Full Name of Mother: ------	Name of Father: ------	

QUALIFYING INFORMATION

Affidavit by aunt, Mrs. Laura Hiddleson gives date of birth for Margaret Jean Walters as July 24, 1913 and born in Boise, Idaho, to George W. Walters and Dora Layne Age of Aunt 74. Affidavit signed July 11, 1974.

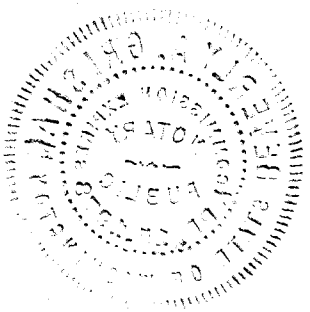
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	gml	

FORM BH 56067

JUL 23 1974



DUP OF 1913-16376

369

047-127-003-696

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-371

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Kenneth Fife Dixon		2. Date Of Birth (month) (day) (year): January 27 1913
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Bannock; b. City or Town of Birth: McCammon
FATHER	6. Full Name of Father: Riley Lake Dixon		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Finis Hemenway Fife		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth F Dixon	11. Present Address of Registrant: 107 West Cameron Rd Falls Church, Virginia
NOTARY (Seal)	Subscribed and sworn to before me on: JULY 8 1974	12. Signature of Notary: FAIRFAX COUNTY, VIRGINIA James C Stanfa	13. Notary Commission expires: MY COMMISSION EXPIRES 12/2/77 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Passport # 628667		By whom issued and signed: Dept. of State	Date Issued: Aug 6,1957	Date Orig. Entry: Aug 6, 1957
	Date of Birth: Jan.27,1913	Birth Place: McCammon,Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Certificate of Ordination		By whom issued and signed: L.D.S.Church	Date Issued: Jun.5,1930	Date Orig. Entry: Baptized Jan.6, 1922
	Date of Birth: Jan.27,1913	Birth Place: McCammon, Idaho	Full Name of ~~Mother~~: father Riley L. Dixon	Name of ~~Father~~: mother Finis H. Fife	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy		By whom issued and signed: John Hancock Mutual Life Ins.	Date Issued: Oct.3,1958	Date Orig. Entry: Oct.3,1958
	Date of Birth: Jan.27,1913	Birth Place: McCammon, Idaho	Full Name of Mother: -------	Name of Father: -------	
QUALIFYING INFORMATION					

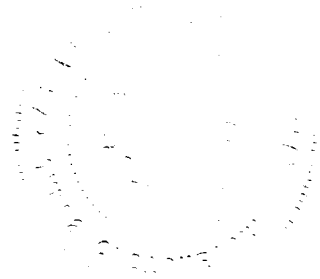
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	July 23,1974

FORM BH 56067

JUL 2 3 1974



235-12-018-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-384

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LAWRENCE WILLIAM SLEAD			2. Date Of Birth (month) DEC. (day) 27 (year) 1913	
	3. Color or Race: Caucasian	4. Sex: M	5. Place of Birth a. County: Clearwater	b. City or Town of Birth: Teakan, Idaho	
FATHER	6. Full Name of Father: Allen George Slead			7. State or Country of Father's Birth: Oregon	
MOTHER	8. Full Maiden Name of Mother: Nellie Baldus			9. State or Country of Mother's Birth: Washington	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lawrence William Slead	11. Present Address of Registrant: Juliaetta, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: June 5th 1974		12. Signature of Notary: George Brod	13. Notary Commission expires: September 1 1974	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #52-6115	Date Issued: ----	Date Orig. Entry: child born May 19,1952
	Date of Birth: Age: 38	Birth Place: Tekean, Idaho	Full Name of Mother: ----	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by friend of Slead family during past 70 years		By whom issued and signed: Roy Glenn Age:72	Date Issued: June 5,1974	Date Orig. Entry: ----
	Date of Birth: Dec.27,1913	Birth Place: Teaken, Idaho	Full Name of Mother: Nellie Baldus Slead	Name of Father: Allen Slead	
SUPPORTING RECORD 3.	Type of Document: Fish and Game License		By whom issued and signed: State of Idaho	Date Issued: Oct.16,1937	Date Orig. Entry: ------
	Date of Birth: Age 23	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ------	
QUALIFYING INFORMATION					

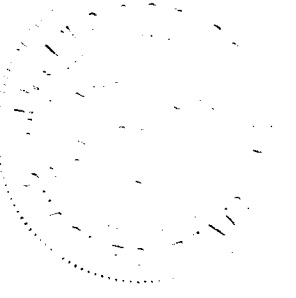
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Florence Curtright	July 25, 1974

FORM BH 56067

JUL 25 1974



D35-209-028-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-388

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bertha Cleo Stedman			2. Date Of Birth (month) May (day) 9 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Medimont
FATHER	6. Full Name of Father: William Perry Stedman			7. State or Country of Father's Birth: U S
MOTHER	8. Full Maiden Name of Mother: Minnie May Hazard			9. State or Country of Mother's Birth: New York
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bertha C Starkey		11. Present Address of Registrant: 10408 White Rd RC; Sun City Az. 85351
NOTARY (Seal)	Subscribed and sworn to before me on: 6-28 19 74	12. Signature of Notary: Sharon Beagle		13. Notary Commission expires: 9-6 19 77

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: Roman Catholic Church, Chester Wrzaszczak- Rev.	Date Issued: -----	Date Orig. Entry: Baptized Feb. 27, 1968
	Date of Birth: May 9, 1913 / Birth Place: Meadowmount, Idaho	Full Name of Mother: Minnie Hazard	Name of Father: William Stedman	
SUPPORTING RECORD 2.	Type of Document: Photocopy - certified Voters Registration	By whom issued and signed: County Clerk-Linn County Harrisburg, Oregon	Date Issued: -----	Date Orig. Entry: April 12, 1968
	Date of Birth: May 9, 1913 / Birth Place: Medimont, Idaho	Full Name of Mother: Minnie Hazard	Name of Father: Wm.P. Stedman	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Half-Sister Age 75yrs	By whom issued and signed: Gladys Jorgenson	Date Issued: June 7, 1974	Date Orig. Entry: ---------
	Date of Birth: May 9, 1913 / Birth Place: Medimont, Idaho	Full Name of Mother: Minnie May Hazard Stedman	Name of Father: William Perry Stedman	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which subatantiates the facts as set forth in the foregoing abstract.		
	State Registrar	Evidence reviewed by: Sue Lowe	Date Filed: July 25, 1974

FORM BH 56067

JUL 25 1974

653-21-019--653

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-397

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lilamay Rowaine Wells
2. Date Of Birth: (month) May (day) 12 (year) 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Leslie; b. City or Town of Birth: Leslie

FATHER

6. Full Name of Father: Jonathan Wesley Wells
7. State or Country of Father's Birth: Woodruff, Oneida, Idaho

MOTHER

8. Full Maiden Name of Mother: Malinda Ellen Wells
9. State or Country of Mother's Birth: Huston, Custer, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rowaine Chandler
11. Present Address of Registrant: Box 669 Salmon, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on April 8 1974

12. Signature of Notary: Laura E. Kane
13. Notary Commission expires: Sept. 1 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Duplicate Certificate of Baptism and Confirmation	LDS Church, Salmon 1st Ward, Ronnie D. Sayer, Bp.	Apr.20,1974	baptized June 4,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12,1913	Leslie, Idaho	Melinda Ellen Wells	Jonathan Wesley Wells

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Malinda E. Wells	Apr.5,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12,1913	Leslie, Custer County, Idaho	Malina Ellen Wells	Jonathan Wesley Wells

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
carbon copy of temple recommend for Idaho Falls Tem.	LDS Church, Salmon First Ward Robert W. Stokes, bp	Aug.26,1958	Aug.24,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
May 12,1913	Leslie, Idaho Custer County	Molinda Wells	J. Wesley Wells

QUALIFYING INFORMATION

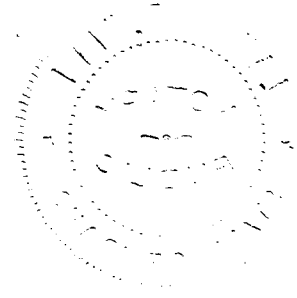
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: Glenda Larson
Date Filed: AUG - 1 1974

FORM BH 56067

AUG 2 1974
JUL 21 1998



2. 847-24-015-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-400

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LaVern Hughes
2. Date Of Birth: (month) Aug (day) 24 (year) 13
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: CARIBOU; b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Benjamin Hughes
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Belva Zina Warner
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: LaVerne Hughes Foster
11. Present Address of Registrant: 930 Reynolds ave Oakdale Calif

NOTARY (Seal)

OFFICIAL SEAL
N. LOREA
NOTARY PUBLIC-CALIFORNIA
STANISLAUS COUNTY
My Commission Expires Nov. 26, 1977

Subscribed and sworn to before me on: July 16 1974
12. Signature of Notary: N Lorea
13. Notary Commission expires: Nov 26 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	photocopy of own child's birth certificate	child born in Oakland, CA	----	child born Jan.23,1946
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 32 / Idaho	----	----	
SUPPORTING RECORD 2.	photocopy of church records	LDS Church, Oakdale Wd., CA file #1713014A	Dec.20,1973	baptized Feb.1,1925
	Aug.24,1913 / Grace, Idaho	Belba Warner	Benjamin Hughes	
SUPPORTING RECORD 3.	photocopy of first page of insurance policy #18785964	The John Hancock Mutual Life Ins. Co. of Boston	---	Oct.31,1928
	Age next bd. 16 yrs. / ---	Belva W. Hughes	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	AUG - 1 1974

FORM BH 56067

1 copy Rt. Receipt #8270

AUG 2 1974

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-405

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Marjorie Boyatt			2. Date of Birth (month) April (day) 16 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Home a. County: Fremont	b. City or Town of Birth: Marysville	
FATHER	6. Full Name of Father: Edwin Boyatt			7. State or Country of Father's Birth: Indiana	
MOTHER	8. Full Maiden Name of Mother: Orpha Martin			9. State or Country of Mother's Birth: Indiana	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Mary Marjorie Boyatt Holbrook	11. Present Address of Registrant: Bancroft, Idaho Rt. 1-Box 13	
NOTARY (Seal)	Subscribed and sworn to before me on: July 12 1974		12. Signature of Notary: Christina Hatch	13. Notary Commission expires: Nov. 1 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #49-12429	Date Issued: ---	Date Orig. Entry: child born Oct.2,1949
	Date of Birth: Age,36	Birth Place: Marysville, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Federal Census Record Bannock County, Idaho		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Mar.18,1966	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Orpha Boyett	Name of Father: Edwin Boyett	
SUPPORTING RECORD 3.	Type of Document: Transcript of school records		By whom issued and signed: Southern Branch, University of Idaho Alton B.Jones	Date Issued: Mar.3,1970	Date Orig. Entry: Sept.15,1931
	Date of Birth: Apr.16,1913	Birth Place: Marysville,Idaho	Full Name of Mother: ----	Name of Father: Edwin Boyatt	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	AUG - 5 1974

FORM BH 56067

AUG 6 1974

819-205-029-743

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-434

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: WILDA MARY ~~HUNTER~~ Hazeltine		2. Date Of Birth (month) 5 (day) 5 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Latah	b. City or Town of Birth: Rural none--near Moscow
FATHER	6. Full Name of Father: JOSEPH HENRY HAZELTINE		7. State or Country of Father's Birth: North Dakota	
MOTHER	8. Full Maiden Name of Mother: ALMA JANE GUTCHES		9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Wilda M. Hunter	11. Present Address of Registrant: 725 White, Moscow, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: September 16 19 68	12. Signature of Notary: Melvin J. Arango	13. Notary Commission expires: January 1, 1971 19	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage return #8957 page 169		By whom issued and signed: Whitman County, Washington	Date Issued: Oct. 26, 1971	Date Orig. Entry: June 13, 1931
	Date of Birth: Age: 18	Birth Place: Moscow, Idaho	Full Name of Mother: Alma Gutchen	Name of Father: J. H. Hazeltine	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Joseph Henry Hazeltine	Date Issued: Sep. 16, 1968	Date Orig. Entry: ---
	Date of Birth: May 5, 1913	Birth Place: Latah County	Full Name of Mother: Alma Jane Gutches	Name of Father: Joseph Henry Hazeltine	
SUPPORTING RECORD 3.	Type of Document: Certified copy of school records		By whom issued and signed: Latah County, Idaho	Date Issued: Aug. 24, 1971	Date Orig. Entry: Sept. 1923
	Date of Birth: Age: 10	Birth Place: ---	Full Name of Mother: ---	Name of Father: Joe Hazeltine	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: AUG 29 1974

FORM BH 56067

OCT 2 1974

DECEASED

351-18-008-346

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-476

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: William Walter Leaf
2. Date Of Birth: (month) 6 (day) 18 (year) 13
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County BOISE ~~Valley~~ b. City or Town of Birth: McCall

FATHER

6. Full Name of Father: Andrew Leaf
7. State or Country of Father's Birth: Finland

MOTHER

8. Full Maiden Name of Mother: Mary Luoma
9. State or Country of Mother's Birth: Finland

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: William W. Leaf
11. Present Address of Registrant: Lake Fork

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 27 1974
12. Signature of Notary: Verna B Odenbaugh
13. Notary Commission expires: 12/2 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Age 71yrs (At the time of birth) Affidavit by Family Friend	Gust Maki	Aug.27,1974	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18,1913	McCall, Idaho	Mary Luoma Leaf	Andrew Leaf

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
#11622 Insurance Policy Application	World Insurance Company	April 18,1950	--------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 18,1913	Idaho	--------	--------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of own childs birth certificate	State of Idaho File# 403760	-----	Child born Mar.13,1945

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 31yrs	McCall, Idaho	--------	--------

QUALIFYING INFORMATION

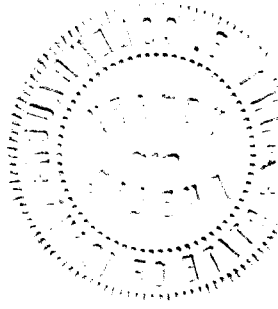
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Sept.20,1974

FORM BH 56067

SEP 2 0 1974



659-29-009-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-496

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Agnes Everilda Weichsl
2. Date Of Birth (month) (day) (year): April 29, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Bonner; b. City or Town of Birth: Harlem, Idaho

FATHER

6. Full Name of Father: John Weichsl
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Mary Carl
9. State or Country of Mother's Birth: Austria

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Agnes M. Fifield
11. Present Address of Registrant: 1208 No. B. St. Ellensburg, Wa.

NOTARY (Seal)

Subscribed and sworn to before me on July 29 1974

12. Signature of Notary: Mary Roberts
13. Notary Commission expires: June 1 1977

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	St. Aloysius Church, Seattle, WA--Rev. John Nestor, S.J.	Feb. 1, 1955	baptized May 25, 1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr. 29, 1913 / Harlem, Idaho	Mary Carl	John Weichsl	
SUPPORTING RECORD 2.	Type of Document: insurance record--Major Medical Expense Worksheet	By whom issued and signed: claim file #161 RR 27327 (D.L. Fifield-railroad employee)	Date Issued: Feb. 25, 1964	Date Orig. Entry: Feb. 25, 1964
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 50 / ---	---	---	
SUPPORTING RECORD 3.	Type of Document: Medical Card #9 4 029 93 Outpatient Department	By whom issued and signed: University Hospital, Univ. of Washington,	Date Issued: Mar. 4, 1969	Date Orig. Entry: March 4, 1969
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr. 29, 1913 / ---	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

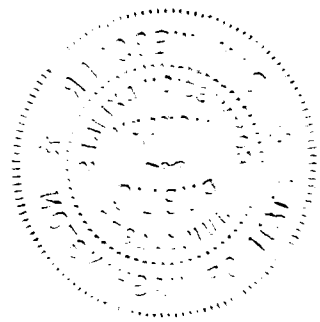
State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: OCT 1 1974

FORM BH 56067

1 copy Pd. Receipt #9651 6/19/91

Fifield

OCT 2 1974



762-103-039-153

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-506

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: HENRY LAWRENCE ROBINSON
2. Date Of Birth (month) 4 (day) 3 (year) 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: ROCKLAND IDAHO POWER
b. City or Town of Birth: ROCKLAND

FATHER

6. Full Name of Father: HENRY LAWRENCE ROBINSON
7. State or Country of Father's Birth: ROCKLAND IDAHO

MOTHER

8. Full Maiden Name of Mother: FERN PECK ~~ROBINSON~~
9. State or Country of Mother's Birth: IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Henry Lawrence Robinson
11. Present Address of Registrant: #4 2050 S. 7th Pocatello Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Sept 13 1974

12. Signature of Notary: [signature]
13. Notary Commission expires 1-27- 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church -Andrew May-Bishop	------	Baptized April 3,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apri 3,1913	Rockland, Idaho	Fern Peck	Henry Lawrence Robinson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church - Andrew May, Bishop	-----	Blessed May 4, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
April 3,1913	Rockland, Idaho	Fern Peck	Henry Lawrence Robinson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho File# 225523	------	Child born Sept. 18,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21 yrs	Rockland, Idaho	--------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Oct. 4, 1974

FORM BH 56067

OCT 4 1974

469-128-001-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-514

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edison Byron Morrison
2. Date Of Birth (month) 10- (day) 28- (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Kuna Idaho — Ada
b. City or Town of Birth: Kuna - Idaho

FATHER

6. Full Name of Father: Seth Thomas Morrison
7. State or Country of Father's Birth: New York

MOTHER

8. Full Maiden Name of Mother: Kate Elizabeth Lamb
9. State or Country of Mother's Birth: Colorado

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edison Byron Morrison
11. Present Address of Registrant: 315 Chestnut St. Nampa Idaho 83651

NOTARY (Seal)

Subscribed and sworn to before me on January 9 1974

12. Signature of Notary: Barbara J. Bozeman
13. Notary Commission expires: January 20 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister	Alice E. Mott (Age:82)	Jan.9,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1913	Kuna, Idaho	Kate Elizabeth Lamb Morrison	Seth Thomas Morrison

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of application for insurance policy	Order of Railway Employees	---	Sept.8,1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.28,1913	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	On file Idaho #429662	---	child born Dec.19,1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 33	Kuna, Idaho	----	----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

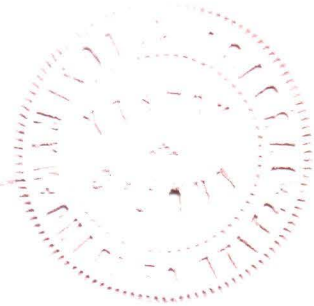
State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: OCT 7 1974

FORM BH 56067

11-13-73

Morrison

OCT 7 1974



636-219-028-113

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-518

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Alice Jamesine O'Toole			2. Date Of Birth (month) MARCH (day) 19 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Coeur d'Alene, Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: James O'Toole			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Marie Emmeline Jacques			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Alice J. (O'Toole) Miles		11. Present Address of Registrant: 1047 - 8th ST. Coeur d'Alene, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 25 1974	12. Signature of Notary: Rosalie M Moss		13. Notary Commission expires: NOTARY PUBLIC for the State of Idaho Residing at Coeur d'Alene, Idaho My commission expires Sept 1 1976

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Certificate	By whom issued and signed: St. Thomas Roman Catholic Church Rev. Thomas Caron CSSR	Date Issued: Sept. 17, 1973	Date Orig. Entry: Baptized Dec. 3, 1916
	Date of Birth: Mar. 19, 1913	Birth Place: Coeur D'Alene, Idaho	Full Name of Mother: Mary Jacques	Name of Father: James O'Toole
SUPPORTING RECORD 2.	Type of Document: Photocopy of own childs birth-certificate	By whom issued and signed: State of Washington	Date Issued: Photocopy Sept 9, 1974	Date Orig. Entry: Child born Jul. 31, 1950
	Date of Birth: Age 37 yrs	Birth Place: Coeur D'Alene, Idaho	Full Name of Mother: -----	Name of Father: ---------
SUPPORTING RECORD 3.	Type of Document: Photocopy of School Record	By whom issued and signed: CoeurD'Alene Senior High School Coeur D'Alene, Idaho	Date Issued: -----	Date Orig. Entry: Sept. 1927
	Date of Birth: Mar. 19, 1913	Birth Place: -----	Full Name of Mother: -------	Name of Father: --------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

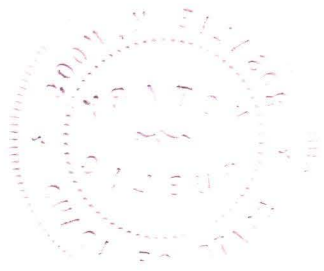
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	Oct. 8, 1974

K

FORM BH 56067

1830 Iowa VIII 9-14-70 [illegible]

OCT 9 1974



855-22-022-665

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-522

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lena Sybel Henderson			2. Date Of Birth (month) (day) (year): December 27, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Teton
FATHER	6. Full Name of Father: Martin J. Henderson			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Clara B. Owen			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lena S.H. Christensen	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: October 10 1974		12. Signature of Notary: Florence Curtright	13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Blessing		By whom issued and signed: L.D.S.Church	Date Issued: Feb.1,1914	Date Orig. Entry: Blessed Feb.1,1914
	Date of Birth: Dec.27,1913	Birth Place: Teton, Idaho	Full Name of Mother: Clara B. Owen	Name of Father: Martin J. Henderson	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism		By whom issued and signed: L.D.S.Church	Date Issued: July 1,1922	Date Orig. Entry: Baptized July 1, 1922
	Date of Birth: Dec.27,1913	Birth Place: Teton, Idaho	Full Name of Mother: Clara Owen	Name of Father: M. J. Henderson	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: on file - Idaho - # 267459	Date Issued: ----	Date Orig. Entry: child born May 30,1938
	Date of Birth: Age 24	Birth Place: Teton, Idaho	Full Name of Mother: --------	Name of Father: - -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	October 10, 1974

FORM BH 56067

Christmas

OCT 10 1974

133-214-005-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-529

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Yvonne Etola Allbery		2. Date Of Birth (month) 1 (day) 14 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Idaho - Renewah; b. City or Town of Birth: St. Maries
FATHER	6. Full Name of Father: Arthur Erastus Allbery		7. State or Country of Father's Birth: Ill.
MOTHER	8. Full Maiden Name of Mother: ~~Minnie~~ Minerva Ann Gordon		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Yvonne E. Pryor	11. Present Address of Registrant: N. 528 Pines Spokane Wa
NOTARY (Seal)	Subscribed and sworn to before me on: August 16 1974	12. Signature of Notary: C R Allbery	13. Notary Commission expires: 12-22 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of page from family Bible	By whom issued and signed: Family Records in Bible/ C. R. Allbery, Notary	Date issued: ----	Date Orig. Entry: appears old
	Date of Birth: Jan.14,1913	Birth Place: St.Maries, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by brother	By whom issued and signed: C. R. Allbery Age:76	Date issued: Sep.18,1974	Date Orig. Entry: ----
	Date of Birth: Jan.14,1913	Birth Place: St.Maries, Idaho	Full Name of Mother: Minerva Ann Allbery	Name of Father: Arthur E. Allbery
SUPPORTING RECORD 3.	Type of Document: Statement regarding hospital records	By whom issued and signed: St.Luke's Memorial Hospital, Spokane, WA	Date issued: Sep.18,1974	Date Orig. Entry: March 11,1947
	Date of Birth: Jan.14,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

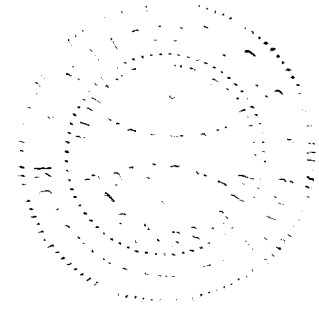
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	OCT 17 1974

FORM BH 56067 1 copy 1 card pd. Receipt #9593 6/14/74

OCT 21 1974



799-228-009-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

RECEIVED
AUG - 9 1974
Bureau of Vital Statistics

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-530

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Laverna Alice Griffin			2. Date of Birth (month) Sept. (day) 28 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonner	b. City or Town of Birth: Cabinet
FATHER	6. Full Name of Father: John Long Griffin			7. State or Country of Father's Birth: U.S.A.
MOTHER	8. Full Maiden Name of Mother: Laverna Alice Tingler			9. State or Country of Mother's Birth: W. Virginia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mrs. C. W. Hanson		11. Present Address of Registrant: Route 1, Box 40C Granite Falls, Wn. 98252
NOTARY (Seal)	Subscribed and sworn to before me on: July 24th 19 74	12. Signature of Notary: Karen Perfect		13. Notary Commission expires: April 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to wed. #24628		By whom issued and signed: Snohomish County, Washington	Date Issued: July 15,1974	Date Orig. Entry: Oct.5,1931
	Date of Birth: Age: 18	Birth Place: ---	Full Name of Mother: ----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by sister		By whom issued and signed: Florence Peden (14 years older)	Date Issued: July 24,1974	Date Orig. Entry: ---
	Date of Birth: Sep.28,1913	Birth Place: Cabinet, Idaho	Full Name of Mother: Laverna Alice Tingler	Name of Father: John Long Griffin	
SUPPORTING RECORD 3.	Type of Document: Certified copy of own child's birth certificate #333		By whom issued and signed: State of Washington Bureau of Vital Statistics	Date Issued: Sep.17,1974	Date Orig. Entry: child born July 31,1932
	Date of Birth: Age: 18	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Glenda Larson	OCT 17 1974

FORM BH 56067

OCT 1 8 1974

199-22-025-63

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-534

My commission expires February 17, 1978

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Helena F Arraibi ~~Duartie~~
2. Date Of Birth: (month) 4 (day) 21 (year) 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Nampa

FATHER

6. Full Name of Father: Prudencio Arraibi
7. State or Country of Father's Birth: Spain

MOTHER

8. Full Maiden Name of Mother: Aurea Ocariz
9. State or Country of Mother's Birth: Spain

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Helena F. Duartie
11. Present Address of Registrant: 4049-43rd St Sacto Co

NOTARY (Seal)

Subscribed and sworn to before me on April 30 1974

12. Signature of Notary: Margaret J. Russell
13. Notary Commission expires: February 17 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of baptismal certificate	St. Paul's Church, Nampa, ID	---	baptized May 25,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.,1913	----	Aurora Ocariz	Prudencio Arraibi

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
photocopy of insurance policy application	Occidental Life Ins. Co of Calif.	---	Nov.24,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.21,1913	Idaho	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Aurea Arraibi Laca	Sep.27,1974	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Apr.21,1913	Nampa, Idaho	Aurea Arraibi	Prudencio Arraibi

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	gm1 Glenda Larson	OCT 17 1974

FORM BH 56067

3-13-74

OCT 1 8 1974

864-22-6935

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-535

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clara Young		2. Date Of Birth (month) 4 (day) 5 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Twin Groves Fremont	b. City or Town of Birth: Twin Groves
FATHER	6. Full Name of Father: Charles Young		7. State or Country of Father's Birth: Minnesota	
MOTHER	8. Full Maiden Name of Mother: Adrena Wilson		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clara Young	11. Present Address of Registrant: Box4 Rt #1 ST Anthony, Id.	
NOTARY (Seal)	Subscribed and sworn to before me on 9-27 1974	12. Signature of Notary: Marie Jenkins	13. Notary Commission expires 2-15- 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #260105	Date Issued: ---	Date Orig. Entry: child born Oct.12,1937
	Date of Birth: Age: 24	Birth Place: Twin Groves	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by relative		By whom issued and signed: Tressie Young Heileson (bd.May 26,1900)	Date Issued: Sep.24,1974	Date Orig. Entry: ---
	Date of Birth: Apr.5,1913	Birth Place: Twin Groves, Idaho Fremont County	Full Name of Mother: Adrena (or Adrienne) Wilson Young	Name of Father: Charles Young	
SUPPORTING RECORD 3.	Type of Document: Certified copy of affidavit for marriage license #231907		By whom issued and signed: Fremont County, Idaho	Date Issued: Sep.25,1974	Date Orig. Entry: Sept.26,1935
	Date of Birth: Age: 22	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: OCT 17 1974

FORM BH 56067

OCT 18 1974

854-123-025-616

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-538

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Albert Thomas Heumann
2. Date Of Birth (month) (day) (year): 12 - 23 - 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Coeur d'Alene
b. City or Town of Birth: Idaho

FATHER

6. Full Name of Father: Lee Sebastian Heumann
7. State or Country of Father's Birth: Germany

MOTHER

8. Full Maiden Name of Mother: Edith M. Fawsett
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Albert T. Heumann
11. Present Address of Registrant: PC Oregon Yacht Club Portland Oreg

NOTARY (Seal)

Subscribed and sworn to before me on: October 1, 1974
12. Signature of Notary: Nadine L. Fletcher
13. Notary Commission expires: January 5 1977

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding school records	St.Helens Sr. High School, OR Zan D. Freeburn, Principal	Sep.27,1974	1931-34

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.23,1913	Idaho	----	----

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Edith M. Bauer		

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.23,1913	Coeur d'Alene, Idaho	Edith M. Fawsett	Lee Sebastian Heumann

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Statement regarding union records	Joe Edgar, Secy-Treas Gen. Teamsters Local #162, Portland, OR	Sep.13,1974	Apr.15,1959

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.23,1913	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	OCT 17 1974

FORM BH 56067

14 pd Receipt # 15419

9/9/74

Heumann

OCT 1 8 1974

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-551

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Verda Alma Wilson			2. Date Of Birth (month) (day) (year): August 31, 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Nezperce	b. City or Town of Birth: Lewiston Orchards, Idaho
FATHER	6. Full Name of Father: Nathaniel Wilson			7. State or Country of Father's Birth: Unknown which state
MOTHER	8. Full Maiden Name of Mother: Lily May Ladd			9. State or Country of Mother's Birth: Page, Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Verda A. Ulmer		11. Present Address of Registrant: Clearwater, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 7 1974	12. Signature of Notary: James F. Beckman		13. Notary Commission expires: February 1 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

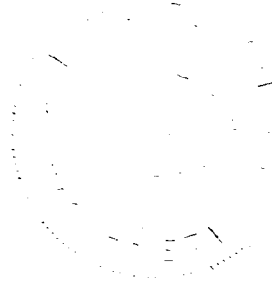
SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: State of Idaho File #243279	Date Issued: ------	Date Orig. Entry: Child born May 26,1936
	Date of Birth: Age 22 yrs	Birth Place: Lewiston Orchards, Idaho	Full Name of Mother: -----	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Photocopy of Affidavit for Marriage License	By whom issued and signed: County of Idaho, State of Idaho Henry Telcher-County Recorder	Date Issued: Oct.7,1974	Date Orig. Entry: Jan.11,1934
	Date of Birth: Age 20 yrs	Birth Place: ------	Full Name of Mother: -------	Name of Father: ------
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother Age 66 yrs	By whom issued and signed: Lily Ladd Wilson Crain	Date Issued: Aug.16,1961	Date Orig. Entry: ------
	Date of Birth: Aug.31,1913	Birth Place: Lewiston Orchards, Lewiston, Idaho	Full Name of Mother: Lily Ladd Wilson	Name of Father: Nathaniel Wilson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Sue Lowe	Date Filed: Oct. 30, 1974

FORM BH 56067

7-1-60 one copy paid #01534

OCT 3 0 1974



DECEASED

714-130-035-863

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-559

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LESTER EARL GAMET
2. Date Of Birth (month) (day) (year): JAN 30 1913
3. Color or Race: WHITE
4. Sex: M
5. Place of Birth a. County: NEZ PERCE
b. City or Town of Birth: CULDESAC IDAHO

FATHER

6. Full Name of Father: WILBUR B. GAMET
7. State or Country of Father's Birth: NEW YORK

MOTHER

8. Full Maiden Name of Mother: LOUESA M. YOCUM
9. State or Country of Mother's Birth: OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lester Earl Gamet
11. Present Address of Registrant: 2211 9th AVE CLARKSTON WASH

NOTARY (Seal)

Subscribed and sworn to before me on: OCTOBER 15th 1974
12. Signature of Notary: Jerome P. McGuire
13. Notary Commission expires: 1-18 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own childs birth certificate	State of Idaho #225476	-----	Child born Aug.8,1934

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 21 yrs	Idaho	--------	---------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of Application for Social Security Number 518-12-3063	US Treasury Dept.	-----	June 28,1938

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.30,1913	Culdesac,Idaho	Louisa Yocum	Wilbur B. Gamet

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of School Census Report Dist.49 for 1919	Nez Perce Co. Minnie H. Faust-County Supt. of Public Instruction	May 16,1972	Sept. 1919

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 6	------	Mrs. W. B. Gamet	W. B. Gamet

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Sue Lowe	11/5/74

FORM BH 56067

5-11-12

NOV 5 1974

369-221-006-331

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-582

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elva Ruby Corbridge			2. Date Of Birth (month) December (day) 21, (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Sterling, Bingham	b. City or Town of Birth: Sterling
FATHER	6. Full Name of Father: Leslie A. Corbridge			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Ruby May Claypool			9. State or Country of Mother's Birth: ⊠ Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elva Ruby Corbridge		11. Present Address of Registrant: Hawes Aberdeen Idaho.
NOTARY (Seal)	Subscribed and sworn to before me on 28 October 19 74	12. Signature of Notary: Lavon F. Barnes		13. Notary Commission expires: July 7, 19 78

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of Certificate of baptism	By whom issued and signed: LDS Church, Sterling Ward R. A. Ward, Bishop	Date Issued: orig. dated 8-31-24	Date Orig. Entry: baptized July 26, 1924
	Date of Birth: Dec. 21, 1913	Birth Place: Bingham County Sterling, ID	Full Name of Mother: Ruby Claypool	Name of Father: Leslie A. Corbridge
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: On file Idaho #217531	Date Issued: ---	Date Orig. Entry: child born Dec. 23, 1933
	Date of Birth: Age: 20	Birth Place: Sterling, Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by father	By whom issued and signed: Leslie A. Corbridge	Date Issued: Oct. 28, 1974	Date Orig. Entry: ----
	Date of Birth: Dec. 21, 1913	Birth Place: Sterling, Idaho Bingham County	Full Name of Mother: Ruby Claypool	Name of Father: Leslie A. Corbridge
QUALIFYING INFORMATION				

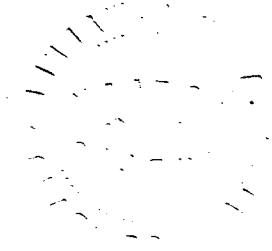
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: NOV 26 1974

FORM BH 56067

9-5-69

Flores

NOV 2 6 1974



DECEASED

265-109-010-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-586

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lauran Everett Sweath			2. Date of Birth (month) January (day) 9 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho Falls / Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: Willard Preston Sweath			7. State or Country of Father's Birth: Oklahoma	
MOTHER	8. Full Maiden Name of Mother: Laura Paige			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lauran Everett Sweath	11. Present Address of Registrant: E. 3512 - 5th Avenue, Spokane, Washington	
NOTARY (Seal)	Subscribed and sworn to before me on: February 6th 19 69		12. Signature of Notary: Wm M Geraughty	13. Notary Commission expires: June 5 19 74	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement regarding school records - Washington School		By whom issued and signed: Pendleton Public Schools, OR / Ellis H. Neal, Supt.	Date Issued: Jan.18,1971	Date Orig. Entry: 1924-25
	Date of Birth: Jan.9,1913	Birth Place: Idaho Falls, Idaho	Full Name of Mother: Mrs. W. P. Sweath	Name of Father: Mr. W. P. Sweath	
SUPPORTING RECORD 2.	Type of Document: Certified copy of Certificate of Marriage #53997A		By whom issued and signed: Spokane County, Washington	Date Issued: Sept.30,1974	Date Orig. Entry: March 1,1937
	Date of Birth: Age: 24	Birth Place: Idaho Falls, Idaho	Full Name of Mother: ---	Name of Father: W. P. Sweath	
SUPPORTING RECORD 3.	Type of Document: Federal Census Record So. Sprague Prec., Lincoln Co., WA		By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Oct.24,1974	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age: 17	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: NOV 26 1974

FORM BH 56067

NOV 2 6 1974

038-214-017-314

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE74-598

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Viola Ruth Schaller		2. Date Of Birth (month) (day) (year): March 14 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Clark; b. City or Town of Birth: Spencer
FATHER	6. Full Name of Father: Charles Joseph Schaller		7. State or Country of Father's Birth: Saguache, Colorado
MOTHER	8. Full Maiden Name of Mother: Eliza Campbell		9. State or Country of Mother's Birth: Scotland
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Viola Ruth Spindler	11. Present Address of Registrant: 5812 Clinton, Boise, Id
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 4 1974	12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Policy # 13-132-1	By whom issued and signed: 21 New York Life Insurance Co.	Date Issued: Apr.10,1937	Date Orig. Entry: --------
	Date of Birth: March 14 1913	Birth Place: Spencer, Idaho	Full Name of Mother: Eliza Schaller	Name of Father: Charles J. Schaller
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: George Peacock-Pastor Presbyterian Church	Date Issued: -- -	Date Orig. Entry: Baptized June 23,1928
	Date of Birth: Mar.14,1913	Birth Place: Spencer, Idaho	Full Name of Mother: Eliza Schaller	Name of Father: Charles Joseph Schaller
SUPPORTING RECORD 3.	Type of Document: Notification of Personnel Action	By whom issued and signed: Veterans Administration James. Hughes-Pers. Off.	Date Issued: ---- --	Date Orig. Entry: April 12, 1948
	Date of Birth: Mar.14 1913	Birth Place: ---------	Full Name of Mother: ----------	Name of Father: -------- --
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	"Sue" Nora Lowe	Dec. 4, 1974

FORM BH 56067

DEC 4 1974

168-102-028-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-603

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lorenzo Claire Johnson		2. Date Of Birth (month) May (day) 2 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: post Falls Ida. Kootenai; b. City or Town of Birth: post Falls
FATHER	6. Full Name of Father: Lorenzo Guy Johnson		7. State or Country of Father's Birth: Iowa U.S.A.
MOTHER	8. Full Maiden Name of Mother: Millie Malonia Cardin		9. State or Country of Mother's Birth: Tellico plains, Tenn.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: L.C. Johnson	11. Present Address of Registrant: 905 9th Central Point Ore.
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 9 1974	12. Signature of Notary: Lois M. Halland	13. Notary Commission expires: 3-28 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for marriage license #275226	By whom issued and signed: District of Columbia, Superior Court	Date Issued: Oct.31,1974	Date Orig. Entry: Dec.4,1944
	Date of Birth: Age: 31	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certified copy of voter's registration	By whom issued and signed: Jackson County, Oregon	Date Issued: Oct.21,1974	Date Orig. Entry: April 15,1958
	Date of Birth: May 2,1913	Birth Place: Post Falls, Idaho	Full Name of Mother: Millie M. Cardin	Name of Father: Lorenzo G. Johnson
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Millie M. Johnson	Date Issued: Oct.21,1974	Date Orig. Entry: ---
	Date of Birth: May 2,1913	Birth Place: Post Falls, Idaho	Full Name of Mother: Millie Malonia Cardin Johnson	Name of Father: Lorenzo Guy Johnson
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	DEC 6 1974

FORM BH 56067

DEC 9 1974

396 - 119 - 003 - 255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-74-618

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Melvin Reed Crossley		2. Date of Birth (month) Nov (day) 19 (year) 1913
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Thatcher
FATHER	6. Full Name of Father: Emanuel Crossley		7. State or Country of Father's Birth: Weston Idaho
MOTHER	8. Full Maiden Name of Mother: Lucy Bennett		9. State or Country of Mother's Birth: Mound Valley Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Melvin Reed Crossley	11. Present Address of Registrant
NOTARY (Seal)	Subscribed and sworn to before me on: October 1, 1974	12. Signature of Notary: Robert L. Wood	13. Notary Commission expires: May 23, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: photocopy of member information record of LDS Church		By whom issued and signed: Cambridge Ward, #11721219	Date Issued: Apr.23,1973	Date Orig. Entry: baptized May 28,1922
	Date of Birth: Nov.19,1913	Birth Place: Thatcher, Idaho Bannock County	Full Name of Mother: Lucy Bennett	Name of Father: Emanuel Crossley	
SUPPORTING RECORD 2.	Type of Document: photocopy of own child's birth certificate #6310		By whom issued and signed: child born in Oregon	Date Issued: ---	Date Orig. Entry: child born March 15,1949
	Date of Birth: Age: 35	Birth Place: Thatcher, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: certificate of marriage license affidavit		By whom issued and signed: Payette County Clerk's Office, Idaho	Date Issued: Nov.13,1974	Date Orig. Entry: Nov.18,1938
	Date of Birth: Age: 24	Birth Place: ---	Full Name of Mother: --	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	gml Glenda Larson	DEC 13 1974

FORM BH 56067

6-12-70

Crossley

DEC 13 1974

638-103-011-942

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-621

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: KENNETH VICTOR OLIVERSON			2. Date Of Birth (month) MAY (day) 2 (year) 1913
	3. Color or Race: WHITE	4. Sex: M	5. Place of Birth a. County	b. City or Town of Birth: EAST PORT
FATHER	6. Full Name of Father: HENRY MARTIN OLIVERSON			7. State or Country of Father's Birth: MINNESOTA
MOTHER	8. Full Maiden Name of Mother: MINNIE RUSTAD			9. State or Country of Mother's Birth: MINNESOTA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Kenneth Victor Oliverson		11. Present Address of Registrant: RT 1 BOX 132 BB POST FALLS, IDA
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 13th 1974	12. Signature of Notary: Bonnie A. Rector		13. Notary Commission expires: 5-12-1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of affidavit of marriage license application	By whom issued and signed: State of Nevada, Washoe County #616576		Date Issued: Nov. 1, 1974	Date Orig. Entry: Sept. 16, 1964
	Date of Birth: Age: 51	Birth Place: ---	Full Name of Mother: - ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by aunt Age:83	By whom issued and signed: Mrs. J. W. (Lena) Moore		Date Issued: May 20, 1974	Date Orig. Entry: ---
	Date of Birth: May 2, 1913	Birth Place: Eastport, Idaho	Full Name of Mother: Minnie Rustad Oliverson	Name of Father: Henry Martin Oliverson	
SUPPORTING RECORD 3.	Type of Document: photocopy of school record	By whom issued and signed: Arlington, WA Arlington High School, M. Larson, Secretary		Date Issued: Oct. 24, 1974	Date Orig. Entry: Sept. 3, 1929
	Date of Birth: May 2, 1913	Birth Place: East Port, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

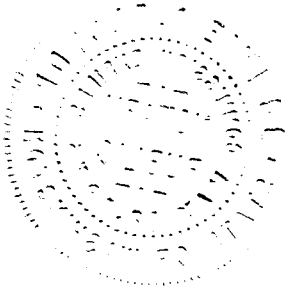
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Glenda Larson	DEC 13 1974

FORM BH 56067

DEC 1 3 1974



699-131-016-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-622

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Bernell Wrigley
2. Date Of Birth: (month) Oct (day) 31 (year) 1913
3. Color or Race: Caucasian
4. Sex: Male
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Burley

FATHER

6. Full Name of Father: Alexander Wrigley
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Olive Rebecca Bingham
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Bernell Wrigley
11. Present Address of Registrant: 83 So. 800 East Bountiful, Utah 84010

NOTARY (Seal)

Subscribed and sworn to before me on Nov 13 1974

12. Signature of Notary: Juris R. Beck
13. Notary Commission expires: July 4 1977

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript of school records	Utah State University, Logan, UT	July 3, 1958	May 1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct. 31, 1913 / ----	---	Alex Wrigley	
SUPPORTING RECORD 2.	Certified copy of application for license to marry	Weber County, Utah	Nov. 5, 1974	July 13, 1933
	Oct. 31, 1913 / Burley, Idaho Cassia County	Olive Bingham	Alex Wrigley	
SUPPORTING RECORD 3.	photocopy of employment record	Utah State Employees Retirement System #32086	Nov. 11, 1974	Aug. 13, 1958
	Oct. 31, 1913 / Burley, Cassia County, Idaho USA	---	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: gml Glenda Larson
Date Filed: DEC 13 1974

FORM BH 56067 nm 8 19 74 (W)

Wrigley

DEC 13 1974

231-20 2 10 39-214

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-623

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Eva Stanger			2. Date Of Birth (month) June (day) 2 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: American Falls Power mail Neeley b. City or Town of Birth: Am. Falls		
FATHER	6. Full Name of Father: Charles Henry Stanger			7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Martha Baugh			9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Eva Stanger Wrigley	11. Present Address of Registrant: 83 So. 800 E Bath. Ut.	
NOTARY (Seal)	Subscribed and sworn to before me on: Nov 13 1974		12. Signature of Notary: Luis R. Beck	13. Notary Commission expires: July 4 1974	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of application for license to marry		By whom issued and signed: Weber County, Utah	Date Issued: Nov.5,1974	Date Orig. Entry: July 13, 1933
	Date of Birth: June 2,1913	Birth Place: Neeley, Idaho	Full Name of Mother: Mattie Baugh	Name of Father: C. H. Stanger	
SUPPORTING RECORD 2.	Type of Document: photocopy of employment record		By whom issued and signed: Utah State Employees Retirement System #49767	Date Issued: Nov.13,1974	Date Orig. Entry: Nov.12,1965
	Date of Birth: June 2,1913	Birth Place: Neeley, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of application for membership		By whom issued and signed: Society of Daughters of Utah Pioneers,Davis County,UT Camp	Date Issued: ----	Date Orig. Entry: Apr.13,1959
	Date of Birth: June 2,1913	Birth Place: ----	Full Name of Mother: Martha Baugh	Name of Father: Charles Henry Stanger	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Glenda Larson	Date Filed: DEC 13 1974

FORM BH 56067 nm 8 19 74 (W)

Wrigley

DEC 13 1974

285-227-003-714

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-634

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ona Emily Kynaston		2. Date Of Birth (month) 11 (day) 27 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bancroft Bannock	b. City or Town of Birth: Bancroft
FATHER	6. Full Name of Father: William Lambert Kynaston		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Margaret Paul		9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ona E. Zink	11. Present Address of Registrant: 23300 W Arata Rd. #54	
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 1974	12. Signature of Notary: Deborah A. Wick	13. Notary Commission expires: September 7 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

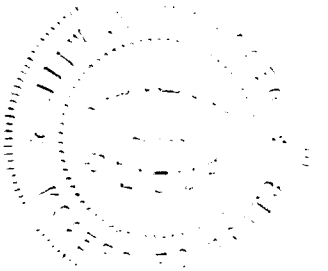
SUPPORTING RECORD 1.	Type of Document: Notorized copy Marriage License	By whom issued and signed: State of Utah, Cache County	Date Issued: Oct.29,1974	Date Orig. Entry: Marriage July 2,1931
	Date of Birth: Age 17	Birth Place: Idaho	Full Name of Mother: ----	Name of Father: ----
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: L.D.S.Church	Date Issued: Nov.27,1921	Date Orig. Entry: Baptized Nov. 27,1921
	Date of Birth: Nov. 27,1913	Birth Place: Idaho	Full Name of Mother: Margaret Paul	Name of Father: William Kynaston
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 224845	Date Issued: ----	Date Orig. Entry: child born Aug.29,1934
	Date of Birth: Age 20	Birth Place: Bancroft, Idaho	Full Name of Mother: -----	Name of Father: -------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M Wick	Evidence reviewed by: Florence Curtright	Date Filed: Dec.23,1974

FORM BH 56067

6-19-74

DEC 23 1974



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613-22-0003-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 74-655

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Harriette Jane Watts
2. Date Of Birth (month) (day) (year): October 21 - 19-13
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Bannock U.S.A.
b. City or Town of Birth: McCammon

FATHER

6. Full Name of Father: William Green Watts
7. State or Country of Father's Birth: Missouri U.S.A.

MOTHER

8. Full Maiden Name of Mother: Sarah A. Brown
9. State or Country of Mother's Birth: Utah U.S.A.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harriette Christoffersen
11. Present Address of Registrant: 463 Hazel St. S.L.C. Utah

NOTARY (Seal)

Subscribed and sworn to before me on: 11-11 1974

12. Signature of Notary: Lois Christoffer
13. Notary Commission expires: 7-19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Daphne Dorcus W. Menne (bd.1/1/06)	Date Issued: Dec.5,1963	Date Orig. Entry: ---	
	Date of Birth: Oct.21,1913	Birth Place: McCammon, Idaho	Full Name of Mother: Sarah Ann Brown Watts	Name of Father: William Green Watts	
SUPPORTING RECORD 2.	Type of Document: Family record by mother	By whom issued and signed: record in Bible given to registrant on her 21st birthday	Date Issued: Nov.11,1974	Date Orig. Entry: Oct.21,1934	
	Date of Birth: Age:21 on Oct.21,1934	Birth Place: ----	Full Name of Mother: S. A. Watts	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: photocopy of marriage license and certificate	By whom issued and signed: Bannock County, Idaho	Date Issued: ----	Date Orig. Entry: Nov.1,1948	
	Date of Birth: Age: 35	Birth Place: McCammon, Idaho	Full Name of Mother: ---	Name of Father: ---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	Glenda Larson	DEC 31 1974

FORM BH 56067

JAN 2 1975

145-123-028-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-001

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marvin Amell			2. Date Of Birth (month) (day) (year): September 23, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Oliver Amell			7. State or Country of Father's Birth: Wisconsin
MOTHER	8. Full Maiden Name of Mother: Clare Deremore			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marvin O Amell		11. Present Address of Registrant: 602 W. Washington
NOTARY (Seal)	Subscribed and sworn to before me on: December 9 1974	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho - # 280294		Date Issued: -----	Date Orig. Entry: child born May 13, 1939
	Date of Birth: Age 25	Birth Place: Coeur d'Alene	Full Name of Mother: ------		Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Honorable Discharge	By whom issued and signed: U. S. Army		Date Issued: Separation Jan.23,1946	Date Orig. Entry: Inducted March 30,1944
	Date of Birth: Sept.23,1913	Birth Place: Coeur d'Alene	Full Name of Mother: -----		Name of Father: ----------
SUPPORTING RECORD 3.	Type of Document: (at time of birth) Affidavit by friend of family	By whom issued and signed: Thomas J. Rippetoe		Date Issued: Dec.17,1974	Date Orig. Entry: -----
	Date of Birth: Sept.23,1913	Birth Place: Coeur d'Alene,	Full Name of Mother: Clare Deremore		Name of Father: Oliver Amell
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	fc Florence Curtright	Jan. 2,1975

FORM BH 56067

12-4-74

Small

JAN 2 1975

100

168-203-032-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-75-007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Esther Virginia Johnson			2. Date Of Birth (month) March (day) 23, (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lincoln	b. City or Town of Birth: Marley
FATHER	6. Full Name of Father: Oscar LeRoy Johnson			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Esther LaVern Chidester			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: E. Virginia Bond		11. Present Address of Registrant: Box 4 Richfield, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on December 6 1974	12. Signature of Notary: Mary Jane		13. Notary Commission expires: 6-30- 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt	By whom issued and signed: LaPreal Johnson (birth date Sept.8,1897)	Date Issued: Nov.12,1974	Date Orig. Entry: ---
	Date of Birth: Mar.23,1913 / Birth Place: Marley,Idaho	Full Name of Mother: Esther L. Johnson	Name of Father: Oscar L. Johnson	
SUPPORTING RECORD 2.	Type of Document: Insurance Policy #33 089 435	By whom issued and signed: The Prudential insurance Company of America	Date Issued: Sept.23,1962	Date Orig. Entry: Oct.17,1962
	Date of Birth: Mar.23,1913 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Hospital certificate of own child's birth	By whom issued and signed: St.Helens Hospital,Bellflower California	Date Issued: ---	Date Orig. Entry: child born Apr.4,1957
	Date of Birth: March 23, 1913 / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 2 1975

FORM BH 56067 (1/71)

Paul

JAN 8 1975

414-216-0023-395

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-014

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ruth Marie Maupin
2. Date Of Birth: (month) May (day) 16 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Gem; b. City or Town of Birth: Ola

FATHER

6. Full Name of Father: Willard Virgil Maupin
7. State or Country of Father's Birth: Oregon

MOTHER

8. Full Maiden Name of Mother: Edna Florence Linebarger
9. State or Country of Mother's Birth: Oregon

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ruth Marie Maupin McKinney
11. Present Address of Registrant: Rt. 2 - Vale, Ore 97918

NOTARY (Seal)

Subscribed and sworn to before me on: October 14 1974
12. Signature of Notary: Mary Lindsey Graham
13. Notary Commission expires: March 6 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Aunt Age:86	Dora Linebarger Pennington	22 May 74	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 16,1913 / Ola, Idaho	EDNA LINEBARGER MAUPIN	---	
SUPPORTING RECORD 2.	Statement from Clerk's annual census report October 1929	Leroy J. Paulsen, County School Superintendent	Sept.5,1974	----
	16yrs.old / --	--	W.V. Maupin	
SUPPORTING RECORD 3.	Photo copy of Hospital Birth Certificate of own child.	Brittingham Maternity Home Ontario, Oregon	---	Aug.6, 1944
	May 16,1913 / Ola, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: Margaret Davis
Date Filed: JAN 7 1975

FORM BH 56067

JAN 8 1975

613-204-239-13

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-026
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ella Walker

2. Date Of Birth (month) (day) (year): Nov. 4 1913

3. Color or Race: Wht

4. Sex: F

5. Place of Birth a. County: Idaho Power

b. City or Town of Birth: Rockland Idaho

FATHER

6. Full Name of Father: Joseph FREDERICK WALKER

7. State or Country of Father's Birth: FARMINGTON UTAH

MOTHER

8. Full Maiden Name of Mother: ROSALIE ELVIRA ALLEN

9. State or Country of Mother's Birth: CARLS FORT UTAH

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Walker Jones

11. Present Address of Registrant: 53-21 Sidehill Dr. Sun Valley, NEVADA

NOTARY (seal)

Subscribed and sworn to before me on: Sept 9 1974

12. Signature of Notary: Louise Arnold

13. Notary Commission expires: Aug 21 1978

LOUISE ARNOLD Notary Public — State of Nevada
My Commission Expires August 21, 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Class*

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
Affidavit by sister	Dora Walker Vaughan (bd.5/27/03)	Jan.7,1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.4,1913	Rockland, Idaho	Roselee Elvira Allan Walker	Joseph Fredrick Walker

SUPPORTING RECORD 2.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
photocopy of family record	genealogy book "decendants of John Walker"	---	appears old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.4,1913	Rockland, Idaho	Roselee Elvira (Allen) Walker	Joseph Frederick Walker

SUPPORTING RECORD 3.

Class

Type of Document	By whom issued and signed	Date issued	Date Orig. Entry
photocopy of certificate of Baptism and Confirmation	LDS Church, W.P.Fifield,Clerk	---	baptized Nov.6,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.4,1913	Rockland, Idaho Power County	Elvira Allen	Joseph (Walker)

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick

Evidence reviewed by: gml Glenda Larson

Date Filed: JAN 13 1975

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

JAN 1 3 1975

315-129-036-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-054

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Darrell Daniel Landon			2. Date Of Birth (month) December (day) 29 (year) 1913
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Oneida	b. City or Town of Birth: Woolbrook Idaho
FATHER	6. Full Name of Father: James Daniel Landon			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Amanda Myrtle Sorenson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Darrell Daniel Landon		11. Present Address of Registrant: Idaho Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on January 21, 19 74	12. Signature of Notary: Walter Johnson		13. Notary Commission expires: August 1, 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Record of Membership		By whom issued and signed: LDS Church, Presiding Bishop's Office, Salt Lake City, Utah	Date Issued: Dec.12,1944	Date Orig. Entry: Aug.4,1923
	Date of Birth: Dec.29,1913	Birth Place: Holbrook, Idaho	Full Name of Mother: Amanda Sorensen	Name of Father: James D. Landon	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: On file Idaho #230465	Date Issued: ---	Date Orig. Entry: child born Mar.20,1935
	Date of Birth: Age: 21	Birth Place: Holbrook, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Policy #207063		By whom issued and signed: Beneficial Life Insurance Co.	Date Issued: Oct.14,1940	Date Orig. Entry: Oct.4,1940
	Date of Birth: Dec.29,1913	Birth Place: Holbrook, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

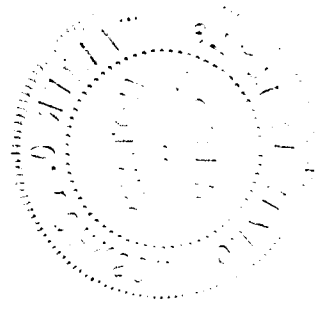
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Glenda Larson	JAN 24 1975

FORM BH 56067

1-17-75

JAN 24 1975



814-21-1032-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Robetta Hamilton		2. Date Of Birth (month) 10 (day) 17 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Address not Known — Lincoln; b. City or Town of Birth: Dietrich
FATHER	6. Full Name of Father: Walter Ormsby Hamilton		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mary Jane Dooley		9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie R. Hampton Marjorie R. Braun	11. Present Address of Registrant: 4068 E. 32nd Ave, Spokane, Wash 99203
NOTARY (Seal)	Subscribed and sworn to before me on: January 24th 1975	12. Signature of Notary: Donald F. [illegible]	13. Notary Commission expires: 6/1 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of own child's Birth certificate		By whom issued and signed: State of Washington E.Plaezer,MD Health Officer	Date Issued: 3-23-1973	Date Orig. Entry: Child born May 4, 1942
	Date of Birth: 28 yrs	Birth Place: Dietrich, Idaho	Full Name of Mother: --	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Copy of U.S. Census Record		By whom issued and signed: US Department of Commerce Bureau of the census	Date Issued: 3-17-72	Date Orig. Entry: Apr.1,1930
	Date of Birth: Age 16	Birth Place: Idaho	Full Name of Mother: --	Name of Father: Walter O.Hamilton	
SUPPORTING RECORD 3.	Type of Document: Photocopy of school Record		By whom issued and signed: W.R. Linehar, Principal (Sunnyside)	Date Issued: --	Date Orig. Entry: Sept. 1927
	Date of Birth: Oct.17,1913	Birth Place: ---	Full Name of Mother: ---	Name of Father: W.O. Hamilton	

QUALIFYING INFORMATION

Photocopy of Marriage return of Marjorie Hamilton's parents gives her Mother's maiden name as Mamie Dooley. Marriage return #1872. St.Michaels N.Yakima, WA.

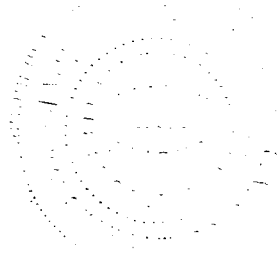
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 28 1975

FORM BH 56067

JAN 29 1975



469-22-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-067

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Ethel Ellen Morgan
2. Date Of Birth (month) June (day) 22 (year) 1913
3. Color or Race: Cauc
4. Sex: F
5. Place of Birth a. County: (now Franklin) Oneida
b. City or Town of Birth: Franklin, Idaho

FATHER

6. Full Name of Father: Edward Morgan
7. State or Country of Father's Birth:

MOTHER

8. Full Maiden Name of Mother: Alice Collins
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ethel Ellen Morgan Mrs Edward Johnson
11. Present Address of Registrant:

NOTARY (Seal)

Subscribed and sworn to before me on January 17, 19 75

12. Signature of Notary: Norman A. Ricks
13. Notary Commission expires: May 24 19 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother	Alice Morgan Smith	24 Jan 75	----

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June 22,1913	Franklin, Idaho	Alice Morgan Smith	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Photocopy of church record L.D.S. Church, Preston	James S. Garrett, Preston Second Ward Clerk		15 Dec.1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
22 June 13	Franklin, Idaho	Alice Collins	Edward Morgan

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho File#246107	---	Child born Aug.30, 1936

Date of Birth	Birth Place	Full Name of Mother	Name of Father
23 years.	Franklin, Idaho	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JAN 29 1975

FORM BH 56067

1-9-75

JAN 3 0 1975

463-213-044-755

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-082

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Etta Mae ~~Scofield~~ Mock		2. Date Of Birth (month) (day) (year): April 13, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Cambridge Washington; b. City or Town of Birth: Cambridge
FATHER	6. Full Name of Father: William Harrison Mock		7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Audry Elisa Pendavis		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Etta Mae Scofield	11. Present Address of Registrant: 8023 N. Berkeley Apt. 3
NOTARY (Seal)	Subscribed and sworn to before me on: May 13 1974	12. Signature of Notary: Doris M. Stender	13. Notary Commission expires: My Commission Expires Nov. 29, 1976 State of Oregon County of Multnomah

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #2579		By whom issued and signed: State of Oregon, Vital Statistics Section	Date issued: Apr.19,1974	Date Orig. Entry: own-child born Aug.9,1931
	Date of Birth: Age: 18	Birth Place: Cambridge, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document (Portsmouth Sch): Certified copy of attendance record of school records		By whom issued and signed: State of Oregon, Vital Statistics Section	Date issued: Apr.24,1974	Date Orig. Entry: 1923-24
	Date of Birth: Apr.13,1913	Birth Place: Cambridge, Idaho	Full Name of Mother: Audrey Mock	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Copy of Certificate of Registration (voter)		By whom issued and signed: County of Multnomah, Dept. of Records.Wm.Radakovich Dir.	Date issued: 29 Jan.1975	Date Orig. Entry: April 7,1964
	Date of Birth: Apr.13,1913	Birth Place: Cambridge,Idaho	Full Name of Mother: Audrey Pendarvis	Name of Father: William H. Mock	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Margaret Davis	Feb.5,1975

FORM BH 56067 3 yrs pd reg #8003 + [illegible]

FEB 6 1975

419-215-022-736

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-120

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: REVA MAY MARTINDALE		2. Date Of Birth (month) (day) (year): MARCH 15 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: IDAHO-FREMONT Co. b. City or Town of Birth: MARYSVILLE
FATHER	6. Full Name of Father: EDWIN JAMES MARTINDALE		7. State or Country of Father's Birth: IDAHO - OAKLY CASSIA Co
MOTHER	8. Full Maiden Name of Mother: EDITH LOURENA GLOVER		9. State or Country of Mother's Birth: UTAH LEWISTON
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Reva M Ward	11. Present Address of Registrant: Rt 1 Box 93 Rexburg Ida
NOTARY (Seal)	Subscribed and sworn to before me on: January 20 75 ~~February 14 1974~~	12. Signature of ~~Notary~~ Clerk of D.C.: Nellie H Garner	13. Notary Commission expires: Jan 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by father	By whom issued and signed: Edwin J. Martindale	Date issued: --	Date Orig. Entry: 14th Feb.1974
	Date of Birth: Mar.15,1913 / Birth Place: Marysville	Full Name of Father: Edwin J. Martindale	Name of Mother: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy School Census	By whom issued and signed: State of Idaho, County of Fremont, Dist. Ind.6	Date issued: ---	Date Orig. Entry: Sept.22,1922
	Date of Birth: Age 9 / Birth Place: --	Full Name of Mother: --	Name of Father: Eddie Martindale	
SUPPORTING RECORD 3.	Type of Document: Certificate of birth from LDS church	By whom issued and signed: Yellowstone Stake, Marysville Ward.	Date issued: 14 Jan. 75	Date Orig. Entry: 11 May 1913
	Date of Birth: 15 Mar.1913 / Birth Place: Marysville, Fremont, Idaho	Full Name of Mother: Edith L. Glover	Name of Father: James E. Martindale	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	mdd Margaret Davis	Feb. 20, 1975

FORM BH 56067

1-16-74

Ward

FEB 21 1975

855-214-016-666

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-145

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Myrtle Woodland Henderson			2. Date Of Birth (month) Jan (day) 14 (year) 1913	
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Idaho Cassia	b. City or Town of Birth: View	
FATHER	6. Full Name of Father: John Henry Henderson			7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Polly Myrtle Woodland			9. State or Country of Mother's Birth: Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Myrtle H. Larsen	11. Present Address of Registrant: 510 West 5th No. Richfield, Utah	
NOTARY (Seal)	Subscribed and sworn to before me on: May 23 1974		12. Signature of Notary: Lena T. Anderson	13. Notary Commission expires: Com. Expires Feb. 20, 1975 ~~Residing at Richfield, Utah~~ 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: LDS Church certificate of birth		By whom issued and signed: Cassia Stake, View Ward. Rec. Bir. & Bless., 1913, page 248	Date Issued: Apr. 9, 1974	Date Orig. Entry: May 11, 1913
	Date of Birth: Jan. 14, 1913	Birth Place: Cassia County View, Idaho	Full Name of Mother: Polley M. Woodland	Name of Father: John H. Henderson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister Born 8 May 1901		By whom issued and signed: Lucile Henderson Harvey	Date Issued: 27 Jan. 75	Date Orig. Entry: -----
	Date of Birth: 14 Jan. 13	Birth Place: View, Idaho	Full Name of Mother: Polly Myrtle Woodland	Name of Father: John Henry Henderson	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Marriage License Application		By whom issued and signed: William P. Huish. Clerk State of Utah, County Utah	Date Issued: 26 Feb. 75	Date Orig. Entry: 8 Mar 34
	Date of Birth: Jan. 14, 1913	Birth Place: View, Idaho	Full Name of Mother: Polly Woodland	Name of Father: John H. Henderson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Margaret Davis	Date Filed: MAR 1975

FORM BH 56067 1 copy paid rec. 2146

2nd form - 3-29-74 gml

MAR 4 1975
AUG 19 1997

819-220-014-819

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-159

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Elizabeth Harris			2. Date Of Birth (month) (day) (year): April 20, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa
FATHER	6. Full Name of Father: Warner Henry Harris			7. State or Country of Father's Birth: Stanton, Nebraska
MOTHER	8. Full Maiden Name of Mother: Edna Jane Harsin			9. State or Country of Mother's Birth: Cope, Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie E. Larsen		11. Present Address of Registrant: Marsing, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 7 1975	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism		By whom issued and signed: LDS Church	Date issued: ------	Date Orig. Entry: Baptized Aug.5,1945
	Date of Birth: Apri.20,1913	Birth Place: Nampa, Idaho	Full Name of Mother: Edna Jane Harsin	Name of Father: Warner H. Harris	
SUPPORTING RECORD 2.	Type of Document: Identification Card		By whom issued and signed: Idaho State Employment Service & Unemployment Compensation Div.	Date issued: April 1,1942	Date Orig. Entry: Apri.1,1942
	Date of Birth: April 20,1913	Birth Place: -------	Full Name of Mother: --------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Idaho File # 209652	Date issued: ------	Date Orig. Entry: Child born Dec. 22, 1932
	Date of Birth: Age 19 yrs	Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: "Sue" Nora Lowe	Date Filed: Mar. 7, 1975

FORM BH 56067

MAR 7 1975

694-716-614-634

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-165

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Elden LaRoy Ord
2. Date Of Birth: (month) Sept (day) 16 (year) 1913
3. Color or Race: White
4. Sex: M
5. Place of Birth: a. County: Canyon; b. City or Town of Birth: Kuna

FATHER

6. Full Name of Father: Robert James Ord
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Erma Lillian Olmsted
9. State or Country of Mother's Birth: Nevada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Elden LaRoy Ord
11. Present Address of Registrant: 711 W. Palm Drive, Covina, California.

NOTARY

Subscribed and sworn to before me on: March 7 1975

12. Signature of Notary: Lynda J. Krupski
13. Notary Commission expires: 11-20-1977

OFFICIAL SEAL
LYNDA J. KRUPSKI
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Nov. 20, 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Ordination to the Holy Priesthood	Modesto Br. California Mission Stake	---	Aug.7,1932
	Date of Birth: 16 Sept.13 / Birth Place: Kuna, Idaho	Full Name of Mother: Erma Olmstead	Name of Father: Robert James Ord	
SUPPORTING RECORD 2.	Certificate of Birth, Church.	Boise Stake, Nampa Ward. LDS Church	7 Feb.75	2 July 1922
	Date of Birth: 16 Sept.1913 / Birth Place: Kuna, Idaho	Full Name of Mother: Emma L. Olmstead	Name of Father: Robert J. Ord.	
SUPPORTING RECORD 3.	Photocopy of Census Report.	U.S. Department of Commerce Bureau of the Census	Dec.9, 1974	Jan.1, 1920
	Date of Birth: Age 6 / Birth Place: Idaho	Full Name of Mother: Irma L. Ord	Name of Father: Robert J. Ord.	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 1 1975

FORM BH 56067

MAR 1 2 1975

845-209-040-255

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:-75-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Georgia Mae Hunt		2. Date Of Birth (month) Sept. (day) 9 (year) 1913
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Shoshone; b. City or Town of Birth: Kingston, Idaho
FATHER	6. Full Name of Father: George B. Hunt		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Mae Bentley		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Georgia Mae Hunt Pawson	11. Present Address of Registrant: Box 392 Pinehurst, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on MAR 7 '75 19	12. Signature of Notary: Garry D. Woody	13. Notary Commission expires OCT 1 '76 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Teacher's Term Report	By whom issued and signed: Kingston Public School District #5 Victoria White Cty. Recorder	Date issued: 2 Jan.1975	Date Orig. Entry: May 11, 1923
	Date of Birth: 9 years; Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #320751	Date issued: ---	Date Orig. Entry: Aug. 1, 1941
	Date of Birth: 27 years.; Birth Place: Kingston, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript of College Record	By whom issued and signed: University of Idaho	Date issued: 1/21/75	Date Orig. Entry: 1931
	Date of Birth: Sept.9,1913; Birth Place: Kingston, Idaho	Full Name of Mother: Mae Bentley Hunt	Name of Father: George B. Hunt	
QUALIFYING INFORMATION				

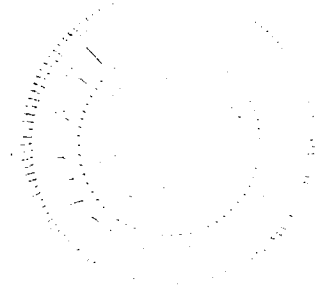
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAR 11 1975

FORM BH 56067

MAR 1 2 1975



612-26-8-546

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-168

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Bernadine Luella Washburn		2. Date of Birth (month) (day) (year): April 6 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Boundary
			b. City or Town of Birth: Copeland
FATHER	6. Full Name of Father: Volney Warren Washburn		7. State or Country of Father's Birth: Iowa
MOTHER	8. Full Maiden Name of Mother: Violet Edwards		9. State or Country of Mother's Birth: Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Bernadine Richards	11. Present Address of Registrant: Bonners Ferry, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 14, 1975	12. Signature of Notary: Alice L. Krueger	13. Notary Commission expires: May 14 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Census Report	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: Sept.8,1970	Date Orig. Entry: Jan.1, 1920
	Date of Birth: 6 Years / Birth Place: Idaho	Full Name of Mother: Violet Washburn	Name of Father: Volney W. Washburn	
SUPPORTING RECORD 2.	Type of Document: Own childs Birth Certificate	By whom issued and signed: Community Hospital Bonners Ferry Idaho	Date Issued: ---	Date Orig. Entry: Child born 8 Apr.1959
	Date of Birth: Apr.6,1913 / Birth Place: Copeland, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Mother: dob: Mar.19,1891	By whom issued and signed: Violet Edwards Washburn	Date Issued: 5 Mar.1975	Date Orig. Entry: ---
	Date of Birth: Apr.6,1913 / Birth Place: Copeland, Idaho	Full Name of Mother: Violet Edwards	Name of Father: Volney Warren Washburn	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrich	md Margaret Davis	MAR 19 1975

FORM BH 56067

MAR 1 3 1975

243-113-004-213

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE; 75-171

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jack Buck		2. Date Of Birth (month) (day) (year): Feb. 13 1913
	3. Color or Race: W W	4. Sex: M	5. Place of Birth a. County: Idaho Bear Lake; b. City or Town of Birth: Paris
FATHER	6. Full Name of Father: Percival Buck		7. State or Country of Father's Birth: England
MOTHER	8. Full Maiden Name of Mother: Alice Bacon		9. State or Country of Mother's Birth: England
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jack Buck	11. Present Address of Registrant: Box 526 Kemmerer Wyo. 83101
NOTARY (Seal)	Subscribed and sworn to before me on: March 10 1975	12. Signature of Notary: [signature]	13. Notary Commission expires: 1st Monday in January 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of School Record	By whom issued and signed: Arlyn R. Wainwright, Prin. Kemmerer, Wyoming. Kemmerer, Elementary	Date issued: 3-10-1975	Date Orig. Entry: --- Sept. 4, 1928
	Date of Birth: Feb. 13, 1913 / Birth Place: Paris, Idaho	Full Name of Mother: ---	Name of Father: Percy Buck	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Discharge Papers	By whom issued and signed: U.S. Army, BGH, Brigham City Utah	Date issued: Discharge 9-22-45	Date Orig. Entry: Enlistment April 6, 1942
	Date of Birth: Feb. 13, 1913 / Birth Place: Paris, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Brother Born Sept. 25, 1902	By whom issued and signed: James P. Buck	Date issued: Feb. 28, 75	Date Orig. Entry: ---
	Date of Birth: Feb. 13, 1913 / Birth Place: Paris, Idaho	Full Name of Mother: Alice Bacon Buck	Name of Father: Pircival Buck	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: MAR 14 1975

FORM BH 56067

12-31-74

MAR 1 7 1975

152-208-006-155

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:-75-199

REGISTRANT

1. Registrant's Full Name at Birth: Verna Leona Sessions
2. Date Of Birth (month) (day) (year): April 8 1913
3. Color or Race: White
4. Sex: Fe
5. Place of Birth: a. County: Idaho Bingham; b. City or Town of Birth: Goshen

FATHER

6. Full Name of Father: Junious David Sessions
7. State or Country of Father's Birth: Wyoming

MOTHER

8. Full Maiden Name of Mother: Mary Alice Jensen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Verna Leona Weemes
11. Present Address of Registrant: 2191 Euclid Ave

NOTARY (Seal)

Subscribed and sworn to before me on 20 March 1975

12. Signature of Notary: Jean M Hanford
13. Notary Commission expires: Long Beach, Calif. Oct 3 1975

JEAN M. HANFORD NOTARY PUBLIC-CALIFORNIA PRINCIPAL OFFICE IN LOS ANGELES COUNTY My Commission Expires Oct. 3, 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Mary Alice Collins	18 Mar.75	----
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Apr. 8,1913 / Goshen,Bingham	Mary Alice Jensen	Junious David Sessions	
SUPPORTING RECORD 2.	Application for Insurance Photocopy	Reserve Life Insurance Co. Dallas, Texas	---	22 July 1963
	Apr. 8,1913 / ---	---	---	
SUPPORTING RECORD 3.	Pages from Family Genealogy	Verna Leona Sessions, before Adrien Stein, Notary Public	13 Mar.75	June 28,1926 (document old)
	8 Apr.1913 / Goshen	Mary Alice Jensen	Junious David Sessions	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: MAR 25 1975

FORM BH 56067

MAR 2 6 1975

113-108-027-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-202

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT FRIEDERICH ERNST JACOBSEN	2. Date Of Birth (month) (day) (year): APRIL 8 1913
	3. Color or Race: WHITE; 4. Sex: MALE; 5. Place of Birth a. County: JEROME	b. City or Town of Birth: JEROME
FATHER	6. Full Name of Father: JOHANNES JACOBSEN	7. State or Country of Father's Birth: ROKIER, GERMANY
MOTHER	8. Full Maiden Name of Mother: WILHELMINE SOPHIE BOLDT	9. State or Country of Mother's Birth: HENSTEDT, GERMANY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fred R Jacobsen; 11. Present Address of Registrant: 3564 IOWA AVE, OGDEN UTAH 84403
NOTARY (Seal)	Subscribed and sworn to before me on: 19 March 1975	12. Signature of Notary: Fred M Jacobsen; 13. Notary Commission expires: May 25 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Copy of U.S. Census		By whom issued and signed: Department of Commerce Bureau of the Census	Date Issued: Nov.2,1972	Date Orig. Entry: 1 Jan. 1920
	Date of Birth: Age 6	Birth Place: Id aho	Full Name of Mother: ---	Name of Father: Frederick W. Jacobsen	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Discharge		By whom issued and signed: U.S. Army, Fort Douglas,Utah	Date Issued: Discharge 29 Nov.45	Date Orig. Entry: Induction 15 Oct. 42
	Date of Birth: 8 Apr. 1913	Birth Place: Jerome, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Baptismal Record		By whom issued and signed: F.E. Traub, Pastor	Date issued: ---	Date Orig. Entry: Baptised 27 July 1913
	Date of Birth: 8 Apr. 1913	Birth Place: Jerome, Idaho	Full Name of Mother: Wilhelmine Jacobsen (Boldt)	Name of Father: Johannes Jacobsen	
QUALIFYING INFORMATION					

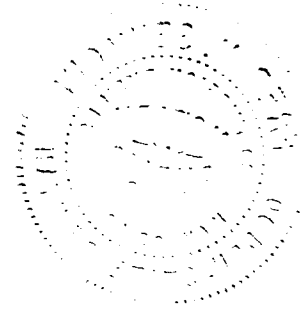
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ellick	Margaret Davis	MAR 25 1975

FORM BH 56067

MAR 2 6 1975



432-224-016-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-216

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fern Mc Bride			2. Date Of Birth (month) August (day) 24 (year) 1913
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Oakley Cassia	b. City or Town of Birth: Oakley Idaho
FATHER	6. Full Name of Father: James William McBride			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Julia Mariah Smith			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Fern M. Moncur		11. Present Address of Registrant: 877 Dregson Salt Lake City
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 19 75	12. Signature of Notary: [illegible]		13. Notary Commission expires: August 7 19 75

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Application for License to Marry	By whom issued and signed: State of Utah #81657	Date Issued: 25 Feb. 75	Date Orig. Entry: 5 Apr.1939
	Date of Birth: Aug.24,1913 / Birth Place: Oakley,Idaho	Full Name of Mother: Julia M. Smith	Name of Father: James William McBride	
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership	By whom issued and signed: Elba Ward Raft River Stake LDS Church, J.D. Hoggan,Bishop	Date Issued: June 28,1932	Date Orig. Entry: Baptised 11 Apr.1921
	Date of Birth: 24 Aug.1913 / Birth Place: Oakley, Idaho	Full Name of Mother: Julia Smith	Name of Father: James W. McBride	
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: On File with State of Idaho #295758	Date Issued: ---	Date Orig. Entry: Child born June 11, 1940
	Date of Birth: Age 26 / Birth Place: Oakley, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 28 1975

FORM BH 56067

MAR 3 1 1975

766-110-007-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-224

R.B.G. DEM (N.P.)

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ROBERT BERTON GOOLD		2. Date Of Birth (month) (day) (year): January 10, 1913
	3. Color or Race: W	4. Sex: Male	5. Place of Birth a. County: X; b. City or Town of Birth: Manard, Idaho
FATHER	6. Full Name of Father: WILLIAM SAMUEL GOOLD, JR.		7. State or Country of Father's Birth: Bellevue, Utah, Wash. Co.
MOTHER	8. Full Maiden Name of Mother: ELLEN DOROTHEA SWINDLE		9. State or Country of Mother's Birth: Monroe Utah, Sever Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Robert Berton Goold	11. Present Address of Registrant: 17190 Olinda Rd Anderson Calif 96007
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1975	12. Signature of Notary: Nancy R. Moreira	13. Notary Commission expires: 10-4-76

OFFICIAL SEAL
NANCY R. MOREIRA
NOTARY PUBLIC CALIFORNIA
SHASTA COUNTY
My Commission Expires Oct. 4, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Voters Registration	By whom issued and signed: Geo. H. Randle, Registrar Linn County, Oregon	Date Issued: ---	Date Orig. Entry: Apr. 17, 1944
	Date of Birth: Jan. 10, 1913	Birth Place: Idaho	Full Name of Mother: Ellen Swindle	Name of Father: William Goold
SUPPORTING RECORD 2.	Type of Document: Affidavit by Sister Age 10 at time of appl. birth.	By whom issued and signed: Helen Goold Penfold	Date Issued: 1 Sept. 72	Date Orig. Entry: ---
	Date of Birth: Jan. 10, 1913	Birth Place: Manard, Idaho	Full Name of Mother: Ellen Dorothea Swindle	Name of Father: William Samuel Goold, Jr.
SUPPORTING RECORD 3.	Type of Document: Photocopy of Insurance Application	By whom issued and signed: Beneficial Life Insurance Co. #223759	Date Issued: ---	Date Orig. Entry: 21 Mar. 1942
	Date of Birth: Jan. 10, 1913	Birth Place: Manard, Idaho	Full Name of Mother: Ellen Goold	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	APR 2 1975

FORM BH 56067

APR 3 1975

843-304-006 #19

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=252

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELENORA OZETTA HUTCHINSON			2. Date Of Birth (month) APRIL (day) 4 (year) 1913	
	3. Color or Race: INDIAN	4. Sex: FEMALE	5. Place of Birth a. County: FORT HALL BINGHAM	b. City or Town of Birth: FORT HALL	
FATHER	6. Full Name of Father: CHARLES HENRY HUTCHINSON			7. State or Country of Father's Birth: OKLAHOMA	
MOTHER	8. Full Maiden Name of Mother: MARY MARTIN HUTCHINSON			9. State or Country of Mother's Birth: CANADA	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ozetta H. LeClaire		11. Present Address of Registrant: 516 SOUTH BROADWAY JORDAN, MN. 55352	
NOTARY (Seal)	Subscribed and sworn to before me on APR 10 1975 19___	12. Signature of Notary: Gloria J. Krueger		13. Notary Commission expires: GLORIA J. KRUEGER NOTARY PUBLIC – MINNESOTA SCOTT COUNTY 19___ My Commission Expires Jan. 13, 1980	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Child's birth certificate	By whom issued and signed: State of Idaho #213705		Date Issued: ----	Date Orig. Entry: child born July 16,1933
	Date of Birth: 20 years.	Birth Place: Fort Hall, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Photocopy of Page from Family Record	By whom issued and signed: Duane Thompson, Notary Ft.Hall, Idaho		Date Issued: April 15,75	Date Orig. Entry: Document appears old
	Date of Birth: April 4,13	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript of Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census		Date Issued: Aug.26,74	Date Orig. Entry: Jan.1, 1920
	Date of Birth: Age 6	Birth Place: Idaho	Full Name of Mother: Mary Hutchinson	Name of Father: Ozetta Hutchinson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: APR 15 1975

FORM BH 56067

APR 24 1975

112-22[illegible]-016-613

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-258

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thora Eliza Mabey
2. Date Of Birth (month) (day) (year): June 30, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Cassia; b. City or Town of Birth: Marion

FATHER

6. Full Name of Father: John James Mabey
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Alice May Walker
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thora Eliza Fairchild
11. Present Address of Registrant: Box 677 Nampa Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: April 16 1975
12. Signature of Notary: "Sue" Nora Lowe
13. Notary Commission expires: Sept. 18 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism	Wilbur Cranney-Bishop LDS Church	----	Baptized Aug.7,1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June 30,1913 / Marion, Idaho	Alice Walker	John Mabey	
SUPPORTING RECORD 2.	Own childs birth certificate	State of Idaho File# 286988	------	Child born Oct.8,1939
	Age 26 yrs / Idaho	---------	-------	
SUPPORTING RECORD 3.	Photocopy of Hospital Record	Mercy Hospital-Nampa,Idaho Beverly McMillin-Med. Rec.Sec.	April17,1975	Oct.29,1964
	June 30,1913 / Idaho	------	---------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Ulick
Evidence reviewed by: sl "Sue" Nora Lowe
Date Filed: April 23, 1975

FORM BH 56067

APR 2 3 1975

6.99-203-039-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-271

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL ANN FIRKINS			2. Date Of Birth (month) (day) (year): MAY 3, 1913	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: POWER	b. City or Town of Birth: ROCKLAND	
FATHER	6. Full Name of Father: WILLIAM HENRY FIRKINS			7. State or Country of Father's Birth: UTAH	
MOTHER	8. Full Maiden Name of Mother: JANE SMITHERS Hazel Ann Fe			9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Hazel Ann Firkins		11. Present Address of Registrant: 1003 Crawford Ave. Idaho Falls	
NOTARY (Seal)	Subscribed and sworn to before me on: December 17 1973	12. Signature of Notary: Thomas D Smith		13. Notary Commission expires: Aug 1 1975	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of marriage license #A-21150	By whom issued and signed: Silver Bow County, Montana		Date Issued: Sep. 25, 1973	Date Orig. Entry: June 6, 1932
	Date of Birth: AGE: 19	Birth Place: Rockland	Full Name of Mother: Jane Smith	Name of Father: William Henry Firkins	
SUPPORTING RECORD 2.	Type of Document: Affidavit by full cousin	By whom issued and signed: Frank Firkins Age: 70		Date Issued: Dec. 17, 1973	Date Orig. Entry: ---
	Date of Birth: May 3, 1913	Birth Place: Rockland, Idaho	Full Name of Mother: Jane Smithers	Name of Father: William Henry Firkins	
SUPPORTING RECORD 3.	Type of Document: Transcript of Medical Record	By whom issued and signed: Idaho Falls Clinic, P.A.		Date Issued: 4/10/1975	Date Orig. Entry: June 30, 1952
	Date of Birth: age 39,	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

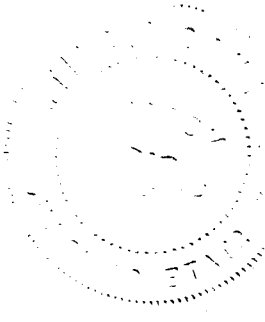
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Klick	gml Margaret Davis	MAY 1 1975

FORM BH 56067 100 Pad

12-12-73 gml

MAY 2 1975



649-126-041-553

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De: 75=279

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Henry Thomas Furniss		2. Date of Birth (month) June (day) 26 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Teton ~~Idaho~~	b. City or Town of Birth: Driggs ~~Driggs~~
FATHER	6. Full Name of Father: George Clarence Furniss		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Sarah Ann Nelson		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: *Henry Thomas Furniss	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on 3/12/1975	12. Signature of Notary: Virgil R. Brooks	13. Notary Commission expires 4/21 1976	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript from Voters' Register	By whom issued and signed: Darlene E. Hughes, Recorder Ravalli Co.	Date Issued: Jan 17,75	Date Orig. Entry: June 1,1950
	Date of Birth: June 26,1913 / Birth Place: Driggs, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Copy of Family Record	By whom issued and signed: Family Record	Date Issued: ---	Date Orig. Entry: Nov.1, 1964
	Date of Birth: 26 June 1913 / Birth Place: Driggs, Idaho	Full Name of Mother: Sarah Ann Nelson	Name of Father: George Clarence Furniss	
SUPPORTING RECORD 3.	Type of Document: Own childs' birth certificate	By whom issued and signed: State of Idaho #352181	Date Issued: ---	Date Orig. Entry: child born June 30,1942
	Date of Birth: 29 years. / Birth Place: Driggs, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: MAY 4 1975	

FORM BH 56067

MAY 5 1975

415-225-042-219

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-286

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edna Margaret Daniel
2. Date Of Birth (month) (day) (year): March 25, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Twin Falls County
   b. City or Town of Birth: Buhl

FATHER

6. Full Name of Father: William Edward Daniel
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Lillie May Barker
9. State or Country of Mother's Birth: Ohio

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Margaret Davis
11. Present Address of Registrant: P.O. Box 373 St. George, Utah 84770

NOTARY (Seal)

Subscribed and sworn to before me on May 1 1975

12. Signature of Notary: V. J. Rainey
13. Notary Commission expires: MY COMMISSION EXPIRES 1-20-77 19____

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by brother born Sept.19,1900	James Edward Daniels	4-18-75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.25,1913 / Buhl, Idaho	Lillie May Barker	William Edward Daniel	
SUPPORTING RECORD 2.	Photocopy of Insurance Application	Royal Neighbors of America Seaside Camp.	---	4-12-29
	25 Mar.1913 / Buhl, Idaho	---	---	
SUPPORTING RECORD 3.	Own childs' birth certificate	State of Idaho #263996	8/23,1972	child born 2-25-38
	Age 24 / Idaho	---	---	

QUALIFYING INFORMATION

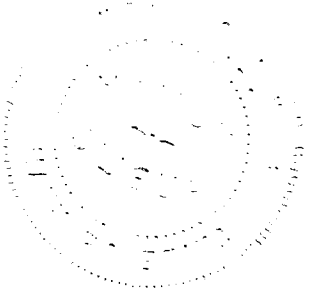
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAY 7 1975

FORM BH 56067

MAY 7 1975



863-216-034-563

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-296

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nellie Esther Holden			2. Date Of Birth (month) (day) (year): October 16 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Minidoka	b. City or Town of Birth: Heyburn
FATHER	6. Full Name of Father: Walter N. Holden			7. State or Country of Father's Birth:
MOTHER	8. Full Maiden Name of Mother: Mary Holden			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nellie Holden		11. Present Address of Registrant: 2315 N. 21 St Boise
NOTARY (Seal)	Subscribed and sworn to before me on: 4-28 1975	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Statement from Probate Court	By whom issued and signed: G.M. Devaney-Minidoka County		Date Issued: Apr.14,1962	Date Orig. Entry: Apr. 14,1962
	Date of Birth: Oct.16,1913	Birth Place: -----	Full Name of Mother: Mary Holden	Name of Father: Walter N. Holden	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 273824		Date Issued: ----	Date Orig. Entry: Child Born Oct.2,1938
	Date of Birth: Age 24	Birth Place: Idaho	Full Name of Mother: - --------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister Age 74	By whom issued and signed: May Acenith Glauner		Date Issued: May 6,1975	Date Orig. Entry: -------
	Date of Birth: Oct.16,1913	Birth Place: Heyburn,Idaho	Full Name of Mother: ------	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

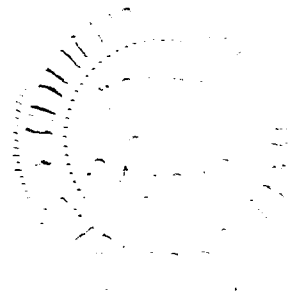
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	May 12,1975

FORM BH 56067

2-24-75

Wilbur



391-228-023-619

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-305

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Emma Faye Crawford		2. Date Of Birth (month) 1 (day) 28 (year) 13
	3. Color or Race: W	4. Sex: F	5. Place of Birth: a. County Sweet; b. City or Town of Birth: Sweet
FATHER	6. Full Name of Father: Charlie Crawford		7. State or Country of Father's Birth: Prineville Oregon
MOTHER	8. Full Maiden Name of Mother: Elizabeth Belle Farley		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma F. Stubb	11. Present Address of Registrant: 512 Krall Street
NOTARY (Seal)	Subscribed and sworn to before me on: April 11 1975	12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept. 18 1977

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Veterans Administration Notification Of Personnel Act.	By whom issued and signed: James Hughes-Pers. Officer Veterans Administration	Date Issued: ----	Date Orig. Entry: Nov. 23,1951
	Date of Birth: Jan.28,1913	Birth Place: -----	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: The Idaho Falls L. D. S. Hospital Idaho Falls, Idaho	Date Issued: -----	Date Orig. Entry: Child born June 1,1941
	Date of Birth: Jan.28,1913	Birth Place: Sweet, Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: App. for number Social Security Administration	By whom issued and signed: Treasury Dept. IRS	Date Issued: Nov. 8, 1937	Date Orig. Entry: Nov. 8, 1937
	Date of Birth: Jan.28,1913	Birth Place: Sweet, Idaho	Full Name of Mother: Elizabeth B. Farley	Name of Father: Charles Crawford
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	sl Florence Curtright	May 15, 1975

FORM BH 56067

6-9-72

MAY 14 1975

219-226-022-391

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-312

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: MABEL BARRINGTON
2. Date Of Birth (month) (day) (year): January 26 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: St. Anthony, Fremont
b. City or Town of Birth: St. Anthony, Idaho

FATHER

6. Full Name of Father: Joseph Edward Barrington
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Mary Ellen Crain
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mabel Barrington Drake
11. Present Address of Registrant: Route #1, Box 223, Blackfoot, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: May 9 1975

12. Signature of Notary: J. Harrison Dennis
13. Notary Commission expires: November 1 1976

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #281984	Apr. 30, 1956	child born Oct. 28, 1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
20 years.	St. Anthony, ID.	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance application Policy #570,781,571 MP	Metropolitan Life Insurance b New York	---	4 June 1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1913	St. Anthony, Id.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Social Security Application S.S.#518-20-4932	Treasury Department IRS	---	9-2-41

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan. 26, 1913	St. Anthony, ID.	Mary Crane	Joseph Barrington

QUALIFYING INFORMATION

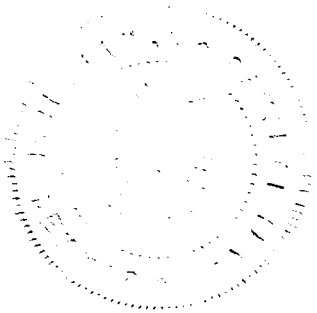
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Clark	md Margaret Davis	MAY 20 1975

FORM BH 56067

MAY 2 0 1975



655-705-023-959

Department of Public Health
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-319
Local Reg. No.
Reg. Dist. No.

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: JAMES WILLIAM O'LEARY
2. Date of Birth (month) 4 (day) 5 (year) 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth: a. County GEN
b. City or Town of Birth: OLA

FATHER

6. Full Name of Father: JOHN O'LEARY
7. State or Country of Father's Birth: TENNESSEE

MOTHER

8. Full Maiden Name of Mother: CAROLINE LOUISE REICHANDT
9. State or Country of Mother's Birth: MICHIGAN

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: J. O'Leary
11. Present Address of Registrant: 15209 S.W. QUARRY ROAD LAKE OSWEGO, OR. 97034

NOTARY (Seal)

Subscribed and sworn to before me on: Aug. 20 1974
12. Signature of Notary: Mary E. Donreis
13. Notary Commission expires: Aug. 10 1975

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: photocopy of family record
By whom issued and signed: family record/Lloyd R. Palmer Notary Public
Date issued: Apr.7,1972
Date Orig. Entry: old

Class*
Date of Birth: Apr.5,1913 7 lbs.,1P.M.
Birth Place: --
Full Name of Mother: --
Name of Father: --

SUPPORTING RECORD 2.

Type of Document: Statement from employment records
By whom issued and signed: Air-King Mfg.Corp,Tigard,OR D.G.Seable,Asst Office Mgr.
Date issued: Aug.20,1974
Date Orig. Entry: 1955

Class
Date of Birth: Apr.5,1913
Birth Place: ---
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: 'Affidavit by Sister born 1-28-1892
By whom issued and signed: Hazel M. Miars
Date issued: 5 May 75
Date Orig. Entry: 5 May 1975

Class
Date of Birth: Apr.5,1913
Birth Place: Highvalley near Ola, Idaho
Full Name of Mother: Caroline L. Reichardt
Name of Father: John O'Leary

QUALIFYING INFORMATION

The Social Security Application shows Jim O'Leary was born on April 5, 1913 to John O'Leary and Caroline Richands. SS#542-09-8766 dated Feb. 27,1937.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Welch
Evidence reviewed by: gml Margaret Davis
Date Filed: MAY 28 1975

*Class A Records are those made and dated before the Registrant's fourth birthday.
Class B Records are those made after the fourth birthday but are at least 5 years old.

Form DPH 49067

MAY 2 9 1975

666-128-036-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-357

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Lyle Wood		2. Date Of Birth (month) 2 (day) 28 (year) 1913
	3. Color or Race: White	4. Sex: MALE	5. Place of Birth a. County: Rockland - Oneida Co. b. City or Town of Birth: Rockland Idaho
FATHER	6. Full Name of Father: Heber C. Wood		7. State or Country of Father's Birth: Woodcross - Davis Co Utah
MOTHER	8. Full Maiden Name of Mother: Ruby Muir		9. State or Country of Mother's Birth: Clinton - Davis Co Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John L Wood	11. Present Address of Registrant: 6390 Palo Verde Rd - Castro Valley Calif
NOTARY (Seal)	Subscribed and sworn to before me on: June 4, 1975	12. Signature of Notary: + Evelyn L Tiblet	13. Notary Commission expires: Dec 5, 1977

OVER

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt born May 26,1890	By whom issued and signed: Christina E. Call	Date issued: 27 May 75	Date Orig. Entry: ---
	Date of Birth: Feb.28,1913	Birth Place: Rockland, ID.	Full Name of Mother: Ruby Muir	Name of Father: Heber C. Wood
SUPPORTING RECORD 2.	Type of Document: Certificate of Membership	By whom issued and signed: Robert E. Hoggan, Bishop	Date issued: Nov.16,194.	Date Orig. Entry: Baptised 4 Sept.1921
	Date of Birth: 28 Feb.1913	Birth Place: Rockland, ID.	Full Name of ~~Mother~~ Father: Heber C. Wood	Name of ~~Father~~ Mother: Ruby Muir
SUPPORTING RECORD 3.	Type of Document: School Transcript	By whom issued and signed: S.Ivan Quist Director Dept. of Pupil Personnel Ogden,UT.	Date issued: 5/21/75	Date Orig. Entry: School year 1926-
	Date of Birth: 2-28-13	Birth Place: ---	Full Name of Mother: ---	Name of Father: Heber Wood

QUALIFYING INFORMATION

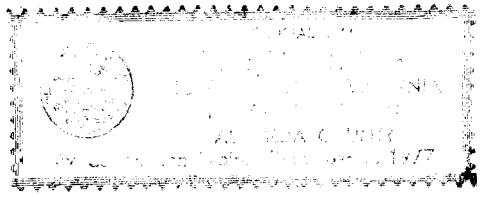
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Margaret Davis	

FORM BH 56067

Top Pd Rec 04965 4-18-75



JUN 1 3 1975

345-25-022-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-358

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: **Harold cunningham**
2. Date Of Birth: (month) **October** (day) **25** (year) **1913**
3. Color or Race: **W**
4. Sex: **Male**
5. Place of Birth: a. County **Fremont**; b. City or Town of Birth **Ashton**

FATHER

6. Full Name of Father: **Andrew Hyrum Cunningham**
7. State or Country of Father's Birth: **Utah**

MOTHER

8. Full Maiden Name of Mother: **Amy May Wilson**
9. State or Country of Mother's Birth: **Utah**

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Harold Cunningham
11. Present Address of Registrant: RT3 Box 470 Rathdrum Ida.

NOTARY (Seal)

Subscribed and sworn to before me on: Jun 10 1975
12. Signature of Notary: [illegible]
13. Notary Commission expires: May 16 1979

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Certificate of Baptism and confirmation	Grace Ward .Wm/T. Fowler, Cl.	---	Baptised 25 Oct.1921
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	25 Oct.1913 Ashton, Idaho	Amy May Wilson	Andrew H. Cunningham	
SUPPORTING RECORD 2.	Church Membership Record	L.D.S.Church, Rathdrum, ID.	---	Blessed Dec.14,1919
	Oct. 25,1913 Ashton	Amy May Wilson	Andrew Hyrum Cunningham	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Idaho 54-3515	---	child born Mar.15,1954
	40 years Ashton, Id.	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

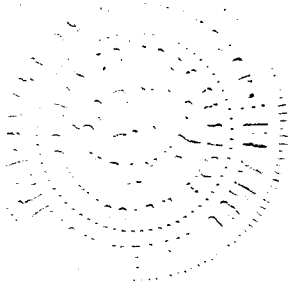
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Margaret Davis	JUN 13 1975

FORM BH 56067

6-3-75

JUN 1 3 1975



766-220-031-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-369

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lois Thelma Powell		2. Date Of Birth (month) Jan. (day) 20 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lewis; b. City or Town of Birth: Kamiah, Idaho
FATHER	6. Full Name of Father: George Francis Powell		7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Mary Alice Venters		9. State or Country of Mother's Birth: Kentucky
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Lois Thelma Powell Mrs Clarence Cassell	11. Present Address of Registrant: 525 Balm
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 20 1975	12. Signature of Notary: Ida May Collins	13. Notary Commission expires: Nov. 18 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Cradle Roll Certificate	By whom issued and signed: Vollmer Sunday School Mrs. Ochener, Supt.	Date issued: ---	Date Orig. Entry: 25 Sept.1913
	Date of Birth: 20 Jan.1913 / Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: School records transcript.	By whom issued and signed: Lewis County Auditor & Rec. Doris Brown	Date issued: 24 Jan.74	Date Orig. Entry: --- Sept.27,1922
	Date of Birth: 9 Years / Birth Place: ---	Full Name of Mother: ---	Name of Father: George Powell	
SUPPORTING RECORD 3.	Type of Document: U.S. Census Record	By whom issued and signed: U.S. Dept. of Commerce Bureau of the Census	Date issued: 6/9/75	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age 6 / Birth Place: Idaho	Full Name of Mother: Mary Powell	Name of Father: George Powell	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	md Margaret Davis	

FORM BH 56067

1 c D Pd. Rec # 32012

1-10-74

JUN 1 8 1975

255-20-7043-263

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE75-370

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruth Harriet Henderson			2. Date Of Birth (month) (day) (year): May 7, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Valley	b. City or Town of Birth: Fern
FATHER	6. Full Name of Father: Arthur Clark Henderson			7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Mary Sofia Bott			9. State or Country of Mother's Birth: Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruth H. Tormey		11. Present Address of Registrant: Adrian, Oregon
NOTARY (Seal)	Subscribed and sworn to before me on: June 17 1975	12. Signature of Notary: "Sue" Nora Lowe		13. Notary Commission expires: Sept. 18 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own childs birth certificate	By whom issued and signed: State of Oregon File No. 55 16525 136		Date Issued: ------	Date Orig. Entry: Child born May 29, 1955
	Date of Birth: Age 42 yrs	Birth Place: Idaho	Full Name of Mother: -------	Name of Father: -------	
SUPPORTING RECORD 2.	Type of Document: Family Bible	By whom issued and signed: Family		Date Issued: ------	Date Orig. Entry: Obviously Old
	Date of Birth: May 7, 1913	Birth Place: Fern, Idaho	Full Name of Mother: ------	Name of Father: -----	
SUPPORTING RECORD 3.	Type of Document: Marriage License Affidavit	By whom issued and signed: State of Idaho -Gem County Lilliam M. Campbell-Recorder		Date Issued: May 21, 1938	Date Orig. Entry: May 21, 1938
	Date of Birth: Age 25 yrs	Birth Place: ------	Full Name of Mother: ------	Name of Father: -------	

QUALIFYING INFORMATION

Idaho History Book , Published by S. J. Clarke Publishing Co. in 1920 gives

(Ruth Harriet Henderson.)
Mary Bott married to Arthur Clark Henderson & one of daughters born to them is

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulick	"Sue" Nora Lowe	June 17, 1975

FORM BH 56067

JUN 1 8 1975

413-22-1093-955

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-378

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CORA GENEVIEVE MATHEWS			2. Date Of Birth (month) AUG. (day) 25 (year) 1913	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth a. County: BANNOCK	b. City or Town of Birth: ARBON IDAHO	
FATHER	6. Full Name of Father: ARTHER THOMAS MATHEWS			7. State or Country of Father's Birth: HYRUM UTAH	
MOTHER	8. Full Maiden Name of Mother: HANNAH IVERSEN			9. State or Country of Mother's Birth: HYRUM UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Cora G. Garner		11. Present Address of Registrant: P.O. BOX 510 HERMISTON-ORE	
NOTARY (Seal)	Subscribed and sworn to before me on 6/18 19 75	12. Signature of Notary: W M Parker		13. Notary Commission expires 9-18 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Birth L.D.S. Church	By whom issued and signed: Historical Dept. of LDS Church	Date Issued: 17 Jan. 1975	Date Orig. Entry: 1 Nov. 1913
	Date of Birth: 25 Aug. 1913	Birth Place: Arbon, Id.	Full Name of Mother: Hannah Iverson	Name of Father: Arthur T. Mathews
SUPPORTING RECORD 2.	Type of Document: Attendance Record	By whom issued and signed: Pocatello Public School Washington School	Date Issued: 9/13/26	Date Orig. Entry: 9/13/26
	Date of Birth: Aug 25,1913	Birth Place: ----	Full Name of Mother: ---	Name of Father: A.T. Mathews
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: Washington State Dept. of Health #20211	Date Issued: Oct. 1971	Date Orig. Entry: child born May 16,1949
	Date of Birth: 35 years.	Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Welch	Margaret Davis	JUN 20 1975

FORM BH 56067

5-8-74

JUN 2 0 1975

815-210-031-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-390

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: DORIS BERNICE HANSEN
2. Date Of Birth (month) (day) (year): 8 - 10 - 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: LEWISTON
   b. City or Town of Birth: CULDESAC

FATHER

6. Full Name of Father: HANS JACOB HANSEN
7. State or Country of Father's Birth: DENMARK

MOTHER

8. Full Maiden Name of Mother: KATHINKA HANSEN
9. State or Country of Mother's Birth: DENMARK

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Doris B Hansen
11. Present Address of Registrant: 748 E. 5TH - KENNEWICK, WN.

NOTARY (Seal)

Subscribed and sworn to before me on: May 9, 1975
12. Signature of Notary: Margaret D. Wallace
13. Notary Commission expires: January 27, 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by Mother	Kathinka Hansen	1 June 75	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Aug.10,1913 / Culdesac	Kathinka Hansen	Hans Jacob Hansen	
SUPPORTING RECORD 2.	Transcript of Hospital Record	Kadlec Hospital, Richland Washington	5/5/75	12/10/61
	Aug.10,1913 / ---	---	---	
SUPPORTING RECORD 3.	Own child's birth certificate	State of Washington #41	2/9/55	child born Mar.24,1937
	23 years / Culdesac, Id.	---	---	

QUALIFYING INFORMATION

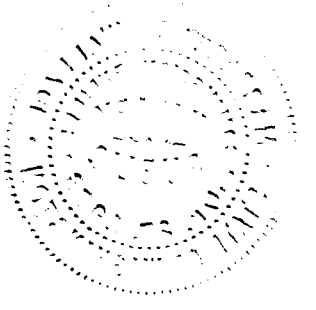
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUN 27 1975

FORM BH 56067

JUN 2 7 1975



993-22-4-038-397

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-424

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: EVELYN MAY RICHEY
2. Date Of Birth (month) 5 (day) 24 (year) 1913
3. Color or Race: White
4. Sex: female
5. Place of Birth: a. County: Payette; b. City or Town of Birth: New Plymouth

FATHER

6. Full Name of Father: Richard Richey
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Georgia Evelyn Light
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: [signature]
11. Present Address of Registrant: Prineville, Oregon

NOTARY (Seal)

Subscribed and sworn to before me on May 20, 1975

12. Signature of Notary: [signature]
13. Notary Commission expires: Nov. 29, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript of School Record	C.W. Jobe Principal Taft Union High School, Taft, CA.	May 28, 1957	---
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	May 24, 1913 / ---	---	---	
SUPPORTING RECORD 2.	Affidavit by Mother	Georgia Evelyn Richey	---	May 18, 1957
	May 24, 1913 / New Plymouth, ID.	Georgia Evelyn Richey	---	
SUPPORTING RECORD 3.	Marriage License	State of California	26 Dec. 33	24 Dec. 1933
	20 years. / New Plymouth	Georgia Light	Richard C. Richey	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Klick
Evidence reviewed by: Margaret Davis
Date Filed: JUL 10 1975

FORM BH 56067

JUL 10 1975

363-23-044-335

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:75-431

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Wesley Lolley			2. Date Of Birth (month) April (day) 23 (year) 1913	
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Idaho / Washington	b. City or Town of Birth: Weiser	
FATHER	6. Full Name of Father: Asa Lolley			7. State or Country of Father's Birth: Missouri	
MOTHER	8. Full Maiden Name of Mother: Ida Lenhart			9. State or Country of Mother's Birth: Ohio	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: John Wesley Lolley	11. Present Address of Registrant: Rt 2 Box 191 Weiser Idaho 83672	
NOTARY (Seal)	Subscribed and sworn to before me on: June 20 1975		12. Signature of Notary: "Sue" Nora Lowe	13. Notary Commission expires: Sept. 18 1977	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Family Bible		By whom issued and signed: Family	Date Issued: 6/20/75	Date Orig. Entry: Obviously old
	Date of Birth: Apr.23,1913	Birth Place: ---	Full Name of ~~Mother~~ Father: Asa H. Lolly	Name of ~~Father~~ mother: Ida J. Lenhart	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #304237	Date Issued: 6/20/75	Date Orig. Entry: child born Nov.29,1940
	Date of Birth: 27 years.	Birth Place: Weiser, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Nationwide Life Ins.Co. Ohio	Date Issued: 9/17/69	Date Orig. Entry: 9/17/69
	Date of Birth: 4/23/13	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	JUL 16 1975

FORM BH 56067 1 cp Bl.

Lolley -

JUL 17 1975

613-210-043-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=459

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ROSIE (ROSE) MAY WALKER
2. Date Of Birth: March 10, 1913
3. Color or Race: Caucasion
4. Sex: Female
5. Place of Birth: a. County: Valley; b. City or Town of Birth: Donnelly

FATHER

6. Full Name of Father: HARVEY L. WALKER
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: OMA MATTHEWS
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Rose May Hooten
11. Present Address of Registrant: 606 Lynn Dr. Emmett, Idaho 83617

NOTARY (Seal)

Subscribed and sworn to before me on June 30, 1975

12. Signature of Notary: William R. Darden
13. Notary Commission expires: February 8, 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by friend of family at time of birth	Lillian M. Estill Age. 74	30/7/75	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.10,1913	Donnelly, ID.	Oma Matthews	Harvey L. Walker

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	Gen State Mutual Life Assoc.	May 2,1960	7/7/1943

Date of Birth	Birth Place	Full Name of Mother	Name of Father
3/10/13	Idaho	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Birthday Book	Family record kept by Mother	Mar.10,1928	Document obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Mar.10,1913	---	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: JUL 31 1975

FORM BH 56067

B-11-75

JUL 31 1975

276-122-043-945

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-462

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: FLOYD CORWIN SPOOR		2. Date of Birth (month) March (day) 22 (year) 1913
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Valley; b. City or Town of Birth: Round Valley
FATHER	6. Full Name of Father: Robert Gideon Spoor		7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: Mabel Clare Rule		9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Floyd Corwin Spoor	11. Present Address of Registrant: c/o Haldeen Chapman R. 2, Box 256, Emmett, Ida
NOTARY (Seal)	Subscribed and sworn to before me on July 21st 1975	12. Signature of Notary: Louis Forrone	13. Notary Commission expires: July 20 1977

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Friend of family at time of birth	By whom issued and signed: Mrs. Ella Cantrall	Date Issued: 21 July 75	Date Orig. Entry: ---
	Date of Birth: Mar.22,1913 / Birth Place: Round Valley	Full Name of Mother: Mabel Clare Rule	Name of Father: Robert Gideon Spoor	
SUPPORTING RECORD 2.	Type of Document: Hospital Record (Photocopy)	By whom issued and signed: Arlene M. Lamb, Notary Walter Knox Memorial Hosp.	Date Issued: 3/24/75	Date Orig. Entry: 5/27/67
	Date of Birth: Mar.22,1913 / Birth Place: Round Valley, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Census Bureau Record	By whom issued and signed: U.S.Dept. of Commerce Bureau of the Census	Date Issued: 7/10/75	Date Orig. Entry: 1 Jan. 1920
	Date of Birth: Age 6 / Birth Place: Idaho	Full Name of Mother: Mabel Spoor	Name of Father: Gideon Spoor	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: AUG 1 1975

FORM BH 56067

no search made

AUG 4 1975

115-16-035-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-465

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Eldwa Pauline Janes
2. Date Of Birth: (month) Feb. (day) 16 (year) 1913
3. Color or Race: Caucasian
4. Sex: F
5. Place of Birth: a. County: Nez Perce County; b. City or Town of Birth: Idaho, Kendrick

FATHER

6. Full Name of Father: Arthur Eugene Janes
7. State or Country of Father's Birth: Kansas, USA

MOTHER

8. Full Maiden Name of Mother: Lula Mae Garrells
9. State or Country of Mother's Birth: Illinois, USA

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Eldwa P. Perkins
11. Present Address of Registrant: E. 403 Garland, Spokane, Wash.

NOTARY (Seal)

Subscribed and sworn to before me on: July 25 1975

12. Signature of Notary: N.D. Eldridge
13. Notary Commission expires: Nov. 10 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: U.S. Census Record
By whom issued and signed: U.S/ Department of Commerce Bureau of the Census
Date Issued: 7/16/75
Date Orig. Entry: 1 Jan. 1920
Date of Birth: 6 years.
Birth Place: Idaho
Full Name of Mother: Lula M. Janes
Name of Father: Arther E. Janes

SUPPORTING RECORD 2.

Type of Document: Photocopy of Insuranc e Application
By whom issued and signed: The Prudential Ins. Co. of Am.
Date Issued: 6/28/74
Date Orig. Entry: 17 Dec. 1942
Date of Birth: Feb. 16, 1913
Birth Place: Kendrick, ID.
Full Name of Mother: ---
Name of Father: ---

SUPPORTING RECORD 3.

Type of Document: Own child's birth certificate
By whom issued and signed: Sacred Heart Hospital Spokane, Washington
Date Issued: 24 May 48
Date Orig. Entry: child born 24 May 1948
Date of Birth: 2/16/13
Birth Place: Kendrick, ID.
Full Name of Mother: ---
Name of Father: ---

QUALIFYING INFORMATION

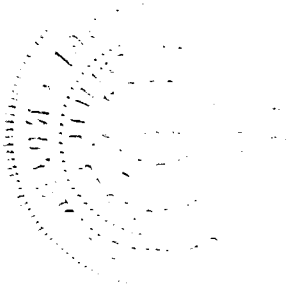
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: AUG 4 1975

FORM BH 56067

AUG 1 2 1975



S36-231-021-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-471

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ELVIRA LEORA ELWOOD			2. Date of Birth (month) (day) (year): AUGUST 31 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: FRANKLIN	b. City or Town of Birth: FAIRVIEW
FATHER	6. Full Name of Father: HERBERT ELIJAH ELWOOD			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: ELVIRA VILATE STEPHENSON			9. State or Country of Mother's Birth: IDAHO
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elvira Leora Cunningham		11. Present Address of Registrant: Rt 3 Box 478 Rathdrum Ida
NOTARY (Seal)	Subscribed and sworn to before me on: June 10 1975	12. Signature of Notary: Velma Kay Parker		13. Notary Commission expires: May 16, 1979

APPLICANT - DO NOT WRITE BELOW THIS LINE

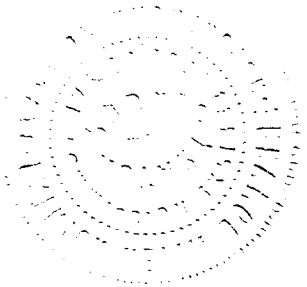
SUPPORTING RECORD 1.	Type of Document: Church membership Record	By whom issued and signed: LDS Church, Rathdrum, Idaho	Date Issued: ---	Date Orig. Entry: Blessed Oct. 5, 1913
	Date of Birth: Aug. 31, 1913 / Birth Place: Fairview, ID.	Full Name of Mother: Elvira Vilate Stephenson	Name of Father: Herbert Elijah Elwood	
SUPPORTING RECORD 2.	Type of Document: Own Childs' birth certificate	By whom issued and signed: State of Idaho #54-3515	Date Issued: ---	Date Orig. Entry: child born Mar. 15, 1954
	Date of Birth: 40 years. / Birth Place: Fairview, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: S. Glenn Wiser, Clerk LDS church	Date Issued: 9/4/21	Date Orig. Entry: Baptised Aug. 31, 1921
	Date of Birth: Aug. 31, 1913 / Birth Place: Fairview	Full Name of Mother: Elvira V. Stephenson	Name of Father: Herbert E. Elwood	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ellick	Evidence reviewed by: md Margaret Davis	Date Filed: AUG 6 1975

FORM BH 56067

6-3

AUG 7 1975



391-206-043-343

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=476

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Rachel Helen Crawford			2. Date Of Birth (month) (day) (year): Dec. 6, 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Alpha Valley	b. City or Town of Birth: Cascade
FATHER	6. Full Name of Father: Elisha Jordon Crawford			7. State or Country of Father's Birth: Kentucky
MOTHER	8. Full Maiden Name of Mother: Christine Ellen Tuttle			9. State or Country of Mother's Birth: Tennessee
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Rachel Fogue	11. Present Address of Registrant: Garden Valley, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Nov. 28 1967		12. Signature of Notary: Elsie M. Webb	13. Notary Commission expires: Jan 22 1971

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: hospital certificate of own child's birth		By whom issued and signed: Mary Secor Hospital, Emmett, Idaho	Date Issued: -----	Date Orig. Entry: child born Mar.23,1946
	Date of Birth: Dec.6,1913	Birth Place: Cascade, Idaho	Full Name of Mother: -----	Name of Father: -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Midwife		By whom issued and signed: Nancy C. Gifford Age 80.	Date Issued: 5 June 75	Date Orig. Entry: ---
	Date of Birth: Dec.6,1913	Birth Place: Alpha, Idaho	Full Name of Mother: Christenia Eleen Tuttle	Name of Father: Elishia Jordon Crawford	
SUPPORTING RECORD 3.	Type of Document: Transcript of School Records		By whom issued and signed: Kenneth Carberry, Supt. of Schools	Date Issued: 11/6/69	Date Orig. Entry: Sept.6,1921
	Date of Birth: Age 7	Birth Place: ---	Full Name of Mother: ---	Name of Father: E.J. Crawford.	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Ulrick	Evidence reviewed by: gml Margaret Davis	Date Filed: AUG 7 1975

FORM BH 56067

1 cp pd rec #28954

(2) 3-7-68 gml

AUG 8 1975

393209-044-216

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-491

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jean Elizabeth Tilford			2. Date Of Birth (month) Aug. (day) 9 (year) 1913
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Weiser Ida Washington	b. City or Town of Birth: Weiser Idaho
FATHER	6. Full Name of Father: George Henry Tilford			7. State or Country of Father's Birth: White Plains New York
MOTHER	8. Full Maiden Name of Mother: [redacted] Eva Lily Sawdon			9. State or Country of Mother's Birth: Des Moines Iowa
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jean Elizabeth Medley		11. Present Address of Registrant: Box 312 Council Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Aug 11 1975	12. Signature of Notary: Edwin D. Lester		13. Notary Commission expires: Life 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother Born Dec. 29, 1900		By whom issued and signed: Elmer R. Tilford	Date Issued: 2/July 75	Date Orig. Entry: ---
	Date of Birth: Aug. 9, 1913	Birth Place: Weiser	Full Name of Mother: Eva Lilly Sawdon Tilford	Name of Father: George Henry Tilford	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate		By whom issued and signed: State of Oregon #10488	Date Issued: 9/10/53	Date Orig. Entry: child born Sept. 19, 1945
	Date of Birth: Age 32	Birth Place: Weiser, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application		By whom issued and signed: Reserve Life Insurance Co. Dallas Texas #J-143287	Date Issued: 27/9/52	Date Orig. Entry: 27/9/52
	Date of Birth: 8/9/13	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 13 1975

FORM BH 56067

4-30-75

AUG 1 3 1975

381-119-033-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-493

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Max Thatcher			2. Date Of Birth (month) Dec. (day) 19 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Madison	b. City or Town of Birth: Rexburg
FATHER	6. Full Name of Father: John Bethwel Thatcher			7. State or Country of Father's Birth: Idaho, U.S.A.
MOTHER	8. Full Maiden Name of Mother: Clara Elizabeth Long			9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Max Thatcher		11. Present Address of Registrant: Collinston, Utah
NOTARY	Subscribed and sworn to before me on: 20 August 1975	12. Signature of Notary: Veda Kidman		13. Notary Commission expires: 20 February 1978

VEDA KIDMAN NOTARY PUBLIC STATE OF UTAH My Commission Expires February 20, 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Clara E. Thatcher	Date Issued: 29 Sept. 50	Date Orig. Entry: ---
	Date of Birth: Dec. 19, 1913 / Birth Place: Rexburg	Full Name of Mother: Clara Elizabeth Long	Name of Father: John B. Thatcher	
SUPPORTING RECORD 2.	Type of Document: Church Membership Record	By whom issued and signed: The Church of Jesus Christ of Latter-day Saints.	Date Issued: 4 Aug 73	Date Orig. Entry: Blessed 1 Feb. 1914
	Date of Birth: 19 Dec. 13 / Birth Place: Rexburg	Full Name of Mother: Clara Elizabeth Long	Name of Father: John Bethewel Thatcher	
SUPPORTING RECORD 3.	Type of Document: Service Record (Employment)	By whom issued and signed: Utah Power & Light Company	Date Issued: 3/11/74	Date Orig. Entry: 6/12/31
	Date of Birth: Dec. 19, 1913 / Birth Place: Rexburg, Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: AUG 14 1975

FORM BH 56067

1-

AUG 1 4 1975

795-413-029-345

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-496

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merrill Valentine Green
2. Date Of Birth (month) (day) (year): Feb. 13 1913
3. Color or Race: Cauc
4. Sex: M
5. Place of Birth a. County: Latah
b. City or Town of Birth: Moscow

FATHER

6. Full Name of Father: Carl B. Green
7. State or Country of Father's Birth: Sweden

MOTHER

8. Full Maiden Name of Mother: Ida Lundquist
9. State or Country of Mother's Birth: Minn.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Merrill Green
11. Present Address of Registrant: 330 N. Garfield, Moscow, Idaho 83843

NOTARY (Seal)

Subscribed and sworn to before me on: August 12 1975

12. Signature of Notary: Kay Bruck
13. Notary Commission expires: 10-10 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	Geo. Johnson, Pastor	16 Mar. 1913	Baptised 16 mar.1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
13,Feb.1913	Moscow, ID.	Ida Justina Green	C.B. Green

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School transcript of 1924 Census	Janice Newsom, Deputy Latah County	7 Aug.1975	Oct.9,1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 11	---	---	C.B.Green

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage License Affidavit	State of Idaho	7/8/75	6 Sept.1940

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age 27	Idaho	---	---

QUALIFYING INFORMATION

Own child's birth certificate issued by State of Idaho #358916 gives father's age as 29, and birth place as Moscow, Idaho. Child born Sept.11, 1942.

REGISTRAR'S CERTIFICATION (seal)

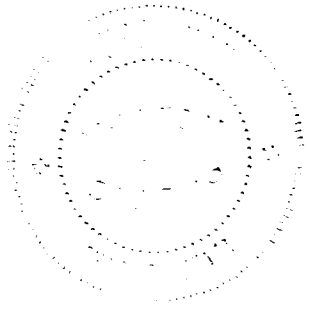
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
	Margaret Davis	

FORM BH 56067 1 yp Pd Rec # 13347

8-1-75

AUG 1 5 1975



319-111-036-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-505

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Derrell James Carter
2. Date Of Birth: (month) May (day) 11 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth: a. County: Oneida
   b. City or Town of Birth: Stone, Ida.

FATHER

6. Full Name of Father: James Thomas Carter
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Linnie Jane Burgon
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Derrell James Carter
11. Present Address of Registrant: Rt. 1 Box 124-A Mc Minnville, Ore.

NOTARY (Seal)

Subscribed and sworn to before me on August 15 1975

12. Signature of Notary: Royal Young
13. Notary Commission expires: 1-14 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of baptism and confirmation	C.M. Funk, Bishop LDS church	6/27/53	Baptised June 27, 1953

Date of Birth	Birth Place	Full Name of Mother	Name of Father
5/11/1913	Stone, Idaho	Linnie Jane Burgon	James Carter

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application	American National Ins. Co.	23 June 47	23/6/47

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov. 5, 1913	Stone, Id.	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Utah #105	3/30/48	child born 3/14/48

Date of Birth	Birth Place	Full Name of Mother	Name of Father
34 years.	Stone, Idaho.	---	---

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	AUG 26 1975

FORM BH 56067

Rep. Pd Rec. # 12243

7-23-75

Carter

AUG 2 7 1975

366-30-021-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-5 22

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grace Cartwright Lowe
2. Date Of Birth (month) 12 (day) 30 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Franklin, Home Franklin
b. City or Town of Birth: Franklin

FATHER

6. Full Name of Father: Robert Doney Lowe
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Olive Cartwright
9. State or Country of Mother's Birth: England

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grace L. Robinson
11. Present Address of Registrant: Franklin, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Aug. 11 1975

12. Signature of Notary: William L. Baker Jr.
13. Notary Commission expires: Feb. 1 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for License to Marry	State of Utah	7 Aug 75	10 May 33
	Date of Birth / Birth Place: Dec. 30, 1913 Idaho	Full Name of Mother: Olive Cartwright	Name of Father: R.D. Lowe	
SUPPORTING RECORD 2.	Affidavit by Uncle Age 80	Leater D. Lowe	11 Aug. 75	---
	Dec. 30, 1913 Franklin, ID.	Olive Cartwright	Robert Doney Lowe	
SUPPORTING RECORD 3.	Hospital Record	Logan Hospital of LDS #152614	8/28/75	May 11, 1964
	Dec. 30, 1913 ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: AUG 28 1975

FORM BH 56067

8-7-75

Robinson

319-217-005-319

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-535

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Wilma Grace Larson
2. Date Of Birth: July 17 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Idaho — b. City or Town of Birth: Benewah — Santa

FATHER

6. Full Name of Father: Louis Olsi Larson
7. State or Country of Father's Birth: Norway

MOTHER

8. Full Maiden Name of Mother: Clara Matilda Larson
9. State or Country of Mother's Birth: Washington

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Wilma L. Kannieger
11. Present Address of Registrant: Star Rt 2 Box 421 Spokane Wa. 98208

NOTARY (Seal)

Subscribed and sworn to before me on: July 30 1975
12. Signature of Notary: Rosalie M Byerly
13. Notary Commission expires: March 20 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Mother	Clara Matilda Larson	June 10, 1975	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
7-17-13	Santa, Idaho	Clara Matilda Larson	Louis Olai Larson

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Baptismal Record	Family Record in German	12 Sept.15	baptised 12 Sept. 1915

Date of Birth	Birth Place	Full Name of Mother	Name of Father
17 July 1913	Santa, ID.	Clara M. Larson	Louis O. Larson

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School Transcript	Wana Edwards, Deputy Benewah County	8/28/75	1927

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 17, 1913	---	---	L.O. Larson

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md, Margaret Davis	SEP 8 1975

FORM BH 56067

SEP 9 1975

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-536

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marie Gambling Grunder		2. Date Of Birth (month) (day) (year): February 19, 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Bear Lake; b. City or Town of Birth: Sharon
FATHER	6. Full Name of Father: Alfred Grunder		7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Mary Louise Gambling		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marie G Burgum	11. Present Address of Registrant: 5901 Overland, Boise 83705
NOTARY (Seal)	Subscribed and sworn to before me on 8th September 19 75	12. Signature of Notary: Martha Slettum	13. Notary Commission expires: No expiration date / Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 272429	Date Issued: ----	Date Orig. Entry: child born Oct.16,1938
	Date of Birth: Age 25	Birth Place: Sharon, Idaho	Full Name of Mother: ------	Name of Father: ------
SUPPORTING RECORD 2.	Type of Document: Church Membership Record	By whom issued and signed: L. D. S. Church	Date Issued: Jan8,1974	Date Orig. Entry: Blessed May 4, 1913
	Date of Birth: Feb.19,1913	Birth Place: Sharon, Idaho	Full Name of Mother: Mary Louise Gambling	Name of Father: Alfred Grunder
SUPPORTING RECORD 3.	Type of Document: Insurance Policy 17 810 210	By whom issued and signed: N. Y. Life Ins. Co.	Date Issued: Feb.7,1941	Date Orig. Entry: ----
	Date of Birth: Feb.19,1913	Birth Place: Sharon, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

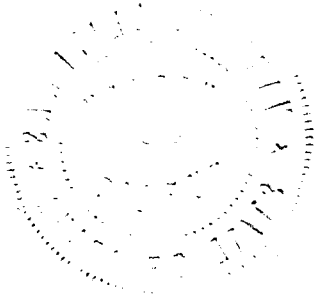
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Sept. 8, 1975

FORM BH 56067

7-18-75

Benson

SEP 9 1975



226-228-028-599

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-578

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Nina Evelyn Skoglund		2. Date Of Birth (month) (day) (year): Nov. 28 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Coeur d'Alene Kootenai	b. City or Town of Birth: Coeur d'Alene, Idaho
FATHER	6. Full Name of Father: John Skoglund		7. State or Country of Father's Birth: Sweden	
MOTHER	8. Full Maiden Name of Mother: Anna Erickson		9. State or Country of Mother's Birth: Sweden	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Nina Evelyn Skoglund	11. Present Address of Registrant: Spokane, Wa.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept 12 19 75	12. Signature of Notary: [illegible]	13. Notary Commission expires: 4-25 19 78	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister Age 73	By whom issued and signed: Hildur E. Skoglund Cramp	Date Issued: 12 Sept.75	Date Orig. Entry: ---	
	Date of Birth: 11/28/13	Birth Place: Coeur d'Alene	Full Name of Mother: Anna Erickson	Name of Father: John Skoglund	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Ins.	Date Issued: 4/20/67	Date Orig. Entry: 4/20/67	
	Date of Birth: 11/28/13	Birth Place: Coeur d'Alene	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Census Report	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: 9/4/75	Date Orig. Entry: 1 Jan. 1920	
	Date of Birth: 6 years.	Birth Place: Idaho	Full Name of Mother: Anna Skoglund	Name of Father: John Skoglund	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: SEP 25 1975

FORM BH 56067

10/7/74

SEP 2 6 1976

-793207-009-241

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-579

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Laurel Elsa Marie Pitts
2. Date Of Birth (month) (day) (year): October 9 1913
3. Color or Race: white
4. Sex: Fe
5. Place of Birth a. County: Idaho Bonner
b. City or Town of Birth: Hope

FATHER

6. Full Name of Father: Evan Edward Pitts
7. State or Country of Father's Birth: Iowa

MOTHER

8. Full Maiden Name of Mother: Cora Ellen Small
9. State or Country of Mother's Birth: Iowa

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Laurel Elsa Marie Pitts
11. Present Address of Registrant: P.O. Box 55 Cheney, Wa. 99158

NOTARY (Seal)

Subscribed and sworn to before me on: Sept. 15 1975
12. Signature of Notary: [signature]
13. Notary Commission expires: Sept. 23 1975

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Sister born in May, 1904	Esther Adeline Dumas	16 Aug.68	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
9 Oct.1913	Hope, Idaho	Cora Small Pitts	Evan E. Pitts

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Membership Application	Rebekah Lodge #72	9 /4/75	31 Oct.60

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.9,1913	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Marriage	State of Washington #51106-A	18/9/69	9/3/35

Date of Birth	Birth Place	Full Name of Mother	Name of Father
21years	Hope, Idaho	Cora E. Small	Evan E. Pitts

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Margaret Davis	SEP 25 1975

FORM BH 56067

SEP 2 6 1976

76-220-021-212

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE:75-588

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: DAYLE GOASLIND			2. Date Of Birth (month) JUNE (day) 20 (year) 1913	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: PRESTON	FRANKLIN	b. City or Town of Birth: PRESTON, IDAHO
FATHER	6. Full Name of Father: HENERY JOSEPH GOASLIND			7. State or Country of Father's Birth: FRANKLIN ONIEDA IDAHO	
MOTHER	8. Full Maiden Name of Mother: CLARA SABIN			9. State or Country of Mother's Birth: PRESTON FRANKLIN IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: L Dayle Harris	11. Present Address of Registrant: 443 EAST CENTER LOGAN, UTAH.	
NOTARY (Seal)	Subscribed and sworn to before me on: Sept. 24th 1975		12. Signature of Notary: Adonia J. Dennis	13. Notary Commission expires: 10-16 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church Record		By whom issued and signed: Howard Lloyd, Ward Clerk Logan, Utah	Date Issued: 20 Sep. 75	Date Orig. Entry: Blessing 20 Jan. 1914
	Date of Birth: 20 June 13	Birth Place: Preston	Full Name of Mother: Clara Sabin	Name of Father: Joseph Goaslind	
SUPPORTING RECORD 2.	Type of Document: Church Record		By whom issued and signed: Howard Lloyd, Ward Clerk Logan Utah	Date Issued: 20 Sep. 75	Date Orig. Entry: Baptised 28 Oct. 22
	Date of Birth: 20 June 13	Birth Place: Preston	Full Name of Mother: Clara Sabin	Name of Father: Joseph Goaslind	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho 259090	Date Issued: 12/31/38	Date Orig. Entry: child born 9/13/37
	Date of Birth: 24 Years.	Birth Place: Preston	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: SEP 29 1975

FORM BH 56067

2-28-75

Harris

SEP 29 1975

145-219-025-493

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-595

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dorothy Livona Bunnel
2. Date Of Birth: (month) February (day) 19 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho
b. City or Town of Birth: Winona

FATHER

6. Full Name of Father: Jesse Philip Bunnel
7. State or Country of Father's Birth: Fairington, Illinois

MOTHER

8. Full Maiden Name of Mother: Eunice Nola Mitchell
9. State or Country of Mother's Birth: Carter, Illinois

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dorothy Livona (Bunnel) Engle
11. Present Address of Registrant: Star Route, Kooskia, Idaho 83539

NOTARY (Seal)

Subscribed and sworn to before me on: Sept 25 1975
12. Signature of Notary: Geneva LeGresley
13. Notary Commission expires: Jan 15 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Parents	J.P. Bunnel, Eunice N. Bunnel	18/9/61	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/19/13	Winona, Id.	Eunice N. Bunnel	J.P. Bunnel

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Official Personnel Record	Post Office Department, Bureau of Accounts	10/1/47	9/1/35

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/19/13	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Census Record	U.S. Department of Commerce, Bureau of the Census	5/15/75	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
6 years.	Idaho	Eunice Bunel	Jessie Bunel

QUALIFYING INFORMATION

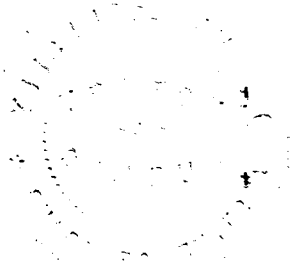
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	SEP 30 1975

FORM BH 56067

OCT 14 1975
SEP 30 1975



DECEASED

385-125-014-958

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 75-607

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Harold Thiel			2. Date Of Birth (month) November (day) 25 (year) 1913	
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Route 1 Canyon	b. City or Town of Birth: Nampa, Idaho	
FATHER	6. Full Name of Father: Peter Thiel			7. State or Country of Father's Birth: Russia	
MOTHER	8. Full Maiden Name of Mother: Anna Elisabeth Rehn			9. State or Country of Mother's Birth: Russia	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harold P. Thiel	11. Present Address of Registrant: Rt. 1, Box 190A - Paul, Ida.	
NOTARY (Seal)	Subscribed and sworn to before me on: October 9 1975		12. Signature of ~~Notary~~ Clerk of Court: Auguste Berthe	13. Notary Commission expires: January 1978	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Baptismal Record	By whom issued and signed: Wilhelm, Aumann, Pastor	Date Issued: Nov. 25,1	Date Orig. Entry: Baptized Dec. 7, 1913
	Date of Birth: Nov. 25, 1913	Birth Place: Nampa, Idaho	Full Name of Mother: Anna Elizabeth Rehn	Name of Father: John Von Peter Thiel
SUPPORTING RECORD 2.	Type of Document: Discharge	By whom issued and signed: U. S. Army	Date Issued: Jan.21,1946	Date Orig. Entry: Inducted June 26,1942
	Date of Birth: Nov.25,1913	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: -------
SUPPORTING RECORD 3.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 48-9696	Date Issued: ---	Date Orig. Entry: Child born May 11, 1948
	Date of Birth: Age 34	Birth Place: Nampa, Idaho	Full Name of Mother: ------	Name of Father: -----
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Florence Curtright	Oct. 10,1975

FORM BH 56067

OCT 1 0 1975

259-210-044-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-621

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Priscilla Beigh		2. Date Of Birth (month) 4 (day) 10 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Midvale Wash. b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Amaziah Lyman Beigh		7. State or Country of Father's Birth: Indiana
MOTHER	8. Full Maiden Name of Mother: Olive Myrtle Gallahan		9. State or Country of Mother's Birth: Montana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Priscilla B. Lisoski	11. Present Address of Registrant: 4942 S.E. 128th
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 3 1975	12. Signature of Notary: H J Hughes	13. Notary Commission expires: 12-27 1975

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Transcript of School Record		By whom issued and signed: Multnomah County Intermediate Education District	Date issued: 23/9/75	Date Orig. Entry: 11/5/25
	Date of Birth: 12 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage		By whom issued and signed: State of Washington, County of Clark	Date issued: 29/9/75	Date Orig. Entry: 21/11/35
	Date of Birth: 22 years.	Birth Place: Idaho	Full Name of Mother: Myrtle Gallahan	Name of Father: Amaziah L. Beigh	
SUPPORTING RECORD 3.	Type of Document: Affidavit by Father		By whom issued and signed: Amaziah Lyman Beigh	Date issued: 13 Oct.75	Date Orig. Entry: ---
	Date of Birth: Apr.10,1975	Birth Place: Midvale	Full Name of Mother: Olive Myrtle Gallahan	Name of Father: Amaziah Lyman Beigh	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

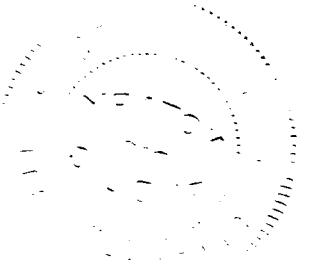
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	OCT 17 1975

FORM BH 56067 Lep Pd Rec #15898 9-4-75

Finardi

OCT 17 1975



696-211-039-133

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-630

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: ILAH FIFIELD		2. Date Of Birth (month) January (day) 11 (year) 1913
	3. Color or Race	4. Sex: F	5. Place of Birth a. County: Rockland; b. City or Town of Birth: Rockland, Idaho
FATHER	6. Full Name of Father: William Phelps Fifield		7. State or Country of Father's Birth
MOTHER	8. Full Maiden Name of Mother: Amorett Allen		9. State or Country of Mother's Birth
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ilah Fifield	11. Present Address of Registrant: Box 412 Sunbeam Road American Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on May 22, 19 75	12. Signature of Notary: Walter W. Roper	13. Notary Commission expires: Residing at American Falls, Idaho ~~My Commission Expires October 24, 1977~~ 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister born Feb. 29, 1896	By whom issued and signed: Lois Fifield Rock	Date issued: Jan 15, 1975	Date Orig. Entry: ---
	Date of Birth: Jan.11,1913; Birth Place: Rockland, Power Idaho	Full Name of Mother: Amorett Allen Fifield	Name of Father: William Phelps Fifield	
SUPPORTING RECORD 2.	Type of Document: Copy of Hospital Admission record.	By whom issued and signed: Schiltz Memorial Hosp.	Date issued: Feb. 19,1975	Date Orig. Entry: 11-18-53
	Date of Birth: 40 years; Birth Place: --	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Photocopy of Employment application	By whom issued and signed: Power County Hospital Patricia Smith, Personnel Mgr.	Date issued: --	Date Orig. Entry: 5-3-1967
	Date of Birth: Jan.11,1913; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

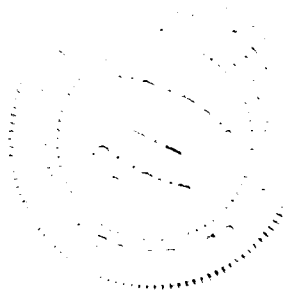
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	OCT 28 1975

FORM BH 56067 14 Pd. Receipt # 34385

OCT 2 8 1975



129-204-029-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-635

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Fay Abrams		2. Date Of Birth (month) 12 (day) 4th (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Kendrick
FATHER	6. Full Name of Father: Frank Abrams		7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Millie Matilda Garner		9. State or Country of Mother's Birth: Idaho Latah Co.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Faye Abrams Brocke	11. Present Address of Registrant: Kendrick, Ida. Box 124
NOTARY (Seal)	Subscribed and sworn to before me on: October 20 1975	12. Signature of Notary: Gert. E. Magnuson	13. Notary Commission expires: 12-6 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Millie Abrams York	Date issued: 20/Oct/75	Date Orig. Entry: ---
	Date of Birth: Dec.4,1913	Birth Place: Kendrick	Full Name of Mother: Millie Abrams	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: School Transcript		By whom issued and signed: County of Latah, Janice Newsome Deputy	Date issued: 10/27/75	Date Orig. Entry: Sept.1923
	Date of Birth: Age 9	Birth Place: ---	Full Name of Mother: Millie Abrams	Name of Father: Frank Abrams	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #208065	Date issued: 10/30/75	Date Orig. Entry: child born Nov. 18,1932
	Date of Birth: 18 yrs.	Birth Place: Kendrick, ID.	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	OCT 30 1975

K FORM BH 56067 1cp Pd Rec # 17381 10-14-75

OCT 3 0 1975

418-226-016-981

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75=646

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edna May Mayne			2. Date Of Birth (month) May (day) 26 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Cassia	b. City or Town of Birth: Naf
FATHER	6. Full Name of Father: Jesse Edwin Mayne			7. State or Country of Father's Birth: Rosette, Utah
MOTHER	8. Full Maiden Name of Mother: Irene Loretta Ryan			9. State or Country of Mother's Birth: Kelton, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna M Ainsworth		11. Present Address of Registrant: 49 Depot Street Midvale, Utah 84047
NOTARY (Seal)	Subscribed and sworn to before me on: Oct-29 1975	12. Signature of Notary: Ferron E. Gregory		13. Notary Commission expires: Oct 25th 1976

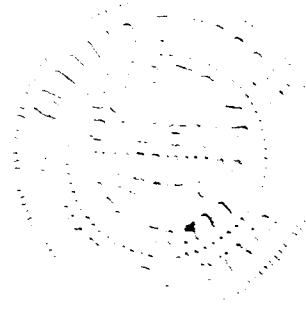
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Hospital record of child's birth		By whom issued and signed: Salt Lake City, Utah Holy Cross Hospital	Date issued: ---	Date Orig. Entry: child born Dec.14,1940
	Date of Birth: 1913	Birth Place: Naf, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother		By whom issued and signed: Irene Ryan Devey	Date issued: 25 July 74	Date Orig. Entry: ---
	Date of Birth: May 26,1913	Birth Place: Naf, Idaho	Full Name of Mother: Irene Ryan	Name of Father: Jesse Edwin Mayne	
SUPPORTING RECORD 3.	Type of Document: Court Order for Settlement of Estate		By whom issued and signed: T. Quentin Cannon, Attny.	Date issued: 3/12/58	Date Orig. Entry: Oct.15, 1953
	Date of Birth: Age 40	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: md Margaret Davis	Date Filed: NOV 4 1975

FORM BH 56067

NOV 5 1975



419-126-016-731

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-668

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Marcus		2. Date Of Birth (month) 9 (day) 26 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: a. County: Bridge, Ida. County; b. City or Town of Birth: Bridge, Idaho
FATHER	6. Full Name of Father: Frank Marcus		7. State or Country of Father's Birth: Arkansas
MOTHER	8. Full Maiden Name of Mother: Coral Platts		9. State or Country of Mother's Birth: Salt Lake City, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: William Marcus	11. Present Address of Registrant: Box 231 Bouse Ariz
NOTARY (Seal)	Subscribed and sworn to before me on: Dec 13 1975	12. Signature of Notary: Judy McCormick	13. Notary Commission expires: Aug 17 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate		By whom issued and signed: Utah State Division of Health	Date issued: Nov.3,1975	Date Orig. Entry: child born Mar.26,1939
	Date of Birth: 25 yrs.	Birth Place: Idaho.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Uncle Age 79yrs		By whom issued and signed: Chauncey W. Platts.	Date issued: 11/3/75	Date Orig. Entry: ---
	Date of Birth: Sep.26,1913	Birth Place: Bridge, ID.	Full Name of Mother: Coral Platts	Name of Father: Walter Frank Marcus	
SUPPORTING RECORD 3.	Type of Document: Marriage Licenst		By whom issued and signed: State of Utah	Date issued: 4 Nov.75	Date Orig. Entry: 25 June 1936
	Date of Birth: 22 yrs.	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

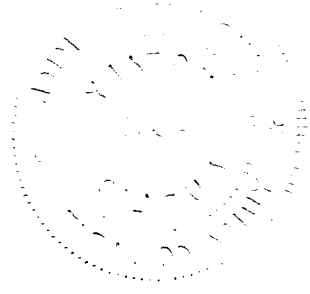
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md	NOV 18 1975

FORM BH 56067 ICP pd rec #13180 4-20-65

Marcus

NOV 19 1975



295-222-036-363

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-688

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EdNA LiLLiAN BiNGGELi	2. Date Of Birth (month) NOV. (day) 22 (year) 1913
	3. Color or Race: W. 4. Sex: F 5. Place of Birth a. County: ~~ARBON~~ ONEIDA	b. City or Town of Birth: ARBON
FATHER	6. Full Name of Father: FRANCiS FREDERICK BiNGGELi	7. State or Country of Father's Birth: BERN, SWiTZERLAND
MOTHER	8. Full Maiden Name of Mother: GERTRUDE LiLLiAN COLE	9. State or Country of Mother's Birth: GREENWOOD MAiNE
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edna Lillian Farrens. 11. Present Address of Registrant: BUCKSKIN Rd. POCATELLO
NOTARY (Seal)	Subscribed and sworn to before me on: Dec. 1, 1975	12. Signature of Notary: Danny K. Seamon 13. Notary Commission expires: 11/15/ 19[illegible]

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Gertrude L. Binggeli	Date issued: 25 Nov. 75	Date Orig. Entry: ---
	Date of Birth: 22 Nov.13 / Birth Place: Arbon, Idaho.	Full Name of Mother: Gertrude Lillian Cole	Name of Father: Francis Frederick Binggeli	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #49-14497	Date issued: 12/3/75	Date Orig. Entry: child born Dec. 1, 1949
	Date of Birth: Age 36 / Birth Place: Arbon, Idaho.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Certificate of Baptism and Confirmation	By whom issued and signed: Tyhee Ward, A.L. Stewart, clerk	Date issued: 9/16/23	Date Orig. Entry: Baptised Aug. 4,1923
	Date of Birth: Nov.22, 1913 / Birth Place: Arbon, ID.	Full Name of Mother: Gertrude L. Cole	Name of Father: Francis F. Binggeli	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	DEC 3 1975

FORM BH 56067 14 Rd Rec #14406 10-22-75

DEC 3 1975

366117.001-544

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-695

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: David Eli Loomis		2. Date Of Birth (month) 10 (day) 17 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kuna Ada; b. City or Town of Birth: Kuna Idaho
FATHER	6. Full Name of Father: Denslow Alma Loomis		7. State or Country of Father's Birth: Battle Creek, Michigan, USA.
MOTHER	8. Full Maiden Name of Mother: Agusta Anaball Luman		9. State or Country of Mother's Birth: Springfield Illinois USA.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: David E. Loomis	11. Present Address of Registrant: 2111 Williams Ave. P.O. Box 34 Palermo California
NOTARY (Seal)	Subscribed and sworn to before me on December 1 19 75	12. Signature of Notary: Mildred L. Brazil	13. Notary Commission expires: 7-23 19 79

MILDRED L. BRAZIL
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
BUTTE COUNTY
My Commission Expires July 23, 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Pages from Family Bible		By whom issued and signed: Thomas G. Cheetham, Notary Butte County, CA.	Date issued: 6 Nov. 75	Date Orig. Entry: Document obviously old.
	Date of Birth: Oct.17,1913	Birth Place: ---	Full Name of Mother: Agusta Loomis	Name of Father: D.A. Loomis	
SUPPORTING RECORD 2.	Type of Document: Discharge Papers		By whom issued and signed: U.S.Army Separation Base Sioux City, Iowa	Date issued: Discharge 30 Oct.45	Date Orig. Entry: Inducted 28 Mar.44
	Date of Birth: 17 Oct.13	Birth Place: Kuna, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Own child's Birth Certificate		By whom issued and signed: state of California	Date issued: 11/12/75	Date Orig. Entry: child born 11/11/35
	Date of Birth: Age 22	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	MD Margaret Davis	DEC 9 1975

FORM BH 56067 1 p. Pd. Receipt # 04071

DEC 9 1975

866-225-001-556

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:75-733

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elizabeth Eulalie Howe			2. Date Of Birth (month) Dec. (day) 25 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth: Idaho a. County: Ada	b. City or Town of Birth: Boise
FATHER	6. Full Name of Father: Daniel Howe			7. State or Country of Father's Birth: Scotland
MOTHER	8. Full Maiden Name of Mother: Cynthia Newell			9. State or Country of Mother's Birth: Kansan
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Elizabeth E. Wannamaker		11. Present Address of Registrant: 22003 N.W. 11th Ave. Ridgefield, Washington
NOTARY (Seal)	Subscribed and sworn to before me on: December 22 1975	12. Signature of Notary: Elaine B. Koenig		13. Notary Commission expires: May 15 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Hospital Record	By whom issued and signed: St. Joseph Community Hosp. Vancouver, Washington	Date Issued: 20 Nov. 75	Date Orig. Entry: Oct. 13, 1966
	Date of Birth: 12/25/13	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Certificate of Marriage	By whom issued and signed: State of Washington	Date Issued: 25 Nov.75	Date Orig. Entry: 10 Apr.35
	Date of Birth: 21 years.	Birth Place: Idaho	Full Name of Mother: Cynthia Newell	Name of Father: Dan. Howe
SUPPORTING RECORD 3.	Type of Document: Page from Family Bible	By whom issued and signed: Family Record	Date Issued: 12/15/75	Date Orig. Entry: document is obviously old
	Date of Birth: Dec.25,1913	Birth Place: Boise, ID.	Full Name of Mother: ---	Name of Father: ---
QUALIFYING INFORMATION				

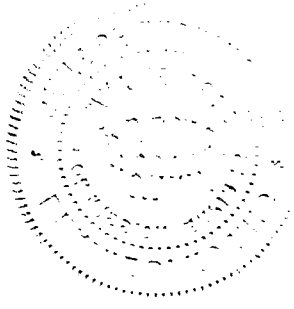
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	DEC 29 1975

FORM BH 56067 14 [illegible] #01916

DEC 29 1975



355-220-035-355

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-022

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Pearl Zena Levander		2. Date Of Birth (month) (day) (year): November 20 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth:
FATHER	6. Full Name of Father: Virgil J. Levander		7. State or Country of Father's Birth: Idaho USA.
MOTHER	8. Full Maiden Name of Mother: Minnie J. Levander		9. State or Country of Mother's Birth: Washington USA
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Pearl Z. Foster	11. Present Address of Registrant: 526 Burns St. Clarkston Wash
NOTARY (Seal)	Subscribed and sworn to before me on: August 6 1975	12. Signature of Notary: Margaret L. Davis	13. Notary Commission expires: 6-15 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance Application		By whom issued and signed: Combined Insurance Company of America S 466474	Date issued: 6/14/66	Date Orig. Entry: 6/14/66
	Date of Birth: 11/20/13	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Application for Marriage License		By whom issued and signed: State of Washington (Asotin)	Date issued: 4 Aug. 75	Date Orig. Entry: 12/30/39
	Date of Birth: 26 years.	Birth Place: Lewiston, Id.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for S.Security# 519-12-4366		By whom issued and signed: Treasury Dept. Baltimore,MD.	Date issued: 1/2/76	Date Orig. Entry: 10/20/41
	Date of Birth: 11/20/13	Birth Place: Nez Perce	Full Name of Mother: Minnie Ball Levander	Name of Father: Virgil J. Levander	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

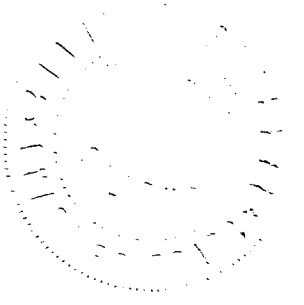
State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	JAN 14 1976

FORM BH 56067

7-22-75

Foster

JAN 15 1976



349-22-7003-235

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Genevieve TURNER			2. Date Of Birth (month) Dec. (day) 27 (year) 1913	
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: THATCHER BANNOCK	b. City or Town of Birth: THATCHER - IDAHO	
FATHER	6. Full Name of Father: WILLIAM J. TURNER			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: SUSAN MARIAH STEPHENSON			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Genevieve Turner Turpey		11. Present Address of Registrant: Wayan, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 13, 1976	12. Signature of Notary: Carma Trump		13. Notary Commission expires: March 1st 1976 ~~Res: Bountiful, Utah~~	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by friend of Family at time of birth	By whom issued and signed: Alice S. Merrill Age 79		Date Issued: 4 May 67	Date Orig. Entry: ---
	Date of Birth: Dec. 26 mk 8k 3	Birth Place: Thatcher	Full Name of Mother: Mariah Stephenson	Name of Father: William J. Turner	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #263076		Date Issued: 1/19/76	Date Orig. Entry: child born Jan. 29, 1938
	Date of Birth: 24 years.	Birth Place: Thatcher,	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: Preferred Equity Ins. Co. Denver, CO.		Date Issued: 30 Jan. 69	Date Orig. Entry: 20 Jan. 69
	Date of Birth: Dec. 27, 1913	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wells	Evidence reviewed by: Margaret Davis		Date Filed: JAN 19 1976	

FORM BH 56067 1p Pd. Rec # 17036

10-2-10

Tingey

JAN 19 1976

534-202-038-692

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-035

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Vera Leona Eldredge			2. Date Of Birth (month) (day) (year): April 2 1913	
	3. Color or Race: White	4. Sex: F.	5. Place of Birth a. County: Idaho	b. City or Town of Birth: Payette	Fruitland
FATHER	6. Full Name of Father: Leon Elmer Eldredge			7. State or Country of Father's Birth: Kansas	
MOTHER	8. Full Maiden Name of Mother: Olive Alberta Fisher			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: x Vera Leona Eldredge Newman	11. Present Address of Registrant: Salmon, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on: January 15 19 76		12. Signature of Notary: [signature]	13. Notary Commission expires: March 21 19 77	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother		By whom issued and signed: Olive Fisher Eldredge	Date Issued: 15 Jan.76	Date Orig. Entry: ---
	Date of Birth: Apr.2,1913	Birth Place: Fruitland	Full Name of Mother: Olive Fisher Eldredge	Name of Father: Leon Elmer Eldredge	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Idaho #48-5044	Date Issued: 12/30/48	Date Orig. Entry: child born Dec. 13, 1948
	Date of Birth: 35 years.	Birth Place: Fruitland	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Transcript of School Record		By whom issued and signed: Clerk of Lemhi County.	Date Issued: 1/13/76	Date Orig. Entry: 1929
	Date of Birth: 16 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: L.E. Eldridge	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: JAN 20 1976

FORM BH 56067

JAN 2 0 1976

295-215 025-617

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-063

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Berneice Jessie Kincaid		2. Date Of Birth (month) (day) (year): December 15, 1913
	3. Color or Race: white	4. Sex: Female	5. Place of Birth a. County: Ferdinand, Idaho Co, Ida. b. City or Town of Birth: Ferdinand
FATHER	6. Full Name of Father: Elmo William Kincaid		7. State or Country of Father's Birth: Washington
MOTHER	8. Full Maiden Name of Mother: Mary Ella Wagner		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Berneice Kincaid Hall	11. Present Address of Registrant: Route 1, Box 68, Enumclaw, Wn
NOTARY (Seal)	Subscribed and sworn to before me on: 10-18- 1968	12. Signature of Notary: Elma [illegible]	13. Notary Commission expires: April 14 1969

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certified copy of own child's birth certificate #2136	By whom issued and signed: State of Oregon Vital Statistics Section	Date issued: Oct.8,1968	Date Orig. Entry: child born Mar.24,1944
	Date of Birth: Age: 30 / Birth Place: Ferdinand, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Mother	By whom issued and signed: Mary W. Kincaid	Date issued: 13 May 70	Date Orig. Entry: ---
	Date of Birth: Dec. 15,1913 / Birth Place: Ferdinand	Full Name of Mother: Mary W. Wagner	Name of Father: Elmo William Kincaid	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date issued: 11/18/75	Date Orig. Entry: 1 Jan. 1920
	Date of Birth: Age 6 / Birth Place: Idaho	Full Name of Mother: Mary Kincaid	Name of Father: Elmo W. Kincaid	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml G Margaret Davis	JAN 29 1976

FORM BH 56067 2 cps. pd res #2975 (H) 11-8-[illegible]

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JAN 3 0 1976

798-217-0411-419

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-087

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Inez Amelia Piquet
2. Date Of Birth (month) (day) (year): Feb. 17 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth a. County: Bates Teton
b. City or Town of Birth: Bates Idaho Teton Co. (Driggs)

FATHER

6. Full Name of Father: Augustus Constance Piquet
7. State or Country of Father's Birth: Boston Mass.

MOTHER

8. Full Maiden Name of Mother: Mary Martin
9. State or Country of Mother's Birth: Toole Co. Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Inez A. Long
11. Present Address of Registrant: 888 W. Main Hillsboro Ore.

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 24 1975
12. Signature of Notary: Leona M Donaldson
13. Notary Commission expires: My Commission Expires Sept. 16, 1977 19 ____

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Marriage	State of Washington #45970	22 May 59	22 May 59

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Feb. 17, 1913	---	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Employee Record Card	Birds Eye Division, Oregon	5 Dec. 75	Aug. 1, 1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
2/17/13	---	---	---

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	Robert C. Banner, Bishop Hillsboro Ward	11 Jan. 76	Baptised 17 Jul. 1923

Date of Birth	Birth Place	Full Name of Mother	Name of Father
17 Feb. 1913	Bates	Mary Martin	Angustus Constance Piquet

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	FEB - 6 1976

FORM BH 56067

14 yr old Rec #19347

10-22-B

FEB 6 1976

AUG 3 1 1976

793-101-038-437

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-124

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: John Dorman Gilmore			2. Date Of Birth (month) April (day) 1 (year) 1913
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Payette	b. City or Town of Birth: Payette, Idaho
FATHER	6. Full Name of Father: Wilbert William Gilmore			7. State or Country of Father's Birth: Ohio
MOTHER	8. Full Maiden Name of Mother: Anna May McGlinchey			9. State or Country of Mother's Birth: Ogden, Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: J. Gilmore		11. Present Address of Registrant: Rt 2 Box 233 Ontario, Ore 97914
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 20 1976	12. Signature of Notary: Ardus M. Smith		13. Notary Commission expires: 4-1 1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Anna May Gilmore	Date Issued: 20 Feb.76	Date Orig. Entry: ---
	Date of Birth: Apr11,1913 / Birth Place: Payette	Full Name of Mother: Anna May McGlinchey	Name of Father: Wilbert William Gilmore	
SUPPORTING RECORD 2.	Type of Document: Sacrament of Holy Baptism	By whom issued and signed: St. James church, Payette	Date Issued: 2/27/76	Date Orig. Entry: 14 Dec.1913
	Date of Birth: Apr.1,1913 / Birth Place: ---	Full Name of Mother: Anna May Gilmore	Name of Father: Wilbert William Gilmore	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #260676	Date Issued: 2/27/76	Date Orig. Entry: child born Oct.30,1937
	Date of Birth: 24 years. / Birth Place: Payette	Full Name of Mother: ---	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Margaret Davis	Date Filed: FEB 27 1976

FORM BH 56067

Gilmore

MAR 1 1976

29-201-042-415

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-125

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Kath Kirkman
2. Date Of Birth (month) (day) (year): Nov. 1 1913
3. Color or Race: White
4. Sex: F.
5. Place of Birth a. County: Twin Falls
b. City or Town of Birth: Twin Falls

FATHER

6. Full Name of Father: Lawrence G. Kirkman
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nellie K. Marquardson
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Kath Kirkman Moon
11. Present Address of Registrant: 8024 University La Mesa Calif.

NOTARY (Seal)

Subscribed and sworn to before me on 1 1976

12. Signature of Notary: Donna F. Shaw
13. Notary Commission expires: Sept 13 1979

DONNA F. SHAW
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SAN DIEGO COUNTY
My Commission Expires Sept 13, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church certificate of birth	LDS church, Cassia Stake Twin Falls Ward.	2/10/76	7 Dec.1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	1 Nov.1913 / Twin Falls	Nellie K. Marquardson	Lawrence G. Kirkman	
SUPPORTING RECORD 2.	Life Insurance Transcript	Metropolitan Life San Francisco, CA.	2/9/76	9/27/26
	next birth, 13 years / Idaho	---	---	
SUPPORTING RECORD 3.	School Census Report	Class A. School Dist. #411 Twin Falls	2/27/76	Sept. 1921
	11/1/13 / ---	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Margaret Davis
Date Filed: FEB 27 1976

FORM BH 56067

1-30-76

MAR 1 1976

Moon

595-114-010-365

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. De:76-150

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: David Golden Nielsen
2. Date Of Birth (month) Oct. (day) 19 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Idaho — Bonneville
b. City or Town of Birth: Lincoln

FATHER

6. Full Name of Father: Peter Christian Nielsen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Nora Longhurst
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: David Golden Nielsen
11. Present Address of Registrant: 1008 Columbia Ave. Moses Lake, Wa.

NOTARY (Seal)

Subscribed and sworn to before me on March 8, 1976

12. Signature of Notary: Janet L. Sing
13. Notary Commission expires: June 28, 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by Uncle Age 77	A.E. Rounds	1/2/76	---

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1913	Lincoln	Nora Longhurst Nielsen	Peter Christian Nielsen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism and confirmation	Eli J. Webb, Bishop LDS.Church	11/13/21	Baptised 11/13/21

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1913	Lincoln	Nora Longhurst	P. Christian Nielsen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Membership	Church of Jesus Christ of Latter-Day Saints	1/26/75	Blessed 1/4/1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Oct.19,1913	Lincoln	Nora Longhurst	Peter Christian Nielsen

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Margaret Davis	MAR 12 1976

FORM BH 56067

MAR 12 1976

DELAYED

DELAYED

DLP 601913 - 18423

V55-212-0[illegible]281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-154

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elsie May Denney		2. Date Of Birth (month) June (day) 12 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Washington	b. City or Town of Birth: Midvale
FATHER	6. Full Name of Father: Samuel James Denney		7. State or Country of Father's Birth	
MOTHER	8. Full Maiden Name of Mother: Ethel Lucretia Shaw		9. State or Country of Mother's Birth	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: X Elsie May Houston	11. Present Address of Registrant	
NOTARY (Seal)	Subscribed and sworn to before me on September 11 1967	12. Signature of Notary: Florence Jessie Puckett	13. Notary Commisaion expires October 12 1968	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Age 74	By whom issued and signed: Edith H. Colson	Date Issued: Aug 11,1967	Date Orig. Entry: -----
	Date of Birth: Jun 12,1913 / Birth Place: Midvale, Idaho	Full Name of Mother: Ethel Lucretia Shaw	Name of Father: Samuel James Denney	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho # 316732	Date Issued: ---	Date Orig. Entry: child born June 17,1941
	Date of Birth: Age 28 / Birth Place: Midvale, Idaho	Full Name of Mother: -------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Employment Record	By whom issued and signed: Washington Personnel Board	Date Issued: Mar.26,1953	Date Orig. Entry: Employed Mar 26,1953
	Date of Birth: Jun 12,1913 / Birth Place: Midvale, Idaho	Full Name of Mother: ------	Name of Father: ---------	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: fc Margaret Davis	Date Filed: MAR 13 1976	

FORM BH 56067 (M) 7-13-67. nm search made in Washington Co.

Elsie May Denney
June 12, 1913
Midvale, Idaho

(Melva Mock, niece)

MAR 1 5 1976

914-224-039-959

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-155

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Amelia Rau			2. Date Of Birth (month) July (day) 24 (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Power	b. City or Town of Birth: American Falls
FATHER	6. Full Name of Father: Fred Rau			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Maria Reibler			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Amelia BrockRus		11. Present Address of Registrant: 303 East 19th ST Idaho Falls, Idaho 83401
NOTARY (Seal)	Subscribed and sworn to before me on: March 15 1976	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - 234221	Date Issued: ----	Date Orig. Entry: child born July 26,1935
	Date of Birth: Age 22 / Birth Place: American Falls	Full Name of Mother: -----	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Bible Record	By whom issued and signed: Family Bible	Date Issued: ----	Date Orig. Entry: obviously old
	Date of Birth: July 24,1913 / Birth Place: American Falls	Full Name of Mother: Maria Reibler	Name of Father: Fredrick Rau	
SUPPORTING RECORD 3.	Type of Document: Affidavit by brother age 77	By whom issued and signed: Fred Rau	Date Issued: Mar.15,1976	Date Orig. Entry: -----
	Date of Birth: July 24,1913 / Birth Place: American Falls	Full Name of Mother: Maria Reibler	Name of Father: Fred Rau	
QUALIFYING INFORMATION				
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.			
	State Registrar: Janet M. Wick	Evidence reviewed by: Florence Curtright	Date Filed: March 15,1976	

FORM BH 56067

MAR 15 1976

154-225-026-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-185

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Virgie Anderson			2. Date Of Birth (month) June (day) 25 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lorenzo	b. City or Town of Birth: Jefferson, Idaho	
FATHER	6. Full Name of Father: Aurbie M. Anderson			7. State or Country of Father's Birth: Franklin Idaho	
MOTHER	8. Full Maiden Name of Mother: Margaret Muir			9. State or Country of Mother's Birth: Lyman, Idaho	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Virgie Anderson		11. Present Address of Registrant: 3024 Harding Way Costa Mesa Calif 92626	
NOTARY (Seal)	Subscribed and sworn to before me on: Feb. 23, 19 73	12. Signature of Notary: Clara T. Jenkins		13. Notary Commission expires: 17 March 19 74	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Federal Census Record Jefferson County, Idaho	By whom issued and signed: Bureau of the census U. S. Department of Commerce		Date Issued: ---	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Maggie Anderson	Name of Father: Aurbie Anderson	
SUPPORTING RECORD 2.	Type of Document: Affidavit by Neighbor of Parents Age 80 years	By whom issued and signed: Pearl Johnson		Date Issued: 23 Feb.73	Date Orig. Entry: ---
	Date of Birth: June 25,1913	Birth Place: Lorenzo, Idaho	Full Name of Mother: Margaret Muir	Name of Father: Aurbie M.Anderson	
SUPPORTING RECORD 3.	Type of Document: Record of Membership	By whom issued and signed: LDS Church, Salt Lake City		Date Issued: 9/30/33	Date Orig. Entry: Baptized 9/30/33
	Date of Birth: 6/25/13	Birth Place: Lorenzo	Full Name of Mother: Margaret Muir	Name of Father: Aurbie M. Anderson	
QUALIFYING INFORMATION					
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.				
	State Registrar: Janet M. Wick	Evidence reviewed by: gml Margaret Davis		Date Filed: MAR 25 1976	

FORM BH 56067

7-12-77

MAR 2 6 1976

819-216-010-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-194

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Edith Anna Haroldsen		2. Date Of Birth (month) December (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: St. Leon
FATHER	6. Full Name of Father: George Arthur Haroldsen		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Catharine (Kate) Smith		9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Edith Haroldsen Lovell	11. Present Address of Registrant: Box 1 Star Rte, Ririe, Id
NOTARY (Seal)	Subscribed and sworn to before me on: March 24 1976	12. Signature of Notary: Phillipa R. Wright	13. Notary Commission expires: 9-24-1976

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Photocopy of Church Records	By whom issued and signed: Lincoln Ward, Bingham Stake	Date issued: 3/26/76	Date Orig. Entry: Blessed 1 Mar. 1914
	Date of Birth: Dec. 16, 1913	Birth Place: Idaho Falls*	Full Name of Mother: Kate Smith	Name of Father: George Haroldsen
SUPPORTING RECORD 2.	Type of Document: Newspaper Clipping	By whom issued and signed: Idaho Falls Times	Date issued: 12/23/1913	Date Orig. Entry: 12/23/13
	Date of Birth: Dec. 16, 13	Birth Place: St. Leon	Full Name of Mother: Mrs. George Haroldsen	Name of Father: GeorgeHaroldsen
SUPPORTING RECORD 3.	Type of Document: Insurance Application	By whom issued and signed: International Health & Life	Date issued: 4/6/70	Date Orig. Entry: 4/6/70
	Date of Birth: 12/16/13	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---

QUALIFYING INFORMATION

St. Leon was Rural Idaho Falls and received mail through there.

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Margaret Davis	MAR 26 1976

FORM BH 56067 1 Pd Rec # 00041 12-3-75

MAR 2 6 1976

MAR 1 1985

398-201-025-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-239

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ruby Irene Crook			2. Date Of Birth (month) July (day) 1 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Idaho County	b. City or Town of Birth: Kooskia, Idaho
FATHER	6. Full Name of Father: Albert James Crook			7. State or Country of Father's Birth: Nebraska, USA
MOTHER	8. Full Maiden Name of Mother: Katherine Pearl Haeberle			9. State or Country of Mother's Birth: Germany
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ruby Irene Street		11. Present Address of Registrant: 100 10th Fairbanks, Alk.
NOTARY (Seal)	Subscribed and sworn to before me on: April 14 1976	12. Signature of Notary: Janet Stoffolano		13. Notary Commission expires: 8-28 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Aunt Born 8/15/1883	By whom issued and signed: Mary McCracken	Date Issued: 28 July 67	Date Orig. Entry: ---
	Date of Birth: 7/1/13 / Birth Place: Kooskia, ID.	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Insurance Application	By whom issued and signed: Metropolitan Life Ins.	Date Issued: 15 Dec.41	Date Orig. Entry: 10 Dec.41
	Date of Birth: July 1,1913 / Birth Place: Kooskia, ID.	Full Name of Mother: Kate P. Crook	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: U.S. Department of Commerce Bureau of the Census	Date Issued: 3/26/76	Date Orig. Entry: 4/1/30
	Date of Birth: 16 years, / Birth Place: Idaho	Full Name of Mother: ---	Name of Father: Burt Crook	
QUALIFYING INFORMATION				

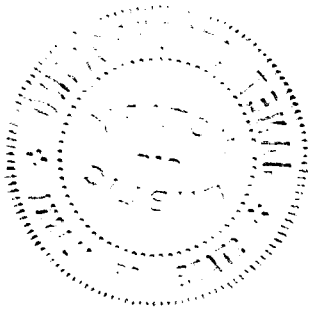
REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Klick	Evidence reviewed by: Margaret Davis	Date Filed: APR 20 1976

FORM BH 56067

3-5-76

Received

APR 21 1976



365-130-005-445

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: CONARROE CLARENCE Earl		2. Date Of Birth (month) (day) (year): (June) 30 1913	
	3. Color or Race: IRISH	4. Sex: M	5. Place of Birth a. County: PLUMMER Idaho (St. Maries)	b. City or Town of Birth: PLUMMER Idaho
FATHER	6. Full Name of Father: Walter Jerome Conarroe		7. State or Country of Father's Birth: Ohio, U.S.A.	
MOTHER	8. Full Maiden Name of Mother: Janie Lucinda Munt		9. State or Country of Mother's Birth: Illinois, U.S.A.	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: C C Conaroe	11. Present Address of Registrant: Box 915 Benton	
NOTARY (Seal)	Subscribed and sworn to before me on: March 15th 1974	12. Signature of Notary: [illegible]	13. Notary Commission expires: Dec 31 1976	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Sister Age 71	By whom issued and signed: Dessie Daisy Greenwood	Date Issued: 21 Nov.74	Date Orig. Entry: ---
	Date of Birth: June 30,1913	Birth Place: Plummer	Full Name of Mother: Janie Lucinda Munt	Name of Father: Walter Jerome Conarroe
SUPPORTING RECORD 2.	Type of Document: Baptismal Certificate	By whom issued and signed: E.N. Morrison, Minister	Date Issued: 19 June 49	Date Orig. Entry: 19 June 49
	Date of Birth: 30 June 13	Birth Place: Plummer	Full Name of Mother: Mrs. Walter J. Conarroe	Name of Father: Walter J. Conarroe
SUPPORTING RECORD 3.	Type of Document: Marriage Certificate	By whom issued and signed: Government of the Province of Alberta, CAnada	Date Issued: 29 Mar.45	Date Orig. Entry: 15 Nov. 35
	Date of Birth: 22 years.	Birth Place: Plumber	Full Name of Mother: Janie Munt	Name of Father: Walter Conarroe
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

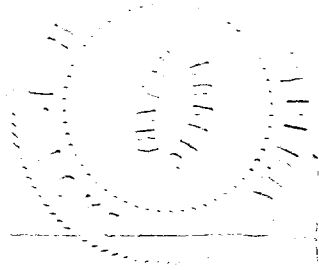
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Mick	Margaret Davis	APR 20 1976

FORM BH 56067 rcpd rec #19202 (W) 8-11-65

Welsh

APR 21 1976



629-106-021-197

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-336

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orval Dean Durrant			2. Date Of Birth (month) (day) (year): April 6, 1913
	3. Color or Race: White	4. Sex: male	5. Place of Birth a. County: Franklin	b. City or Town of Birth: Franklin
FATHER	6. Full Name of Father: T. William Durrant			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Elizabeth Biggs			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orval Dean Durrant		11. Present Address of Registrant: Franklin, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: June 9 1976	12. Signature of Notary: Elaine Larson		13. Notary Commission expires: Jan. 14 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Ordination	By whom issued and signed: L.D.S.Church		Date Issued: Feb.1934	Date Orig. Entry: Ordained Feb.18,1934
	Date of Birth: Apr.6,1913	Birth Place: Franklin, Idaho	Full Name of Mother: Elizabeth Biggs	Name of Father: T. Wm. Durrant	
SUPPORTING RECORD 2.	Type of Document: Own childs birth certificate	By whom issued and signed: on file - Idaho - # 398861		Date Issued: ---	Date Orig. Entry: child born Oct.19,1944
	Date of Birth: Age 31	Birth Place: Franklin, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 3.	Type of Document: Church Record of birth	By whom issued and signed: L. D. S. Church		Date Issued: Apr.11,1976	Date Orig. Entry: Baptized Oct.16,1921
	Date of Birth: Apr.6,1913	Birth Place: Franklin, Idaho	Full Name of Mother: ELIZABETH BIGGS	Name of Father: WILLIAM T.DURRANT	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: JANET M. WICK	Evidence reviewed by: FLORENCE CURTRIGHT	Date Filed: June 5,1976

FORM BH 56067

JUN 1 5 1976

336

572-110-021-266

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 76-350

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Thomas James Egbert
2. Date Of Birth: (month) Aug (day) 10 (year) 1913
3. Color or Race:
4. Sex: Male
5. Place of Birth a. County: ~~Fairview~~ IDAHO - FRANKLIN
b. City or Town of Birth: FAIRVIEW

FATHER

6. Full Name of Father: Joseph Thomas Egbert
7. State or Country of Father's Birth: Idaho - Franklin County

MOTHER

8. Full Maiden Name of Mother: Ella Mae Bowden
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thomas James Egbert
11. Present Address of Registrant: 1985 Cecelia Cir. S.L.C. Utah

NOTARY (Seal)

Subscribed and sworn to before me on 5th Day of Nov. 1975

12. Signature of Notary: W.M. McGoffrey.
13. Notary Commission expires: Feb. 18, 1979

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Passport	Secretary of State of the United States of America	3/29/54	3/29/54

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.10,1913	Fairview	---	---

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Certificate of Birth	Oneida Stake, Fairview Ward	17 Oct.75	14 Sept.1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
10 Aug.1913	Fairview	Ella Bowden	Joseph Egbert

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's certificate of birth	UTAH # 2421 on file with S.L.C. V.S.	May 24,1961	child born Jun.11,1942

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age age 28	Idaho	------	--------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M Wick	md Florence Curtright	June 26, 1976

FORM BH 56067

7-15-75

JUN 25 1976

350

359-150-0028-389

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-365

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: William Ralph Keimig			2. Date Of Birth (month) (day) (year): November 20 1913
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth a. County: Idaho Kootenai	b. City or Town of Birth: Post Falls
FATHER	6. Full Name of Father: John A. Keimig			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Emma Marie Thiele			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: x William Ralph Keimig		11. Present Address of Registrant: E. 1520 58th Ave. Spokane, Wash
NOTARY (Seal)	Subscribed and sworn to before me on: July 9 1976	12. Signature of Notary: James A Shane		13. Notary Commission expires: July 1 1979

APPLICANT—DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit of father	By whom issued and signed: John A. Keimig	Date Issued: Apr.21,1976	Date Orig. Entry: -----
	Date of Birth: Nov.20,1913 / Birth Place: Post Falls, Id. Kootenai County	Full Name of Mother: Emma Marie Thiele	Name of Father: John A. Keimig	
SUPPORTING RECORD 2.	Type of Document: Family records (Bible)	By whom issued and signed: Family	Date Issued: Apr.14,1976	Date Orig. Entry: obviously old
	Date of Birth: Nov.20,1913 / Birth Place: --------	Full Name of Mother: ----------	Name of Father: John Keimig	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Washington	Date Issued: Apr.29,1976	Date Orig. Entry: Sept. 19, 1945
	Date of Birth: age 31 / Birth Place: Post Falls, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Linda Cook	Date Filed: July 7, 1976

FORM BH 56067

JUL 1 3 1976

619-212-018-643

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-372

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: EMMA JUANITA WARREN		2. Date Of Birth (month) 11 (day) 12 (year) 1913	
	3. Color or Race: WHITE	4. Sex: F	5. Place of Birth: a. County CUSTER	b. City or Town of Birth: MACKAY IDAHO
FATHER	6. Full Name of Father: GEORGE LEVI WARREN		7. State or Country of Father's Birth: MISSOURI (I believe)	
MOTHER LYDA	8. Full Maiden Name of Mother: ~~FLORITA~~ FULLMER		9. State or Country of Mother's Birth: UTAH	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Juanita Warren	11. Present Address of Registrant: 3105 Castlewood, N. Las Vegas 8/9/02	
NOTARY (Seal) Notary Public-State of Nevada CLARK COUNTY Rosemarie I. Stammetti My Commission Expires November 26, 1979	Subscribed and sworn to before me on: May 18 19 76	12. Signature of Notary: Rosemarie I Stammetti	13. Notary Commission expires: Nov. 26 19 79	

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: School Census Record	By whom issued and signed: Joint School Dist.#181, Challis	Date Issued: 4/2/76	Date Orig. Entry: 1919
	Date of Birth: 6 years.	Birth Place: ---	Full Name of Mother: ---	Name of Father: George Warren
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Montana	Date Issued: 1/13/71	Date Orig. Entry: 7/21/54
	Date of Birth: 40 yrs.	Birth Place: Mackay	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by Aunt age 87	By whom issued and signed: Daisy W. LaRocque	Date Issued: June28,1976	Date Orig. Entry: ------
	Date of Birth: Nov12,1913	Birth Place: Mackay, Idaho	Full Name of Mother: Lydia Florita Fullmer	Name of Father: George Levi Warren
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	md Linda Cook	July 12, 1976

FORM BH 56067 ICP-40 14824

5-13-76

JUL 1 2 1976

154-10-028-245

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE:76- 400

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Wayne Burns Anderson			2. Date Of Birth (month) (day) (year): November 1, 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene,
FATHER	6. Full Name of Father: Theadore ~~H~~ Edward Anderson			7. State or Country of Father's Birth: Rio, Wisconsin
MOTHER	8. Full Maiden Name of Mother: Mildred Dorotha Burhop			9. State or Country of Mother's Birth: Hull, Wisconsin
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Wayne Burns Anderson		11. Present Address of Registrant: 406-5th 140 Lt COEUR d'ALENE, IDAHO
NOTARY (Seal)	Subscribed and sworn to before me on: May 24 19 76	12. Signature of Notary: [signature]		13. Notary Commission expires: 6-2- 19 77

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Brother born 6/15/08	By whom issued and signed: Theodore J. Anderson	Date Issued: 10 May 76	Date Orig. Entry: ---
	Date of Birth: Nov.1.1913 / Birth Place: Coeur d''Alene	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Burea of the Census Record	By whom issued and signed: U.S. Department of Commerce	Date Issued: 8/7/68	Date Orig. Entry: Jan.1,1920
	Date of Birth: 6 yrs. / Birth Place: Idaho	Full Name of Mother: Mildred Anderson	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Application for Soc. Sec. Card	By whom issued and signed: Soc.Sec. Administration Treasury Department	Date Issued: ---	Date Orig. Entry: Dec.4,1936
	Date of Birth: Nov.1,1913 / Birth Place: Kootenai County Coeur d'Alene,Id.	Full Name of Mother: Mildred Dorothy Burhop	Name of Father: Theadore Edward Anderson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick,	Evidence reviewed by: Linda Cook	Date Filed: July 27, 1976

FORM BH 56067

JUL 2 8 1976

.465-216-028-399

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-411

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: CAROLYN GENEVIEVE MONACO
2. Date Of Birth: (month) JULY (day) 16 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Kootenai; b. City or Town of Birth: Rathdrum

FATHER

6. Full Name of Father: Louis S. Monaco
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Adeline Crivellone
9. State or Country of Mother's Birth: Italy

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Carolyn Garwick
11. Present Address of Registrant: Lewiston, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4 August 19 76

12. Signature of Notary: Kristin Garwick
13. Notary Commission expires: 23 February 19 77

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Baptismal Record	L.J. Vanden Bergh Catholic Church	Oct.6,1972	Oct.12,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July16,1913 / Rathdrum, Idaho	Adeline Curillone	Louis Monaco	
SUPPORTING RECORD 2.	Type of Document: own childs birth certificate	By whom issued and signed: State of Idaho	Date Issued: Sep.26,1975	Date Orig. Entry: child born Aug 30, 1937
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	age 24 / Rathdrum, Idaho	------	------	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Idaho Mutual Benefit Assoc.	Date Issued: Aug17,1956	Date Orig. Entry: July 31, 1956
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	July16,1913 / Rathdrum, Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

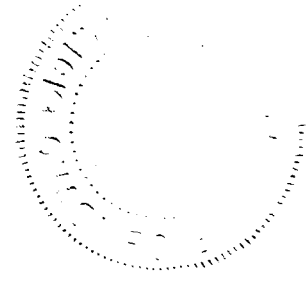
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Aug. 9, 1976

FORM BH 56067

Harwich

AUG 1 0 1976



219-202-010-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-447

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Destiamonia Ella Barcus			2. Date Of Birth (month) Nov (day) 2 (year) 1913	
	3. Color or Race: white	4. Sex: F	5. Place of Birth a. County: Bonneville	b. City or Town of Birth: Idaho Falls, Idaho	
FATHER	6. Full Name of Father: William Henry Barcus			7. State or Country of Father's Birth: Indianola, Red Willow, Nebraska	
MOTHER	8. Full Maiden Name of Mother: Gertrude Emma Williams			9. State or Country of Mother's Birth: Baker, Baker, Oregon	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Destiamonia Ella Barcus Campbell		11. Present Address of Registrant: PPO. Box 187, Garland, Utah 84312	
NOTARY (Seal)	Subscribed and sworn to before me on: Aug. 26 19 76	12. Signature of Notary: Dorothy E. Johnson		13. Notary Commission expires: Aug. 13 19 79	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: certificate of baptism	By whom issued and signed: LDS Church		Date Issued: ---	Date Orig. Entry: Oct. 30, 1948
	Date of Birth: Nov.2,1913	Birth Place: Idaho Falls	Full Name of Mother: Gertrude Williams		Name of Father: William Henry Barcus
SUPPORTING RECORD 2.	Type of Document: Marriage certificate	By whom issued and signed: State of Idaho		Date Issued: June28,1961	Date Orig. Entry: Sept. 26, 1933
	Date of Birth: age 19	Birth Place: ---	Full Name of Mother: ---		Name of Father: ---
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother	By whom issued and signed: Gertrude Emma Williams Barcus		Date Issued: Jan9,1962	Date Orig. Entry: --
	Date of Birth: Nov.2,1913	Birth Place: Idaho Falls	Full Name of Mother: Gertrude Emma Williams		Name of Father: William Henry Barcus
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Linda Cook	Date Filed: Sept. 1, 1976

FORM BH 56067 2 copies Black (6-76)

7-30-76

SEP 1 1976

695-219-025-483

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-459

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mary Ann Frei	2. Date of Birth (month) (day) (year): April 19 1913
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth: Ferdinand a. County: Idaho	6. City or Town of Birth: Ferdinand Idaho Switzerland
FATHER	6. Full Name of Father: Clem C. Frei	7. State or Country of Father's Birth: Switzerland
MOTHER	8. Full Maiden Name of Mother: Philomina Uhlorn	9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mary A Spruite; 11. Present Address of Registrant: Grangeville Idaho
NOTARY (seal)	Subscribed and sworn to before me on: September 2 1976	12. Signature of Notary: Joyce C. Hart; 13. Notary Commission expires: Life Commission 19__

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: own child's birth certificate	By whom issued and signed: State of Idaho	Date Issued: --	Date Orig. Entry: child born Dec.19,1947
	Date of Birth: age 34; Birth Place: Ferdinand, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism	By whom issued and signed: Roman Catholic Church	Date Issued: March12,1973	Date Orig. Entry: Apr. 20,1913
	Date of Birth: Apr.19,1913; Birth Place: ---	Full Name of Mother: Philomine Uhlorn	Name of Father: Clement Frei	
SUPPORTING RECORD 3.	Type of Document: affidavit by mother	By whom issued and signed: Philomina Frei	Date Issued: Sept.2,1976	Date Orig. Entry: --
	Date of Birth: Apr.19,1913; Birth Place: Ferdinand, Idaho	Full Name of Mother: Philomina Frei	Name of Father: ---	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Sept. 8, 1976

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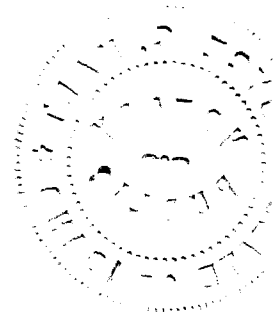

DECEASED

448-116-016-362

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-571

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Orvil Udy (Orville)		2. Date Of Birth (month) Aug (day) 16 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Elba Idaho Cassia; b. City or Town of Birth: Elba Idaho
FATHER	6. Full Name of Father: Matthias Cowley Udy		7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary Lessey		9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Orvil Udy	11. Present Address of Registrant: Hazelton Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 2 19 76	12. Signature of Notary: Dorothy E. Will	13. Notary Commission expires: 7-1 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by friend of family at time of the birth age 81		By whom issued and signed: Margie E. Wake	Date Issued: Nov.1,1976	Date Orig. Entry: --
	Date of Birth: Aug.16,1913	Birth Place: Elba, Idaho	Full Name of Mother: Mary Lessey Udy	Name of Father: Mathias Cowley Udy	
SUPPORTING RECORD 2.	Type of Document: certificate of baptism		By whom issued and signed: LDS Church	Date Issued: Dec.16,1921	Date Orig. Entry: Nov.26,1921
	Date of Birth: Aug.16,1913	Birth Place: Elba, Idaho	Full Name of Mother: Mary Lessey	Name of Father: Mathais Udy	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate		By whom issued and signed: State of Idaho	Date Issued: --	Date Orig. Entry: child born Mar.16,1945
	Date of Birth: age 31	Birth Place: Elba, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Nov. 5, 1976

FORM BH 56067

1 cpy. pd. from previous corr. 10/29/76

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659-126-022-5/6

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-592

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Loren Freeman Oviatt			2. Date Of Birth (month) May (day) 26 (year) 1913
	3. Color or Race: white	4. Sex: M	5. Place of Birth a. County: Fremont County	b. City or Town of Birth: Parker
FATHER	6. Full Name of Father: Freeman Franklin Oviatt			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Cora Hannah Vawdrey			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Loren F Oviatt		11. Present Address of Registrant: St Anthony, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: November 12 1976	12. Signature of Notary: Linda Rose Loren F. Oviatt L. A.		13. Notary Commission expires: 6-30 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: affidavit by aunt who is more than 10 years older.	By whom issued and signed: Vilda Vawdrey Powers		Date Issued: Oct.5,1976	Date Orig. Entry: --
	Date of Birth: May26,1913	Birth Place: Parker, Idaho	Full Name of Mother: Cora Hannah Vawdrey Oviatt	Name of Father: Freeman Franklin Oviatt	
SUPPORTING RECORD 2.	Type of Document: insurance application	By whom issued and signed: The Prudential Insurance Co. of America		Date Issued: --	Date Orig. Entry: May 31, 1961
	Date of Birth: May26,1913	Birth Place: --	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: own child's birth certificate	By whom issued and signed: State of Idaho		Date Issued: Nov.18,1976	Date Orig. Entry: child born Aug. 5, 1942
	Date of Birth: age 29	Birth Place: Parker, Idaho	Full Name of Mother: --	Name of Father: --	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Linda Cook	Nov.18,1976

FORM BH 56067

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693-22-1040-281

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-639

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Lillian E. Wilson			2. Date Of Birth (month) 12 (day) 22 (year) 1913	
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Shoshone	b. City or Town of Birth: Wardner, Idaho	
FATHER	6. Full Name of Father: William Wilson			7. State or Country of Father's Birth: England	
MOTHER	8. Full Maiden Name of Mother: Elizabeth Jane Shaw			9. State or Country of Mother's Birth: England	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Lillian E. Kobe	11. Present Address of Registrant: 912 C St., Coeur d'Alene, Ida	
NOTARY (Seal)	Subscribed and sworn to before me on: December 2, 1976		12. Signature of Notary: Mary E. Deeze	13. Notary Commission expires: December 1, 1977	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Marriage		By whom issued and signed: State of Washington	Date Issued: Apr. 15, 1976	Date Orig. Entry: Nov. 18, 1936
	Date of Birth: Age: 22	Birth Place: Wardner	Full Name of Mother: Jane Shaw	Name of Father: William Wilson	
SUPPORTING RECORD 2.	Type of Document: Federal census record		By whom issued and signed: U.S. Dept of Commerce Bureau of the Census	Date Issued: June 2, 1976	Date Orig. Entry: Jan. 1, 1920
	Date of Birth: Age: 6	Birth Place: -----	Full Name of Mother: Elizabeth Wilson	Name of Father: William Wilson	
SUPPORTING RECORD 3.	Type of Document: School record		By whom issued and signed: Kellogg Senior High Robert Dutton, Principal	Date Issued: Mar. 10, 1976	Date Orig. Entry: -----
	Date of Birth: Dec. 22, 1913	Birth Place: ---	Full Name of Mother: ------	Name of Father: William Wilson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: Dec. 9, 1976

FORM BH 56067

Page 1 of 1 (1993)

DEC 1 0 1976

851-126-036-792

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE76-677

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Ralph Dee Yearsley	2. Date Of Birth (month) 12 (day) 26 (year) 13
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth a. County: Woodruff Oneida	b. City or Town of Birth: Woodruff
FATHER	6. Full Name of Father: Nathan David Yearsley	7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Julia Ann Gibbs	9. State or Country of Mother's Birth: Utah - Boxelder
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Ralph Dee Yearsley; 11. Present Address of Registrant:
NOTARY (Seal)	Subscribed and sworn to before me on: December 16 1976	12. Signature of Notary: William L Standle; 13. Notary Commission expires: My Commission expires Aug. 20, 1979 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: notarized copy Marriage license application	By whom issued and signed: Box Elder County, Utah	Date issued: Dec.14,1976	Date Orig. Entry: Feb.16,1935
	Date of Birth: Dec.26,1913; Birth Place: Woodruff	Full Name of Mother: Julia Gibbs	Name of Father: N. D. Yearsley	
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date issued: ---	Date Orig. Entry: child born Mar.1,1914
	Date of Birth: Dec.26,1913; Birth Place: Woodruff	Full Name of Mother: Julia Ann Gibs	Name of Father: Nathan D. Yearsley	
SUPPORTING RECORD 3.	Type of Document: Affidavit by half-brother	By whom issued and signed: Nathan Melvin Yearsley, Age87	Date issued: Dec.27,1976	Date Orig. Entry: Dec.27,1976
	Date of Birth: Dec.26,1913; Birth Place: Woodruff, ID	Full Name of Mother: Julia Ann Gibbs	Name of Father: Nathan D. Yearsley	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	DEC 30 1976

FORM BH 56067 1 Cpy Pd # 07707 12-9-76

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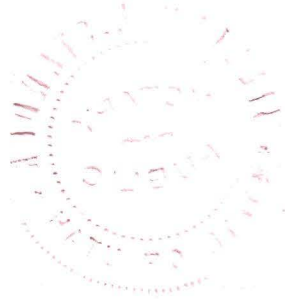
DEC 30 1976



572-111-003-236

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-017

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Reuben Garland Egbert
2. Date Of Birth (month) July (day) 11 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Grace (Fra) Bannock
b. City or Town of Birth: Grace

FATHER

6. Full Name of Father: Reuben Gardner Egbert
7. State or Country of Father's Birth: West Jordan, Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Ellen Stoddard
9. State or Country of Mother's Birth: Kaysville, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Reuben Garland Egbert
11. Present Address of Registrant: 1920 Cal. St. Mt. View, Cal. 95040

NOTARY (Seal)

Subscribed and sworn to before me on JANUARY 11 1977

12. Signature of Notary: Christopher K. Stillwell
13. Notary Commission expires: MARCH 6 1977

SEE BACK

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	---	Sep.9,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.11,1913	Grace	Elizabeth E. Stoddard	Reuben G. Egbert

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Family record	Elias Adams, The Pioneer	---	obviously old

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jul.11,1913	Grace	Elizabeth Ellen Stoddard	Reuben G. Egbert

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hewlett-Packard application for employment	Hewlett-Packard Co. Palo Alto, California	Jan.13,1977	March2,1958

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July11,1913	----	----	----

QUALIFYING INFORMATION

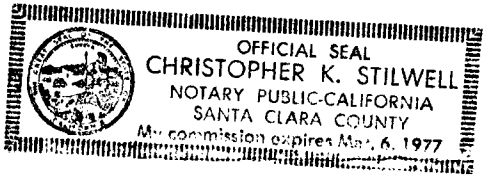
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JAN 17 1977

FORM BH 56067

JAN 1 8 1977


OFFICIAL SEAL
CHRISTOPHER K. STILWELL
NOTARY PUBLIC-CALIFORNIA
SANTA CLARA COUNTY
My commission expires Mar. 6, 1977

613-116-025-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-023

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lynus Moffett Walker
2. Date Of Birth (month) (day) (year): 6 16 13
3. Color or Race: Indian
4. Sex: M
5. Place of Birth a. County: Idaho ~~Lewis~~
b. City or Town of Birth: Kamiah

FATHER

6. Full Name of Father: Jerome Walker
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Lillie Moffett
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lynus Moffett Walker
11. Present Address of Registrant: Kamiah, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on: Jan 13 1977
12. Signature of Notary: [illegible]
13. Notary Commission expires: April 5 1977

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	High School record	Phyllis Bovey, Clerk, Kamiah H.	Jan.3,1977	Sep.10,1928
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 15 / -----	-----	-----	
SUPPORTING RECORD 2.	Type of Document: statement from Nez Perce Family Record Book	By whom issued and signed: Louis A. Dillon, Acting Superintendent, Lapwai, ID	Date Issued: Nov.29,1974	Date Orig. Entry: June16,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June16,1913 / ----	Lily Moffett	Jerome Walker	
SUPPORTING RECORD 3.	Type of Document: Child's birth certificate	By whom issued and signed: Idaho S.F.#291895	Date Issued: July24,1952	Date Orig. Entry: child born Feb.19,1940
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 26 / Kamiah, Idaho	----	----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: JAN 19 1977

FORM BH 56067

ON cc DH 10442

1-11-77

JAN 19 1977

853-112-018-853

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-104

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donavan Heckman			2. Date Of Birth (month) (day) (year): 7. 12. 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth a. County: Clearwater Ct.	b. City or Town of Birth: Elk River
FATHER	6. Full Name of Father: William A. Heckman			7. State or Country of Father's Birth: Nebraska
MOTHER	8. Full Maiden Name of Mother: Elizabeth (Allenspach) Heckman			9. State or Country of Mother's Birth: Illinois
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Donovan Heckman		11. Present Address of Registrant: Route 1, Emmett, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: Jan. 3. 1977	12. Signature of Notary: Margaret J. Fresh		13. Notary Commission expires: Life Comm. 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own Child's Birth Certificate	By whom issued and signed: on file Idaho #52-8994		Date Issued: ----	Date Orig. Entry: child born July6, 1952
	Date of Birth: Age: 38	Birth Place: Elk River, Idaho	Full Name of Mother: ----	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father, age 85	By whom issued and signed: William A. Heckman		Date Issued: Jan.3,1977	Date Orig. Entry: Jan.3,1977
	Date of Birth: July12,1913	Birth Place: Elk River, Idaho	Full Name of Mother: Elizabeth Allenspach	Name of Father: William A. Heckman	
SUPPORTING RECORD 3.	Type of Document: notarized copy School census report	By whom issued and signed: Nez Perce county, Idaho		Date Issued: Jan.20,1977	Date Orig. Entry: Sep.17,1919
	Date of Birth: Age: 6	Birth Place:	Full Name of Mother: ----	Name of Father: Alex Heckman	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: MAR 10 1977

FORM BH 56067

12-30-76

Heckman

MAR 1977

251-226-007-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-125

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: BILLY JUNE KNAPP
2. Date Of Birth: (month) JUNE (day) 26 (year) 1913
3. Color or Race: WHITE
4. Sex: FEMALE
5. Place of Birth: a. County: IDAHO, BLAINE; b. City or Town of Birth: BELLEVUE

FATHER

6. Full Name of Father: ARTHUR MANLEY KNAPP
7. State or Country of Father's Birth: WARREN, ILLINOIS

MOTHER

8. Full Maiden Name of Mother: MINNIE MARGARET KELLEY
9. State or Country of Mother's Birth: JOHN DAY, OREGON

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Billy June Vaughn
11. Present Address of Registrant: 2305 "F" St. Springfield, Ore. 97477

NOTARY (Seal)

Subscribed and sworn to before me on: Jan. 14 1977
12. Signature of Notary: [illegible]
13. Notary Commission expires: June 7 1977

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Child's birth certificate	County Recorder Shasta County, California	Jan.3,1977	July7,1933

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 20	Idaho	------	------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Insurance Application,#16078	Pierce Ins. Co.,Old Line Legal Reserve Cap. Stock Co. Los Angeles, Calif.	Aug.9,1957	Aug.5,1957

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June26,1913	---	----	----

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Application for SS#540340015	Social Security Administration	Mar.3,1977	Nov.16,1951

Date of Birth	Birth Place	Full Name of Mother	Name of Father
June26,1913	Bellview, Idaho	Minnie Kelly	Arthur Knapp

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 21 1977

FORM BH 56067

1494 Pd. # 07061

11/30/76

MAR 2 3 1977

743-223-028-517

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-370

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glennis Ailsa Puckett
2. Date Of Birth: (month) 4 (day) 23 (year) 1913
3. Color or Race: White
4. Sex: Fem
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Bayview

FATHER

6. Full Name of Father: Jesse Wade Puckett
7. State or Country of Father's Birth: Arkansas

MOTHER

8. Full Maiden Name of Mother: Annie Lee Napier
9. State or Country of Mother's Birth: Missouri

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Glennis Ailsa Puckett
11. Present Address of Registrant: 516 La Crosse Ave

NOTARY (Seal)

Subscribed and sworn to before me on April 17 19 61

12. Signature of Notary: M E Frandsen

13. Notary Commission expires: 12/1/61 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	On file Idaho #406831	---	child born May 8,1945
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 32 / Bayview, Idaho	----	----	
SUPPORTING RECORD 2.	Affidavit by mother	Annie Puckett	Apr.17,1961	----
	Apr.23,1913 / Kootenai County Bayview, Idaho	Annie Puckett	----	
SUPPORTING RECORD 3.	School census report, 1925	Kootenai County Recorder,ID	July20,1977	Oct.17,1925
	Age: 12 / -------	---------	Jess Puckett	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	gml Colleen Cunningham	AUG 05 1977

FORM BH 56067

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copy paid #13714.

AUG 8 1977

653-103-036-945

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-383

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louis Joseph Wettstein
2. Date Of Birth (month) (day) (year): Jan. 3 1913
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Daniels Idaho - Oneida
b. City or Town of Birth: Daniels

FATHER

6. Full Name of Father: Daniel Wettstein
7. State or Country of Father's Birth: Switzerland

MOTHER

8. Full Maiden Name of Mother: Lena Ruegsegger.
9. State or Country of Mother's Birth: Switzerland.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louis Joseph Wettstein
11. Present Address of Registrant: Rt. 1. Ontario - Oregon

NOTARY (Seal)

Subscribed and sworn to before me on July 11 1977

12. Signature of Notary: Rose Stade
13. Notary Commission expires: May 19, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church, Malad Stake	Mar.2,1913	blessed Mar.2,1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.3,1913	Daniels, Idaho	Lena Reugsagger	Daniel Wettstein

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of ordination	LDS Church, So. Davis Stake	Mar.31,1929	ordained Mar.31,1929

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.3,1913	Daniels, Idaho	Lena Ruegsegger	Daniel Wettstein

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age 85	Ida R. Newbrand	Aug.4,1977	Aug.4,1977

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.3,1913	Daniels, Idaho	Lena Ruegsegger	Daniel Wettstein

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	AUG 11 1977

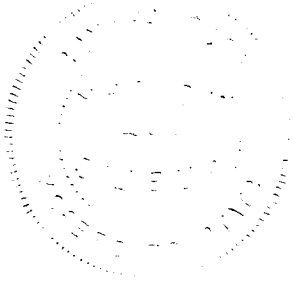
FORM BH 56067

ICC# 0712

7-7-77

AUG 12 1977

APR 29 2015



653-103-035-699

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-443

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Donald Hugh Wetmore	2. Date Of Birth (month) July (day) 3, (year) 1913
	3. Color or Race: White; 4. Sex: Male; 5. Place of Birth: a. County Southwick Nez Perce	b. City or Town of Birth: Southwick
FATHER	6. Full Name of Father: Samual Rollen Wetmore	7. State or Country of Father's Birth: DeMoine, Iowa
MOTHER	8. Full Maiden Name of Mother: Kattie Wetmore (Wright)	9. State or Country of Mother's Birth: Lake Port, Calif.
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: D H Wetmore; 11. Present Address of Registrant: 19107-Garrison Ave. Castro Valley Cal. 94546
NOTARY (Seal) attached on back	Subscribed and sworn to before me on 9/16 1977	12. Signature of Notary: Judith Ann Dickenson; 13. Notary Commission expires 1/24 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of California	Date issued: Aug.11,1977	Date Orig. Entry: child born May18,1942
	Date of Birth: Age: 28; Birth Place: Idaho	Full Name of Mother: ---------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: notarized copy Marriage record	By whom issued and signed: San Francisco county, CA	Date issued: Aug.3,1977	Date Orig. Entry: Dec.17,1937
	Date of Birth: Age: 24; Birth Place: Southwick, Idaho	Full Name of Mother: Kitten Whright	Name of Father: Samuel R. Wetmore	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: The Penn Mutual Life Ins. Co. of Philadelphia, PA	Date issued: Oct.4,1938	Date Orig. Entry: Oct.4,1938
	Date of Birth: July3,1913; Birth Place: Southwick, Idaho	Full Name of Mother: ----------	Name of Father: Samual Rollin Wetmore	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	SEP 28 1977

FORM BH 56067

SEP 2 8 1977

STATE OF CALIFORNIA }
County of ALAMEDA } ss.

On this 16 day of SEPTEMBER in the year one thousand nine hundred and SEVENTY SEVEN
before me, JUDITH ANN DICKERSON, a Notary Public in and for the
County of ALAMEDA, State of California, residing therein,
duly commissioned and sworn, personally appeared DONALD HUGH WETMORE

known to me to be the person whose name IS subscribed to the within instrument
and acknowledged to me that he executed the same. DELAYED CERTIFICATE OF BIRTH

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal
in the County of ALAMEDA the day and year in this
certificate first above written.

Judith Ann Dickerson

Notary Public in and for the County of ALAMEDA
State of California.
My Commission Expires 1/24/81

OFFICIAL SEAL
JUDITH ANN DICKERSON
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Jan. 24, 1981

856 E. 14th St., San Leandro, Ca. 94577

AICO-UTILITY Line Form NO. 60-005 —Acknowledgment—General.

239-205-014-258

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-461

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Helen May Blickenstaff			2. Date Of Birth (month) 4 (day) 5 (year) 1913
	3. Color or Race: W	4. Sex: F	5. Place of Birth a. County: Canyon	b. City or Town of Birth: Nampa, Idaho
FATHER	6. Full Name of Father: Eli E. Blickenstaff			7. State or Country of Father's Birth: Illinois
MOTHER	8. Full Maiden Name of Mother: (Maude) Sarah Rebecca Snyder			9. State or Country of Mother's Birth: Pyrmont Indiana
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Helen M. Hedgens		11. Present Address of Registrant: 1426 Oak Ct Lafayette, In
NOTARY (Seal)	Subscribed and sworn to before me on: Oct 5 1977	12. Signature of Notary: Dorothy E. Miller		13. ~~Notary Commission expires~~ Deputy Clerk - Tippecanoe Co. Ind.

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application		By whom issued and signed: American Standard Ins. Corp.	Date Issued: Mar.19,1951	Date Orig. Entry: Mar.12,1951
	Date of Birth: Apr.5,1913	Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Affidavit by father		By whom issued and signed: Eli E. Blickenstaff	Date Issued: Dec.28,1960	Date Orig. Entry: Dec.28,1960
	Date of Birth: Apr.5,1913	Birth Place: Nampa, Idaho	Full Name of Mother: (Maude) Sarah Rebecca Synder	Name of Father: Eli E. Blickenstaff	
SUPPORTING RECORD 3.	Type of Document: notarized copy Marriage license application		By whom issued and signed: Tippecanoe County, Indiana	Date Issued: Sep.8,1977	Date Orig. Entry: Apr.26,1932
	Date of Birth: Apr.5,1913	Birth Place: Nampa, Idaho	Full Name of Mother: Sarah Rebecca Snyder	Name of Father: Eli E. Blickenstaff	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 14 1977

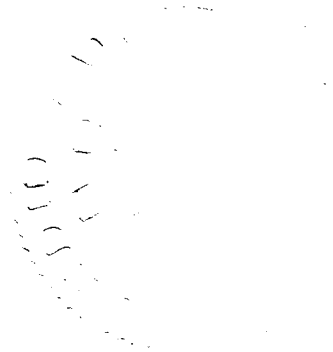
FORM BH 56067

ICC # 8736

9-29-77

Hudgens

OCT 17 1977



213-119-004-386

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-462

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Grant William Bateman
2. Date Of Birth (month) (day) (year): March 19, 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Bloomington, Idaho

FATHER

6. Full Name of Father: William H. Bateman
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Vesta M. Thompson
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Grant W Bateman
11. Present Address of Registrant: P. O. Box 216

NOTARY (Seal)

Subscribed and sworn to before me on: October 10 19 77
12. Signature of Notary: Lorna L. Humphery
13. Notary Commission expires: Lifetime 19___

APPLICANT—DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	birth certificate from church	LDS Church	Oct.15,1976	June 1,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.19,1913 / Bloomington, Id.	Vesta M. Thompson	William H. Bateman	
SUPPORTING RECORD 2.	Certificate of ordination	LDS Church	July5,1930	ordained June29,1930
	Mar.19,1913 / Bloomington, ID	Vesta M. Thompson	William H. Bateman	
SUPPORTING RECORD 3.	Affidavit by aunt, age 75	Hettie T. Cleveland	Sep.24,1977	Sep.24,1977
	Mar.19,1913 / Bloomington, ID	Vesta Marriet Thompson	William Henry Bateman	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	lc Colleen Cunningham	OCT 14 1977

FORM BH 56067

2 cc # 8781

OCT 1 7 1977

383-212-003-915

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-487

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Larose Chlarson
2. Date Of Birth (month) (day) (year): March 12 1913
3. Color or Race: White
4. Sex: FEMALE
5. Place of Birth a. County: Bannock Idaho
   b. City or Town of Birth: Thatcher

FATHER

6. Full Name of Father: John Ludwick Chlarson
7. State or Country of Father's Birth: UTAH

MOTHER

8. Full Maiden Name of Mother: Matilda Amanda Ransom
9. State or Country of Mother's Birth: Arizona

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Larose C. Yount
11. Present Address of Registrant: Rt 1 Box 7 Volcano, Ca. 95689

NOTARY (Seal) OFFICIAL SEAL WILLA M. KOPLIN NOTARY PUBLIC - CALIFORNIA AMADOR COUNTY My comm. expires FEB 2, 1981

Subscribed and sworn to before me on October 26 1977

12. Signature of Notary: Willa M. Koplin
13. Notary Commission expires: February 2, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church membership	LDS Church	Oct.28,1977	blessed Sep.9,1913
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.12,1913 / Thatcher, Idaho	Matilda A. Ranson	John L. Chlarson	
SUPPORTING RECORD 2.	Own child's birth certificate	State of Oregon	Oct.14,1977	child born July30,1936
	Age: 23 / Thatcher, Idaho	----------	---------	
SUPPORTING RECORD 3.	Marriage statistics	Clark County, Washington	Oct.28,1977	Nov.25,1939
	Age: 26 / Idaho	Mathilda Ransom	John Chlarson	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: OCT 28 1977

FORM BH 56067

OCT 31 1977

853-131-034-914

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-489

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: George (NMN) Helmer
2. Date of Birth (month) (day) (year): March 31 1913
3. Color or Race: Cau
4. Sex: MALE
5. Place of Birth a. County: MINIDOKA
b. City or Town of Birth: Paul Idaho

FATHER

6. Full Name of Father: Gotfreid Helmer
7. ~~State~~ or Country of Father's Birth: Galka, Russia

MOTHER

8. Full Maiden Name of Mother: Susie Rau
9. ~~State~~ or Country of Mother's Birth: Galka, Russia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: George Helmer
11. Present Address of Registrant: 812 Cranbrook St

NOTARY (Seal)

Subscribed and sworn to before me on: this 23 day June 1970
12. Signature of Notary: [illegible]
13. Notary Commission Expires: Does Not Expire.

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Transcript from Employment Records.	Personnel Manager, Alberta Government Telephones	Mar.6,1970	October 16,1957
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.31,1913 / --	---	---	
SUPPORTING RECORD 2.	Affidavit by Mother	Susie R. Helmer	23 June 70	---
	Mar.31,1913 / Paul, Idaho	Susie R. Helmer	---	
SUPPORTING RECORD 3.	Marriage registration	Province of British Columbia, Canada	Oct.24,1977	Aug.9,1944
	Age: 31 / Paul, Idaho	Susanna Rau	Godfrey Helmer	

QUALIFYING INFORMATION

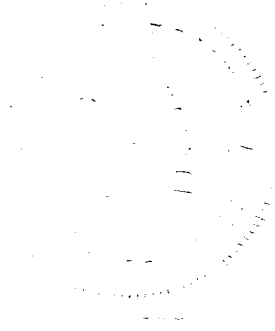
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: md Colleen Cunningham
Date Filed: OCT 31 1977

FORM BH 56067 | CC H 7008 | CC H 10108

NOV 1 1977



386-107-036-165

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-520

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Frank Carson Thomas			2. Date Of Birth (month) (day) (year): March 7 1913
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Malad (home) Oneida	b. City or Town of Birth: Malad, Idaho
FATHER	6. Full Name of Father: Emmett Hillery Thomas			7. State or Country of Father's Birth: ~~Texas~~ Watauga North Carolina Tennessee USA
MOTHER	8. Full Maiden Name of Mother: Martha Jones			9. State or Country of Mother's Birth: Malad Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Frank Carson Thomas		11. Present Address of Registrant: 41 Reynolds, Malad
NOTARY (Seal)	Subscribed and sworn to before me on: 11-14 1977	12. Signature of Notary: Ella E Houser		13. Notary Commission expires: 7-25 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance policy	By whom issued and signed: Idaho Security State Life. Ins. Co.		Date Issued: Nov.17,1977	Date Orig. Entry: Mar.20,1950
	Date of Birth: Age: 37	Birth Place: ---	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 2.	Type of Document: Own child's Hospital birth certificate	By whom issued and signed: Oneida Hospital, Malad, Idaho		Date Issued: Sep.11,1947	Date Orig. Entry: child born Sep.11,1947
	Date of Birth: Mar.7,1913	Birth Place: Malad, Idaho	Full Name of Mother: ---	Name of Father: ---	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 74	By whom issued and signed: Wilorie Thomas Lewis		Date Issued: Nov.21,1977	Date Orig. Entry: Nov.21,1977
	Date of Birth: Mar.7,1913	Birth Place: Malad, Idaho	Full Name of Mother: Martha Jones Thomas	Name of Father: Emmett Hillery Thomas	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	NOV 25 1977

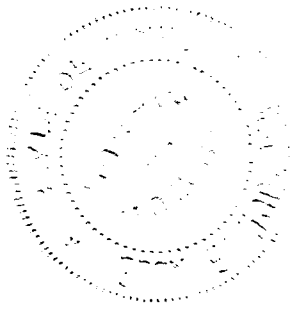
FORM BH 56067

ICC # 1679

11-9-77

Thomas

NOV 28 1977



4 65-105-022-912

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE77-524

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Hirontimus Monger			2. Date Of Birth (month) (day) (year): August 5 1913
	3. Color or Race: Indian	4. Sex: male	5. Place of Birth a. County: Fremont	b. City or Town of Birth: Sugar City
FATHER	6. Full Name of Father: Hirontimus (Bud) Monger			7. State or Country of Father's Birth: Oklahoma
MOTHER	8. Full Maiden Name of Mother: Sena Marie Rasmussen			9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Heigh Monger		11. Present Address of Registrant: 1630 Chestnut Everett, WA 98201
NOTARY (Seal)	Subscribed and sworn to before me on: November 23 1977	12. Signature of Notary: Shirley Fulps		13. Notary Commission expires: October 18 1980

APPLICANT: DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Washington	Date Issued: Sep.22,1977	Date Orig. Entry: child born Sep.2,1963
	Date of Birth: Age: 50	Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ---
SUPPORTING RECORD 2.	Type of Document: Affidavit by mother	By whom issued and signed: Sena Monger	Date Issued: Apr.8,1941	Date Orig. Entry: Apr.8,1941
	Date of Birth: Aug.5,1913	Birth Place: Sugar City, Idaho	Full Name of Mother: Sena Marie Rasmussen	Name of Father: Bud Monger
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Nov.17,1977	Date Orig. Entry: baptized Junel,1968
	Date of Birth: Aug.5,1913	Birth Place: Sugar City, Idaho	Full Name of Mother: Maria Nelsena C. Rasmussen	Name of Father: William Monger
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	NOV 30 1977

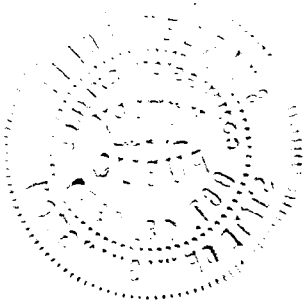
FORM BH 56067

RC # 4337

10-25-77

dbc file

DEC 1 1977



DELAYED

Dupont 1973-17631

363-229-023-396

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

DE 78-004
State File No. -

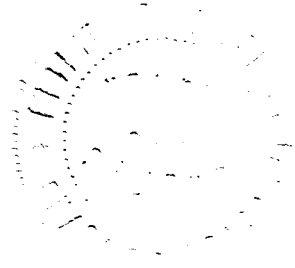
REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Sarah Fern Tolley			2. Date Of Birth (month) March (day) 29, (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: GEm	b. City or Town of Birth: Emmett
FATHER	6. Full Name of Father: Louis Roger Tolley			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Mary H. Crowley			9. State or Country of Mother's Birth:
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Sarah F Larsen		11. Present Address of Registrant: 234 Checola Cr. Boise
NOTARY (Seal)	Subscribed and sworn to before me on: December 27 1977	12. Signature of Notary: Florence Curtright		13. Notary Commission expires: 4-20 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file - Idaho - #230742		Date Issued: ------	Date Orig. Entry: child born Mar.18,1935
	Date of Birth: Age 21	Birth Place: Emmett, Idaho	Full Name of Mother: ----------		Name of Father: ---------
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Old West Life Insurance Co.		Date Issued: Oct.29,1959	Date Orig. Entry: Aug.7,1959
	Date of Birth: Mar.29,1913	Birth Place: -----	Full Name of Mother: ----------		Name of Father: --------
SUPPORTING RECORD 3.	Type of Document: Church Record	By whom issued and signed: Meridian L. D. S. Church 9th ward		Date Issued: Jan.8,1977	Date Orig. Entry: Baptized April 2,1921
	Date of Birth: Mar.29,1913	Birth Place: Emmett, Idaho	Full Name of Mother: Mary Crowley		Name of Father: Louis R. Tolley
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: fc cc Florence Curtright	Date Filed: Jan.3,1978

FORM BH 56067



955-113-003-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE-78-019

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Jack Milton Reeder			2. Date Of Birth (month) Aug. (day) 13 (year) 1913
	3. Color or Race: white	4. Sex: male	5. Place of Birth a. County: Grace, Idaho Bannock	b. City or Town of Birth: Grace, Idaho
FATHER	6. Full Name of Father: John Alma Reeder			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Emma Louise Hayes			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jack M Reeder		11. Present Address of Registrant: 3626 Hampstead Rd. Flintridge, Calif. 91011
NOTARY (Seal)	Subscribed and sworn to before me on: April 4th 1977	12. Signature of Notary: Jenny D. Liddi		13. Notary Commission expires: January 3rd 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by cousin, DOB:May13, 1901	By whom issued and signed: Thelma Later Colley	Date Issued: Mar.16,1977	Date Orig. Entry: Mar.16,1977
	Date of Birth: Aug.13,1913	Birth Place: Grace, Idaho	Full Name of Mother: Emma L. Hayes Reeder	Name of Father: -----
SUPPORTING RECORD 2.	Type of Document: Federal census report, 1920	By whom issued and signed: U.S. Department of Commerce	Date Issued: May18,1977	Date Orig. Entry: Jan.1,1920
	Date of Birth: Age: 6	Birth Place: Idaho	Full Name of Mother: Emma Reeder	Name of Father: John A. Reeder
SUPPORTING RECORD 3.	Type of Document: Radio Telephone Operator License	By whom issued and signed: Federal Communications Comm.	Date Issued: Mar.30,1936	Date Orig. Entry: Mar.30,1936
	Date of Birth: Aug.13,1913	Birth Place: Grace, Idaho	Full Name of Mother: ------	Name of Father: ------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: cc Colleen Cunningham	Date Filed: JAN 13 1978

FORM BH 56067

JAN 16 1978

613-223-009-555

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-029

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Marjorie Alice Fallow		2. Date Of Birth (month) May (day) 23 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Lacleede, Ida - Bonner; b. City or Town of Birth: LACLEEDE
FATHER	6. Full Name of Father: William Ellsworth Fallow		7. State or Country of Father's Birth: Canada
MOTHER	8. Full Maiden Name of Mother: Mary Evenson		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Marjorie Evenson	11. Present Address of Registrant: 1051 Lincoln P.O. Yuba City, Ca.
NOTARY (Seal)	Subscribed and sworn to before me on 10 OCT 10 '77 19	12. Signature of Notary: Opal Walters	13. Notary Commission expires 19

OFFICIAL SEAL
NOTARY PUBLIC - CALIFORNIA
SUTTER COUNTY
My comm. expires AUG 8, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister, age 80	By whom issued and signed: Leona Margaret Fallow Leathers	Date issued: Oct.7,1977	Date Orig. Entry: Oct.7, 1977
	Date of Birth: May23,1913	Birth Place: LaClede, Idaho	Full Name of Mother: Margot Evenson (Mary)	Name of Father: William Ellsworth Fallow
SUPPORTING RECORD 2.	Type of Document: Transcript from School census records	By whom issued and signed: Dortha E. Voruz, Secy. to Supt. LaGrande Public Schools	Date issued: Feb.3,1975	Date Orig. Entry: Oct.25,1920
	Date of Birth: Age: 7	Birth Place: -------	Full Name of Mother: Mary Fallow	Name of Father: William Fallow
SUPPORTING RECORD 3.	Type of Document: Social Security # Application	By whom issued and signed: Treasury Department, IRS	Date issued: Jan.12,1978	Date Orig. Entry: Dec.16,1936
	Date of Birth: May23,1913	Birth Place: Lacleede, Idaho	Full Name of Mother: Mary Evenson	Name of Father: William Fallow
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JAN 17 1978

K FORM BH 56067 1CCPd

JAN 1 8 1978

753-202-022-154

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-035

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Elda Lillian Peterson		2. Date Of Birth (month) (day) (year): September 2, 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Fremont; b. City or Town of Birth: St. Anthony
FATHER	6. Full Name of Father: HANS PETERSON		7. State or Country of Father's Birth: Denmark
MOTHER	8. Full Maiden Name of Mother: Amelia Anderson		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: John M. Sharp	11. Present Address of Registrant: 1106 Cassia, Idaho Falls, ID
NOTARY (Seal)	Subscribed and sworn to before me on: December 30 1977	12. Signature of Notary: Elda Lillian Peterson Hobbs	13. Notary Commission expires: Permanent 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license affidavit		By whom issued and signed: Bonneville County, Idaho	Date issued: Dec.28,1977	Date Orig. Entry: June23,1934
	Date of Birth: Age: 20	Birth Place: -----	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: Insurance application		By whom issued and signed: New York Life Ins. Co.	Date issued: Nov.9,1943	Date Orig. Entry: Nov.9,1943
	Date of Birth: Sep.2,1913	Birth Place: St. Anthony, ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by sister, age 78		By whom issued and signed: Hilda Peterson Bird	Date issued: Jan.11,1978	Date Orig. Entry: Jan.11,1978
	Date of Birth: Sep.2,1913	Birth Place: St. Anthony, ID	Full Name of Mother: Emily Anderson	Name of Father: Hans Peterson	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	JAN 24 1978

FORM BH 56067

11-23-77

Hobbs

JAN 25 1973.

DECEASED

255-217-206-713

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-058

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: THELMA SOPHIA SEVERIN
2. Date Of Birth (month) (day) (year): October 17, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Blackfoot ID. Bingham
   b. City or Town of Birth: Blackfoot, Idaho

FATHER

6. Full Name of Father: Hubert Henry Severin
7. State or Country of Father's Birth: Nebraska

MOTHER

8. Full Maiden Name of Mother: Margaret Elizabeth Patz
9. State or Country of Mother's Birth: Nebraska

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Thelma Severin Gates
11. Present Address of Registrant: N 2210 University, Spokane, WA 99206

NOTARY (Seal)

Subscribed and sworn to before me on: January 23, 1978

12. Signature of Notary: Jean Bayer
13. Notary Commission expires: June 21 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by uncle, age 85	Edward W. Patz	Jan.25,1978	Jan.25,1978
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.17,1913 / Blackfoot, ID	Margaret Elizabeth Patz	Hubert Henry Severin	
SUPPORTING RECORD 2.	School record	Spokane Public Schools, Spokane, WA	Feb.3,1978	Jan.,1932
	Oct.17,1913 / -----	--------	H. H. Severin	
SUPPORTING RECORD 3.	Own child's hospital birth certificate	Sacred Heart Hosp,Spokane, WA	Nov.6,1936	child born Nov.6,1936
	Oct.17,1913 / Idaho	--------	-------	

QUALIFYING INFORMATION

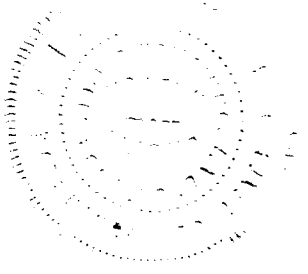
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wiske	Colleen Cunningham cc	FEB 09 1978

FORM BH 56067

FEB 10 1978



584-215-021-253

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-084

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: INEZ LYDIA HYDE		2. Date Of Birth (month) JULY (day) 15th (year) 1913	
	3. Color or Race: ANGLO SAXON	4. Sex: F.	5. Place of Birth a. County: FAIRVIEW, FRANKLIN	b. City or Town of Birth: HOME. FAIRVIEW. IDAHO
FATHER	6. Full Name of Father: URRIAH HERRICK HYDE			7. State or Country of Father's Birth: Fairview, Idaho. Franklin, Co.
MOTHER	8. Full Maiden Name of Mother: LYDIA ELLEN BECKSTEAD			9. State or Country of Mother's Birth: OGDEN, UTAH-WEBER COUNTY
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Inez Lydia Hyde Cullum		11. Present Address of Registrant: 1755 Trinity Ave Walnut Creek, Calif.
NOTARY (Seal)	Subscribed and sworn to before me on: FEB. 7 1978	12. Signature of Notary:		13. My Commission expires: DAVID S. TULLUS NOTARY PUBLIC Contra Costa County, California My commission expires June 26, 1981

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military record	By whom issued and signed: War Department Report of Field Personnel Action	Date Issued: Apr.29,1944	Date Orig. Entry: Apr.29,1944
	Date of Birth: July15,1913	Birth Place: ----------	Full Name of Mother: --------	Name of Father: --------
SUPPORTING RECORD 2.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Oct.4,1913	Date Orig. Entry: blessed Oct.4,1913
	Date of Birth: July15,1913	Birth Place: Fairview, Idaho	Full Name of Mother: Lydia E. Beckstead	Name of Father: Uriah H. Hyde
SUPPORTING RECORD 3.	Type of Document: Affidavit by mother, born 1890	By whom issued and signed: Lydia Ellen Cottle	Date Issued: Oct.16,1974	Date Orig. Entry: Oct.16,1974
	Date of Birth: July15,1913	Birth Place: -------	Full Name of Mother: Lydia Ellen Beckstead	Name of Father: ---------
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham cc	MAR 06 1978

FORM BH 56067

12-14-11

MAR 7 1978

493-129-003-815

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-086

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Joseph Rodney Miles		2. Date Of Birth (month) May (day) 29 (year) 1913	
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth: a. County: Chesterfield Idaho (was Changed to Bingham Co.)	b. City or Town of Birth: Chesterfield
FATHER	6. Full Name of Father: Charles Ernest Miles		7. State or Country of Father's Birth: Utah	
MOTHER	8. Full Maiden Name of Mother: Anna Margaret Hansen		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Joseph R Miles	11. Present Address of Registrant: P.O. Box 127, Hines Ore. 97738	
NOTARY (Seal)	Subscribed and sworn to before me on: December 12 19 77	12. Signature of Notary: William H. Beal	13. Notary Commission expires: Sept 22 19 80	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Military discharge	By whom issued and signed: U.S. Armed Services	Date Issued: Jan.13,1946	Date Orig. Entry: enlisted Oct.19,1942	
	Date of Birth: May29,1913	Birth Place: Chesterfield, ID	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 2.	Type of Document: School record	By whom issued and signed: Southern Branch, U of Idaho	Date Issued: June20,1975	Date Orig. Entry: Sep.20,1933	
	Date of Birth: May29,1913	Birth Place: Chesterfield, Idaho	Full Name of Mother: ---------	Name of Father: Charles Miles	
SUPPORTING RECORD 3.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Mar.3,1978	Date Orig. Entry: Oct.14,1925	
	Date of Birth: May29,1913	Birth Place: ------	Full Name of Mother: Anna Margret Hansen	Name of Father: Charles Ernest Miles	
QUALIFYING INFORMATION					

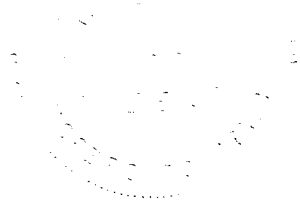
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 0 6 1978

FORM BH 56067

MAR 7 1978



965-22-033-249

DELAYED

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

State File No. DE78-095

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Martha Roemer			2. Date Of Birth (month) 4 (day) 22 (year) 1913
	3. Color or Race: Caucasian	4. Sex: F.	5. Place of Birth a. County: Madison	b. City or Town of Birth: Suger City, Idaho
FATHER	6. Full Name of Father: George B. Roemer			7. State or Country of Father's Birth: Russia
MOTHER	8. Full Maiden Name of Mother: Katharina E. Kurz			9. State or Country of Mother's Birth: Russia
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Martha Roemer	11. Present Address of Registrant: Route #1, Heyburn, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 3 1978		12. Signature of Notary: Norman H. Nielson	13. Notary Commission expires: 5/17 1978

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister	By whom issued and signed: Mary Schenk, age 13 at birth of sister	Date Issued: Mar.3,1978	Date Orig. Entry: Mar.3,1978
	Date of Birth: Apr.22,1913 / Birth Place: Sugar City, Idaho	Full Name of Mother: Katharina E. Roemer	Name of Father: George B. Roemer	
SUPPORTING RECORD 2.	Type of Document: notarized copy Family bible	By whom issued and signed: Family bible	Date Issued: Mar.3,1978	Date Orig. Entry: obviously old
	Date of Birth: Apr.22,1913 / Birth Place: Sugar, Idaho	Full Name of Mother: ----------	Name of Father: --------	
SUPPORTING RECORD 3.	Type of Document: Certificate of baptism	By whom issued and signed: Lutheran Church, Salem, Idaho	Date Issued: Mar.3,1978	Date Orig. Entry: baptized June7,1913
	Date of Birth: Apr.22,1913 / Birth Place: Sugar City, Idaho	Full Name of Mother: Katharina E. Kurz	Name of Father: Georg B. Roemer	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Ulrich	Colleen Cunningham	MAR 10 1978

FORM BH 56067

2 Apr'd. Ltr. # 15702

DELAYED STAMP BROUGHT FORWARD TO CERTIFICATE FACE 01/05/2018 ICL

MAR 13 1978

JAN 05 2018

419-104-013-693

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-104

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Glenwood Dale Maier			2. Date Of Birth: (month) May (day) 4 (year) 1913	
	3. Color or Race: Caucasian	4. Sex: Male	5. Place of Birth: Camas	b. City or Town of Birth: Fairfield	
FATHER	6. Full Name of Father: George Charles Maier			7. State or Country of Father's Birth: Ohio	
MOTHER	8. Full Maiden Name of Mother: Ida Alice Willhite			9. State or Country of Mother's Birth: Missouri	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Glenwood Dale Maier	11. Present Address of Registrant: 2473 Sunrise Blvd. Sp. 41-131 Rancho Cordova, Calif. 95670	
NOTARY (Seal)	Subscribed and sworn to before me on: October 12, 19 77		12. Signature of Notary: [signature]	13. Notary Commission expires: July 9, 19 79	

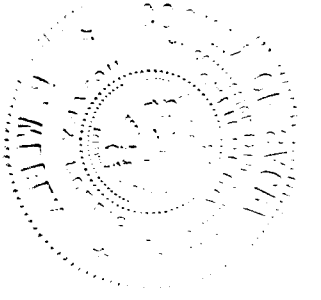
APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother, age 37 at		By whom issued and signed: child's birth, Ida Maier	Date Issued: Dec.29,1941	Date Orig. Entry: Dec.29,1941
	Date of Birth: May4,1913	Birth Place: Fairfield, Idaho	Full Name of Mother: Ida Alice Willhite	Name of Father: George Charles Maier	
SUPPORTING RECORD 2.	Type of Document: Employment record (application)		By whom issued and signed: National Personnel Records Center, GSA, St. Louis, MO	Date Issued: Aug.4,1977	Date Orig. Entry: July15,1941
	Date of Birth: May4,1913	Birth Place: Fairfield, Idaho	Full Name of Mother: Ida Alice Willhite	Name of Father: George Charles Maier	
SUPPORTING RECORD 3.	Type of Document: Application for Degrees		By whom issued and signed: Masonic Lodge, California	Date Issued: Mar.10,1978	Date Orig. Entry: Jan.13,1944
	Date of Birth: May4,1913	Birth Place: Fairfield, Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: MAR 13 1978

FORM BH 56067

MAR 14 1978



796-223-029-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-123

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Madeleine Charlotte Victorine Adelle Groh		2. Date Of Birth (month) August (day) 23, (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Latah; b. City or Town of Birth: Bovill
FATHER	6. Full Name of Father: Thomas M. Groh		7. State or Country of Father's Birth: France
MOTHER	8. Full Maiden Name of Mother: Juliette M. Stattmuller		9. State or Country of Mother's Birth: France
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Madeleine C V Gorman	11. Present Address of Registrant: E521, Sharp ave Spokane WA 99202
NOTARY (Seal)	Subscribed and sworn to before me on: March 20, 1978	12. Signature of Notary: Jerry Ron Hawkins	13. Notary Commission expires: 10-15- 1978

APPLICANT -- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Marriage license/certificate		By whom issued and signed: Flathead County, Montana	Date issued: July22,1976	Date Orig. Entry: Oct.30,1935
	Date of Birth: Age: 22	Birth Place: Bovil, Idaho	Full Name of Mother: Juliette Stattmutter	Name of Father: Thomas M. Groh	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate		By whom issued and signed: State of Washington	Date issued: Feb.23,1978	Date Orig. Entry: child born Nov.8,1954
	Date of Birth: Age: 41	Birth Place: Bovill, Idaho	Full Name of Mother: ----------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by person present, age 82		By whom issued and signed: Nellie E. Smith	Date issued: July19,1976	Date Orig. Entry: July19,1976
	Date of Birth: Aug.23,1913	Birth Place: Bovill, Idaho	Full Name of Mother: Juliette M. Stattmuller	Name of Father: Thomas M. Groh	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham cc	MAR 27 1978

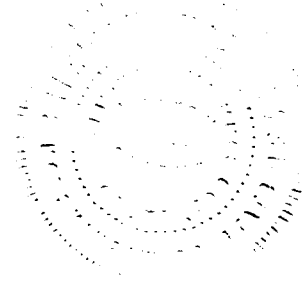
FORM BH 56067

1cc / 1card Pd #11118

3-16-78

Gorman

MAR 2 8 1978



439-230-003-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-167

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Zelma Natrona Mc Ilvain		2. Date Of Birth (month) May (day) 30 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Bannock; b. City or Town of Birth: Fort Hall, Idaho
FATHER	6. Full Name of Father: Robert Mc Clain Mc Ilvain		7. State or Country of Father's Birth: Wyoming
MOTHER	8. Full Maiden Name of Mother: Florence Kutch		9. State or Country of Mother's Birth: Wyoming
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Zelma McWilliams	11. Present Address of Registrant: San Francisco 57, 360 Country Club Drive
NOTARY (Seal)	Subscribed and sworn to before me on: February 2nd 1957	12. Signature of Notary: Notary Public in and for the County of San Francisco, State of California	13. Notary Commission expires: My Commission Expires Sept. 23, 1960 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Mother	By whom issued and signed: Florence K. Stiles	Date issued: 1-14-57	Date Orig. Entry:
	Date of Birth: May 30, 1913; Birth Place: Fort Hall, Idaho	Full Name of Mother: Florence Kutch McIlvain	Name of Father: Robert McClain McIlvain	
SUPPORTING RECORD 2.	Type of Document: Social Security Record	By whom issued and signed: U.S. Treasury Department	Date issued:	Date Orig. Entry: 5-5-37
	Date of Birth: May 30, 1913; Birth Place: Fort Hall, Idaho	Full Name of Mother: Florence Kutch	Name of Father: Robert McIlvain, Jr.	
SUPPORTING RECORD 3.	Type of Document: School record, BIA	By whom issued and signed: Haskell Institute, Lawrence, KS	Date issued: Feb.15,1957	Date Orig. Entry: Sep.2,1933
	Date of Birth: May30,1913; Birth Place: -------	Full Name of Mother: --------	Name of Father: ---------	
QUALIFYING INFORMATION				

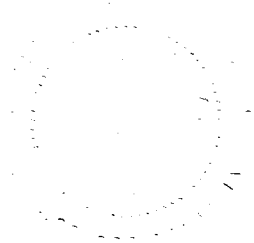
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	SS Colleen Cunningham	APR 25 1978

FORM BH 56067

APR 25 1978



219-223-004-519

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-234

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Mildred Cora Barker	2. Date Of Birth (month) January (day) 23 (year) 1913	
	3. Color or Race: white; 4. Sex: female; 5. Place of Birth a. County: Bear Lake	b. City or Town of Birth: St. Charles	
FATHER	6. Full Name of Father: Amos Eli Barker	7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Cora Fannie Earley	9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Mildred Cora Barker	11. Present Address of Registrant: Kimball 2924 Childrens Ogden
NOTARY (Seal)	Subscribed and sworn to before me on: May 30 1978	12. Signature of Notary: Robert H Jones	13. Notary Commission expires: 9-20 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church	Date Issued: Apr.17,1978	Date Orig. Entry: blessed Apr.4,1913
	Date of Birth: Jan.23,1913; Birth Place: St. Charles, ID	Full Name of Mother: Cora Earley	Name of Father: Amos Barker	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism/conf	By whom issued and signed: LDS Church	Date Issued: Aug.26,1921	Date Orig. Entry: Aug.26,1921 baptized
	Date of Birth: Jan.23,1913; Birth Place: St. Charles, Idaho	Full Name of Mother: Cora F. Earley	Name of Father: Amos E. Barker	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 76	By whom issued and signed: Lucy E. Willis	Date Issued: May7,1978	Date Orig. Entry: May 7,1978
	Date of Birth: Jan.23,1913; Birth Place: St. Charles, ID	Full Name of Mother: Cora Fannie Earley	Name of Father: Amos Eli Barker	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	JUN 12 1978

cc

FORM BH 56067 ICC# 14315 4-19-71

JUN 1 [illegible] 1978

No file

667-230-031-318

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-239

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Louise Marie Fogarty		2. Date Of Birth (month) July (day) 30 (year) 1913
	3. Color or Race: white	4. Sex: female	5. Place of Birth a. County: Lewis; b. City or Town of Birth: Craigmont
FATHER	6. Full Name of Father: Andrew Fogarty		7. State or Country of Father's Birth: Colorado
MOTHER	8. Full Maiden Name of Mother: Mary Taylor		9. State or Country of Mother's Birth: Nebraska
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Louise Marie Fogarty	11. Present Address of Registrant: Stites, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: JUNE 7, 19 78	12. Signature of Notary: [signature]	13. Notary Commission expires: APRIL 1, 19 80

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: on file Idaho #250208	Date issued: May24,1978	Date Orig. Entry: child born Dec.27,1936
	Date of Birth: Age: 23 / Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Idaho Mutual Benefit Ass.	Date issued: Jan.18,1955	Date Orig. Entry: Jan.13,1955
	Date of Birth: July30,1913 / Birth Place: Craigmont, Idaho	Full Name of Mother: ---------	Name of Father: ---------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by aunt, age 81	By whom issued and signed: Mary Wright	Date issued: June1,1978	Date Orig. Entry: June1,1978
	Date of Birth: July30,1913 / Birth Place: Craigmont, Idaho	Full Name of Mother: Mary Taylor	Name of Father: Andrew Fogarty	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham cc	Date Filed: JUN 13 1978

FORM BH 56067

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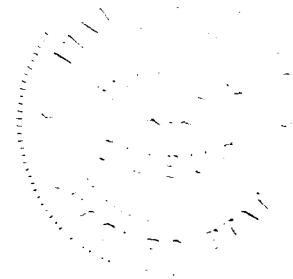
JUN 13 1978



413-214-016-448

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-265

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Beth Macfarlane
2. Date Of Birth (month) (day) (year): Dec. 14, 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth a. County: Cassia
b. City or Town of Birth: Elba,

FATHER

6. Full Name of Father: Robert Downey Macfarlane
7. State or Country of Father's Birth: Box Elder Co. Utah

MOTHER

8. Full Maiden Name of Mother: Rowane Udy
9. State or Country of Mother's Birth: Farmington, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Beth M. Bowcutt
11. Present Address of Registrant: 312 East 7th So. Logan, Utah 84321

NOTARY (Seal)

Subscribed and sworn to before me on: July 3 1978
12. Signature of Notary: Margaret D. Davis
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate	State of Utah	July3,1978	child born Jan.8,1949
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Elba, Idaho	----------	----------	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	Feb.1,1914	blessed Feb.1,1914
	Dec.14,1913 / Elba, Idaho	Rowana Udy	Robert Macfarlane	
SUPPORTING RECORD 3.	Certificate of baptism/conf.	LDS Church	Aug.7,1922	baptized July30,1922
	Dec.14,1913 / Elba, Idaho	Rowane Udy	Robert D. Macfarlane	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 03 1978

FORM BH 56067

JUL 0 3 1978

268-217-023-229

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-301

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Fae Boynton
2. Date Of Birth (month) (day) (year): November 17, 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth a. County: Idaho — Gem
   b. City or Town of Birth: Pinehurst, Idaho

FATHER

6. Full Name of Father: Alpheus Wing Boynton
7. State or Country of Father's Birth: Palmer, Kansas

MOTHER

8. Full Maiden Name of Mother: Mercy Emeline Skippen
9. State or Country of Mother's Birth: Conningsby, Ontario, Canada

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Fae B Kolfe
11. Present Address of Registrant: Rt.1,Bx 2,Bozeman, Mt.

NOTARY (Seal)

Subscribed and sworn to before me on June 9 19 78

12. Signature of Notary: Gwelda Jean Allison
13. Notary Commission expires: May 22 19 79

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Own child's birth certificate Montana		May24,1978	child born May10,1949
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Age: 35 / Idaho	----------	----------	
SUPPORTING RECORD 2.	Bible record	Family bible	June16,1978	obviously old
	Nov.17,1913 / Pinehurst, Idaho	Mercy Emeline Skippen	Alpheus Wing Boynton	
SUPPORTING RECORD 3.	Affidavit by person present	Elda McDaniel, age 81	June29,1978	June29,1978
	Nov.17,1913 / Pinehurst, Idaho	Mercy Skippen Boynton	Alpheus Wing Boynton	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

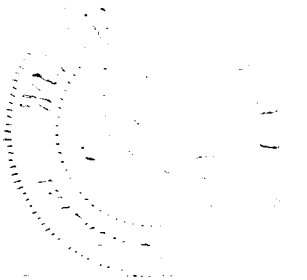
State Registrar: Janet M. Klick
Evidence reviewed by: Colleen Cunningham
Date Filed: JUL 26 1978

FORM BH 56067

CC # 9925

1-11-78

JUL 2 7 1978



319-230-038-366

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-328

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Lois Muriel Carnefix
2. Date Of Birth (month) (day) (year): 11 30 1913
3. Color or Race: W
4. Sex: F
5. Place of Birth: a. County: Payette; b. City or Town of Birth: Fruitland

FATHER

6. Full Name of Father: Joseph Foreman Carnefix
7. State or Country of Father's Birth: Missouri

MOTHER

8. Full Maiden Name of Mother: Ida Maria Cook
9. State or Country of Mother's Birth: Wisconsin

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lois M Clark
11. Present Address of Registrant: 3319 S Kimball Caldwell, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 14 1978

12. Signature of Notary: Margaret D. Dore
13. Notary Commission expires: Lifetime 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother	By whom issued and signed: Ida M. Carnefix	Date Issued: Dec.6,1976	Date Orig. Entry: Dec.6,1976
	Date of Birth: Nov.30,1913 / Birth Place: Fruitland, Idaho	Full Name of Mother: Ida M. Cook	Name of Father: Joseph Foreman Carnefix	
SUPPORTING RECORD 2.	Type of Document: Insurance application	By whom issued and signed: Equitable Life Assurance Co.	Date Issued: July30,1935	Date Orig. Entry: July20,1935
	Date of Birth: Nov.30,1913 / Birth Place: Fruitland, Idaho	Full Name of Mother: Ida M. Carnefix	Name of Father: J. F. Carnefix	
SUPPORTING RECORD 3.	Type of Document: Marriage license affidavit	By whom issued and signed: Owyhee County, Idaho	Date Issued: Aug.14,1978	Date Orig. Entry: Feb.18,1942
	Date of Birth: Age: 28 / Birth Place: ----------	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 14 1978

FORM BH 56067

Clark

AUG 14 1978

619-207-016-449

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-380

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Hazel Dawn Ward
2. Date of Birth: (month) NOV. (day) 7 (year) 1913
3. Color or Race: White
4. Sex: F
5. Place of Birth: a. County: Cassia
b. City or Town of Birth: Almo, Idaho

FATHER

6. Full Name of Father: Orville Welton Ward
7. State or Country of Father's Birth: Almo, Idaho

MOTHER

8. Full Maiden Name of Mother: Nancy L. Durfee
9. State or Country of Mother's Birth: Willard, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Hazel Ward Bucher
11. Present Address of Registrant: Ella, Idaho 83326

NOTARY (Seal)

Subscribed and sworn to before me on 18 April 1978

12. Signature of Notary: Gene Baxter
13. Notary Commission expires: life term 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church birth certificate	LDS Church	Feb.13,1978	Jan.4,1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.7,1913	Almo, Idaho	Nancy L. Durfee	Orville Ward

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
School census	Cassia County, Idaho	Sep.13,1978	Nov.5,1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 7	-------	--------	Orville Ward

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage license application	Box Elder County, Utah	Aug.9,1978	June21,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.7,1913	Almo, Idaho	Nina Durfey	Orval Ward

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	SEP 22 1978

FORM BH 56067

Copy sent rec 19364

SEP 25 1978

395-231-0002-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-405

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Louvina Matilda Lindsay
2. Date Of Birth (month) 10 (day) 31 (year) 1913
3. Color or Race: Caus.
4. Sex: F
5. Place of Birth a. County: Adams
b. City or Town of Birth: Indian Valley

FATHER

6. Full Name of Father: Tilford Lindsay
7. State or Country of Father's Birth: Idaho

MOTHER

8. Full Maiden Name of Mother: Clara Freitag
9. State or Country of Mother's Birth:

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Louvina Matilda Lindsay
11. Present Address of Registrant: P.O. Box A #140 Pendleton Ore. 97801

NOTARY (Seal)

Subscribed and sworn to before me on September 6, 1978
12. Signature of Notary: Mary Sue Hunter
13. Notary Commission expires: August 23, 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Personal History sheet	Eastern Oregon State Hospital	Sep.11,1978	April 30, 1932
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Oct.31,1913 Indian Valley,ID	Clara Freitag	Tilford Lindsay	
SUPPORTING RECORD 2.	Physician's report	Chas. E. Palmer, M.D.	Apr.30,1932	Apr.30,1932
	Oct.31,1913 Indian Valley, ID	Clara Freitag	Tilford Lindsay	
SUPPORTING RECORD 3.	Court record of commitment	Malheur County, Oregon	Apr.30,1932	Apr.30,1932
	Age: 18 1/2 U.S.A.	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

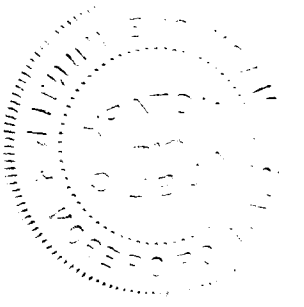
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: cc Colleen Cunningham
Date Filed: OCT 02 1978

FORM BH 56067

Lindsay

OCT 3 1978



753113-004-269

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-434

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Stuart Christian Pecora
2. Date of Birth (month) (day) (year): Aug. 13 1913
3. Color or Race: white
4. Sex: M
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: Georgetown

FATHER

6. Full Name of Father: Frank Pecora
7. State or Country of Father's Birth: Italy

MOTHER

8. Full Maiden Name of Mother: Alice Jeanette Sorensen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Stuart C. Pecora
11. Present Address of Registrant: 1716 Michigan, Boise

NOTARY (Seal)

Subscribed and sworn to before me on Sept. 27 1978

12. Signature of Notary: Ruby C. Jenicke
13. Notary Commission expires: 12-23- 1978

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Idaho #61-5089	on file	child born May3,1961

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 47	Georgetown, Idaho	----------	----------

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	LDS Church	July28,1935	ordained ~~July28,1935~~

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1913	Georgetown, Idaho	Alice Jeanette Sorensen	Franklin Pecora

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Ada County Voter Record	Ada County, Idaho	Oct.19,1978	Aug.8,1972

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Aug.13,1913	------	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
Date Filed: OCT 19 1978

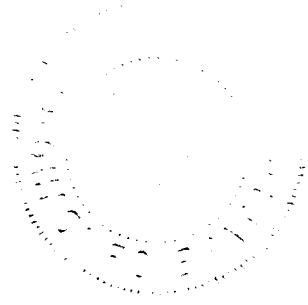
FORM BH 56067

CC # 15520

9-11-78

Pecora

OCT 19 1978



25-1 30 - 035-369

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-455

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Clifford Ardell Sneath		2. Date Of Birth (month) (day) (year): August 30 1913
	3. Color or Race: White	4. Sex: M	5. Place of Birth a. County: Nez Perce; b. City or Town of Birth: Lapwai
FATHER	6. Full Name of Father: Louis Sneath		7. State or Country of Father's Birth: Pennsylvania
MOTHER	8. Full Maiden Name of Mother: Clara Torgerson		9. State or Country of Mother's Birth: Minnesota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Clifford Ardell Sneath	11. Present Address of Registrant: Rt 1, Box 25, Lapwai, ID
NOTARY (Seal)	Subscribed and sworn to before me on: October 10, 1978	12. Signature of Notary: Doris O. Eller	13. Notary Commission expires: July 1, 1980

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Insurance application	By whom issued and signed: Mutual Life Ins. Co. of NY	Date Issued: Nov.7,1978	Date Orig. Entry: Sep.25,1937
	Date of Birth: Aug.30,1913 / Birth Place: Lapwai, Idaho	Full Name of Mother: -----	Name of Father: - -----	
SUPPORTING RECORD 2.	Type of Document: Affidavit by uncle, age 85	By whom issued and signed: George H. Torgerson	Date Issued: Sep.8,1978	Date Orig. Entry: Sep.8,1978
	Date of Birth: Aug.30,1913 / Birth Place: Lapwai, Idaho	Full Name of Mother: Clara Torgerson Sneath	Name of Father: Louis Sneath	
SUPPORTING RECORD 3.	Type of Document: School census marshal's report NezPerce County, Idaho	By whom issued and signed:	Date Issued: Sep.6,1978	Date Orig. Entry: Sep.,1919
	Date of Birth: Age: 6 / Birth Place: ------	Full Name of Mother: Mrs. L. Sneath	Name of Father: Mr. L. Sneath	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wicks	Colleen Cunningham	NOV 08 1978

FORM BH 56067

10 # 14567

Smith

NOV 9 1978

612-213-022-962

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78- 488

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Arvilla Asenith Oakey			2. Date Of Birth (month) (day) (year): January 13, 1913
	3. Color or Race: Caucasian	4. Sex: Female	5. Place of Birth a. County: Fremont (Now Madison)	b. City or Town of Birth: Plano
FATHER	6. Full Name of Father: Charles Ernest Oakey			7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Mary Ann Robertson			9. State or Country of Mother's Birth: Idaho
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Arvilla Asenith Oakey Gradshaw		11. Present Address of Registrant: Route 2, St. Anthony, ID
NOTARY (Seal)	Subscribed and sworn to before me on: November 29 19 78	12. Signature of Notary: Ray W. Rigby		13. Notary Commission expires: Life 19

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of blessing	By whom issued and signed: LDS Church		Date Issued: Oct.1,1916	Date Orig. Entry: blessed Oct.1,1916
	Date of Birth: Jan.13,1913	Birth Place: Plano, Idaho	Full Name of Mother: Mary Robertson	Name of Father: Ernest Oakey	
SUPPORTING RECORD 2.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church		Date Issued: Nov.3,1921	Date Orig. Entry: baptized July3,1921
	Date of Birth: Jan.13,1913	Birth Place: ~~Plano, ID~~	Full Name of Mother: Mary Robertson	Name of Father: Chas. Ernest Oakey	
SUPPORTING RECORD 3.	Type of Document: Affidavit by neighbor at time	By whom issued and signed: Thursia Fisher Bradshaw, age 84		Date Issued: Nov.29,1978	Date Orig. Entry: Nov.29,1978
	Date of Birth: Jan.13,1913	Birth Place: Plano, Idaho	Full Name of Mother: Mary Ann Robertson	Name of Father: Charles Ernest Oakey	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Janet M. Wick	Evidence reviewed by: Colleen Cunningham	Date Filed: DEC 06 1978

FORM BH 56067

Bradshaw

DEC 7 1978

235-122-016-413

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE78-497

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Merlin Dalley Stevenson		2. Date Of Birth (month) Sept. (day) 22 (year) 1913	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Cassia	b. City or Town of Birth: Sublett
FATHER	6. Full Name of Father: Abel Weaver Stevenson		7. State or Country of Father's Birth: Idaho	
MOTHER	8. Full Maiden Name of Mother: Clara Bryant Dalley		9. State or Country of Mother's Birth: Utah	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Merlin Dalley Stevenson	11. Present Address of Registrant: Dayton, Idaho	
NOTARY (Seal)	Subscribed and sworn to before me on December 5 19 78	12. Signature of Notary: Lula E. Johnson	13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of baptism/conf.	By whom issued and signed: LDS Church	Date Issued: Sep.25,1921	Date Orig. Entry: Sep.22,1921
	Date of Birth: Sep.22,1913 / Birth Place: Sublett, Idaho	Full Name of Mother: Clara Dalley	Name of Father: Abel Weaver Stevenson baptized	
SUPPORTING RECORD 2.	Type of Document: Certificate of ordination	By whom issued and signed: LDS Church	Date Issued: Feb.2,1925	Date Orig. Entry: Feb.2,1925
	Date of Birth: Sep.22,1913 / Birth Place: Sublett, ID	Full Name of Mother: Clara B. Dahle	Name of Father: Able Stevensen	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: May22,1930	Date Orig. Entry: May22,1930
	Date of Birth: Sep.22,1913 / Birth Place: Sublett, Idaho	Full Name of Mother: ----------	Name of Father: Abel W. Stevenson	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	DEC 12 1978

FORM BH 56067

Stevenson

DEC 13 1978

695-107-004-753

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No DE79-041

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Merrill Hugh Findlay
2. Date Of Birth (month) (day) (year): June 7 1913
3. Color or Race: White
4. Sex: M
5. Place of Birth a. County: Bear Lake
b. City or Town of Birth: St. Charles

FATHER

6. Full Name of Father: Hugh William Findlay
7. State or Country of Father's Birth: Fish Haven Idaho.

MOTHER

8. Full Maiden Name of Mother: Gertrude Peterson
9. State or Country of Mother's Birth: Alma Wyoming.

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Merrill H. Findlay
11. Present Address of Registrant: 210 N. 500 E Orem, Utah.

NOTARY (Seal)

Subscribed and sworn to before me on 16th day of May 1978
12. Signature of Notary: Vera Jaenke
13. Notary Commission expires: Oct. 20th 1979

APPLICANT — DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by aunt, born 1898	Rula Peterson Crook	Jan.25,1979	Jan.25,1979
	Date of Birth / Birth Place: June7,1913 / St. Charles, ID	Full Name of Mother: Gertrude Peterson Findlay	Name of Father: Hugh W. Findlay	
SUPPORTING RECORD 2.	Certificate of blessing	LDS Church	June22,1913	blessed June22,1913
	Date of Birth / Birth Place: June7,1913 / St. Charles, ID	Full Name of Mother: Gertrude Peterson	Name of Father: Hugh Wm. Findlay	
SUPPORTING RECORD 3.	Employment application	Geneva Steel Co. Geneva, UT	July22,1944	July22,1944
	Date of Birth / Birth Place: June7,1913 / St. Charles, ID	Full Name of Mother: ----------	Name of Father: ----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wicks
Evidence reviewed by: Colleen Cunningham
cc
Date Filed: FEB 02 1979

FORM BH 56067

Finally

FEB 5 1979

913-218-025-818

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-050

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Oline Lillian Ratliff
2. Date Of Birth: (month) June (day) 18 (year) 1913
3. Color or Race: White
4. Sex: Female
5. Place of Birth: a. County: Idaho; b. City or Town of Birth: Hot Springs

FATHER

6. Full Name of Father: James Elton Ratliff
7. State or Country of Father's Birth: USA.

MOTHER

8. Full Maiden Name of Mother: Kathrine Ellen Hayes
9. State or Country of Mother's Birth: Hot Springs Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Mrs Lillian Anders
11. Present Address of Registrant: Port Hueneme Calif

NOTARY (Seal) OFFICIAL SEAL FRANCES WIDDER NOTARY PUBLIC CALIFORNIA PRINCIPAL OFFICE IN VENTURA COUNTY My Commission Expires May 4, 1981

Subscribed and sworn to before me on Feb 2 19 79

12. Signature of Notary: Frances Widder
13. Notary Commission expires: May 4 19 81

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Application for ss #	Treasury Dept., IRS	Feb.5,1979	May21,1941
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	June18,1913 / Hot Springs, ID	Katherine Ellen Hayes	James Elton Ratliff	
SUPPORTING RECORD 2.	Marriage record	State of California	Oct.16,1978	Apr.26,1937
	Age: 23 / Hot Springs, ID	Kathrine Hayes	James Ratliff	
SUPPORTING RECORD 3.	Military Identification card	U.S. Military	May31,1963	May31,1963
	June18,1913 / ----------	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: FEB 12 1979

FORM BH 56067

ICC #16474

dbe file

FEB 1 3 1979

799-129-006-433

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-116

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Neil L Griffith
2. Date Of Birth (month) (day) (year): March 29 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Basalt Bingham
b. City or Town of Birth: Basalt, Idaho

FATHER

6. Full Name of Father: John Lloyd Griffith
7. State or Country of Father's Birth: Frisco, Beaver, Utah

MOTHER

8. Full Maiden Name of Mother: Mable Edith McCurdy
9. State or Country of Mother's Birth: Ovid Bearlake, Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Neil L Griffith
11. Present Address of Registrant: 310 Broadway Pocatello 83205

NOTARY (Seal)

Subscribed and sworn to before me on March 30 1979

12. Signature of Notary: Florence Cartright
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church record of membership	LDS Church	July27,1978	July1,1921
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Mar.29,1913 / Basalt, ID	Mable Mc Curdy	John L. Griffith	
SUPPORTING RECORD 2.	Own child's birth certificate	Idaho	on file	Child Born Aug.18,1942
	Age: 29 / Basalt, ID	----------	----------	
SUPPORTING RECORD 3.	Affidavit by uncle, age 82	Fred D. McCurdy	Nov.7,1978	Nov.7,1978
	Mar.29,1913 / Basalt, ID	Mable Edith McCurdy	John Lloyd Griffith	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: MAR 30 1979

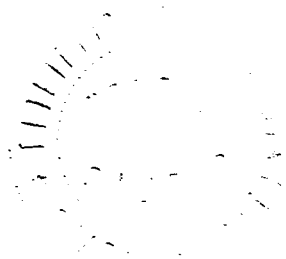
FORM BH 56067

ICC # 11507

7-26-78

Griffith

MAR 3 0 1979



354-213-2 64-849

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-127

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: ELLA MARGARET TEUSCHER
2. Date Of Birth (month) JAN. (day) 13 (year) 1913
3. Color or Race: WHITE
4. Sex: F.
5. Place of Birth a. County: GENEVA BEARLAKE
b. City or Town of Birth: GENEVA IDAHO

FATHER

6. Full Name of Father: JOHN GOTLIEB TEUSCHER
7. State or Country of Father's Birth: DIEMTIEB-SWITZERLAND

MOTHER

8. Full Maiden Name of Mother: MINNIE SELMA HIRSCHI
9. State or Country of Mother's Birth: PULCSITZ-DRESDEN-GERMANY

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Ella Stuart
11. Present Address of Registrant: 203 S. STATE MORGAN, UTAH

NOTARY (Seal)

Subscribed and sworn to before me on: March 20th 1978
12. Signature of Notary: Deborah M Butler
13. Notary Commission expires: May 1 1981

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt, age 77	May W. Hirschi	Mar.29,1978	Mar.29,1978

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.13,1913	Geneva, Idaho	Minnie Selma Hirschi	John G. Teuscher

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of blessing	LDS Church	Jan.30,1979	blessed

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Jan.13,1913	Geneva, ID	Minnie Selma Hirschi	Hans Teuscher Mar.2,1913

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Federal census report	U.S. Department of Commerce	Mar.27,1979	Jan.1,1920

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 6	Idaho	----------	----------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

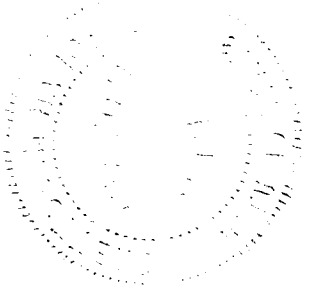
State Registrar: Janet M. Wick
Evidence reviewed by: cc Colleen Cunningham
cc
Date Filed: APR 05 1979

FORM BH 56067 Ella Teuscher ICC H 1

8-8-77

Stuart

APR 6 1979



362-225-006-612

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE79-320

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Matilda Cosgrove
2. Date Of Birth (month) 12 (day) 25 (year) 1913
3. Color or Race: Indian
4. Sex: Female
5. Place of Birth a. County: Fort Hall, Ida. Bingham
b. City or Town of Birth: Fort Hall, Ida

FATHER

6. Full Name of Father: Thomas K. Cosgrove
7. State or Country of Father's Birth: Wyoming

MOTHER

8. Full Maiden Name of Mother: Nancy Wishwop
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Matilda C. Warjack
11. Present Address of Registrant: Box-168 Fort Hall, Ida. 83203

NOTARY (Seal)

Subscribed and sworn to before me on August 23 1979

12. Signature of Notary: Judith A. Burns
13. Notary Commission expires: Lifetime 19___

APPLICANT - DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by mother, age 97	Nancy Wishwop Cosgrove	July8,1979	July8,1979
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.25,1913 / Fort Hall, ID	Nancy Wishwop Cosgrove	----------	
SUPPORTING RECORD 2.	Clinic record	Donald Bruce, Service Unit Director, Health Center	July9,1979	Aug.26,1960
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.25,1913 / Fort Hall, ID	Nancy Wishwop	Thomas K. Cosgrove	
SUPPORTING RECORD 3.	Shoshone-Bannock Enrollment	Shoshone-Bannock Enrollment	Feb.12,1973	Feb.12,1973
	Date of Birth / **Birth Place**	**Full Name of Mother**	**Name of Father**	
	Dec.25,1913 / Fort Hall, ID	----------	----------	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

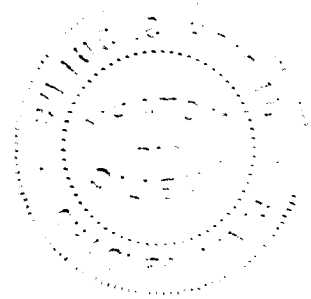
I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: SEP 10 1979

BH 56067

Mathilda Cosgrove

SEP 1 1 1979



389-128-003-169

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-023

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Orval Jorgensen Christensen
2. Date Of Birth (month) (day) (year): November 28, 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Central, Idaho

FATHER

6. Full Name of Father: Christian Miller Christensen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Pearl Jorgensen
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Orval J. Christensen
11. Present Address of Registrant: Rt. 1 Box 44, Grace, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on Jan. 8, 19 80

12. Signature of Notary: [signature]
13. Notary Commission expires: Lifetime 19

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church Membership Record	Church of Juses Christ of Latter-day Saints	Oct.8,1979	blessed Jan.4,1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov 28 1913	Central Idaho	Pearl Eliza Jorgensen	Christian Miller Christensen

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Ordination	LDS Church	Feb 1 1926	ordained Feb.1,1926

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov 28 1913	Central Idaho	Pearl Jorgensen	Christen M. Christensen

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by mother, age 88	Pearl J. Christensen	1-8-80	Jan.8,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov 28 1913	Central Idaho	Pearl Jorgensen Christensen	Christian Miller Christensen

QUALIFYING INFORMATION

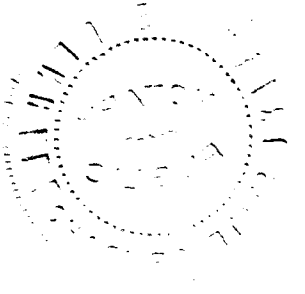
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Grace M. Wick	Colleen Cunningham	FEB 01 1980

FORM BH 56067

MAR 1 0 1960



335-224-010-893

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-072

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Cleverley Leona		2. Date Of Birth (month) Sept. (day) 24 (year) 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: Bonneville; b. City or Town of Birth: Shelton Ward
FATHER	6. Full Name of Father: Cleverley Clarence		7. State or Country of Father's Birth: Camas Idaho
MOTHER	8. Full Maiden Name of Mother: Hicks Rozella or Rosella May		9. State or Country of Mother's Birth: Fountian Green Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Leona C Lyman	11. Present Address of Registrant: Boulder, Utah 84716
NOTARY (Seal)	Subscribed and sworn to before me on: May 15 1979	12. Signature of Notary: [signature]	13. Notary Commission expires: 9-5- 1980

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church record	By whom issued and signed: LDS Church	Date issued: July7,1979	Date Orig. Entry: blessed
	Date of Birth: Sep.24,1913; Birth Place: Shelton, ID	Full Name of Mother: May Hicks	Name of Father: Clarence Cleverley	Jan.30,1914
SUPPORTING RECORD 2.	Type of Document: Affidavit by neighbor, age 80	By whom issued and signed: John H. Lovell	Date issued: Feb.14,1980	Date Orig. Entry: Feb.14,1980
	Date of Birth: Sep.24,1913; Birth Place: Shelton, Idaho	Full Name of Mother: Rozella May Hicks Cleverley	Name of Father: Clarence Cleverley	
SUPPORTING RECORD 3.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho #435350	Date issued: Feb.7,1980	Date Orig. Entry: child born
	Date of Birth: Age: 33; Birth Place: Shelton, ID	Full Name of Mother: ----------	Name of Father: ----------	Apr.9,1947
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	cc Colleen Cunningham	MAR 12 1980

FORM BH 56067 ICC #8212 6-13-78

Lyman

MAR 13 1980

517-215-001-249

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-261

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Stella Pearl Nagele			2. Date Of Birth (month) Feb. (day) 15 (year) 1913
	3. Color or Race: white	4. Sex: f	5. Place of Birth a. County: Eagle, Idaho Ada	b. City or Town of Birth: Eagle, Idaho
FATHER	6. Full Name of Father: Adam Frederick Nagele			7. State or Country of Father's Birth: Germany
MOTHER	8. Full Maiden Name of Mother: Pearl Angie Burke			9. State or Country of Mother's Birth: Miller, South Dakota
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Stella Pearl Nagele		11. Present Address of Registrant: 1401 Empire Way, Boise, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: April 4 19 75	12. Signature of Notary: Shirley J. Cummings		13. Notary Commission expires: Jan. 28 19 76

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth certificate	By whom issued and signed: State of Idaho 207021	Date Issued: Mar.20,1975	Date Orig. Entry: child born	
	Date of Birth: Age: 19	Birth Place: Eagle, ID	Full Name of Mother: --------	Name of Father: -------	Oct.31,1932
SUPPORTING RECORD 2.	Type of Document: Hospital record Caldwell, ID	By whom issued and signed: Caldwell Memorial Hospital	Date Issued: Mar.20,1975	Date Orig. Entry: Nov.27,1950	
	Date of Birth: Feb.15,1913	Birth Place: Eagle, ID	Full Name of Mother: ----------	Name of Father: ----------	
SUPPORTING RECORD 3.	Type of Document: Affidavit by family friend	By whom issued and signed: Alvenia Sanderson, age 83	Date Issued: Apr.4,1975	Date Orig. Entry: Apr.4,1975	
	Date of Birth: Feb.15,1913	Birth Place: Eagle, ID	Full Name of Mother: Pearl Angie Burke Nagele	Name of Father: Adam Frederick Nagele	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	AUG 18 1980

FORM BH 56067

AUG 18 1960

168-122-042-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-322

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Dewain Winn Johns
2. Date Of Birth (month) (day) (year): December 22 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Twin Falls County
b. City or Town of Birth: Twin Falls, Idaho

FATHER

6. Full Name of Father: Arthur Bailey Johns
7. State or Country of Father's Birth: Illinois

MOTHER

8. Full Maiden Name of Mother: Bertha Ellen Winn
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Dewain Winn Johns
11. Present Address of Registrant: 461 Hall Street, Coos Bay, Oregon 97420

NOTARY (Seal)

Subscribed and sworn to before me on: March 7 1980
12. Signature of Notary: James O. Young Jr.
13. Notary Commission expires: August 6 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by sister, age 75	Rozaline Johns Walton	Sep.26,1980	Sep.26,1980

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1913	Twin Falls, ID	Bertha Ellen Winn	Arthur Bailey Johns

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Church record	LDS Church	Aug.17,1979	Aug.22,1924

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Dec.22,1913	Twin Falls, ID	Bertha Ellen Winn	Arthur B. Johns

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Marriage record	Multnomah County, Oregon	Nov.1,1978	Oct.27,1937

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Age: 23	Twin Falls, ID	----------	----------

QUALIFYING INFORMATION

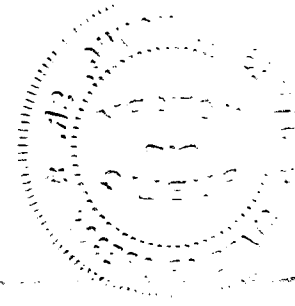
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Wick	Colleen Cunningham	OCT 06 1980

FORM BH 56067

OCT 7 1980
OCT 06 2003



133-112-003-231

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE80-382

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Glen Stanford Allen
2. Date Of Birth (month) Jan (day) 12 (year) 1913
3. Color or Race: White
4. Sex: Male
5. Place of Birth a. County: Bannock
b. City or Town of Birth: Grace, Idaho

FATHER

6. Full Name of Father: Francis A. Allen
7. State or Country of Father's Birth: Utah

MOTHER

8. Full Maiden Name of Mother: Faye Hargraves Stanford
9. State or Country of Mother's Birth: Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.
10. Signature of Registrant: Glen Allen
11. Present Address of Registrant: Grace Idaho

NOTARY (Seal)

Subscribed and sworn to before me on 4 December 1980
12. Signature of Notary: Eddie Dean Parker
13. Notary Commission expires: Lifetime 19___

APPLICANT -- DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Affidavit by family friend	Leo Bennett, age 92	Dec.4,1980	Dec.4,1980
	Date of Birth / Birth Place: Jan.12,1913 / Grace, ID	Full Name of Mother: Faye Stanford	Name of Father: Francis A. Allen	
SUPPORTING RECORD 2.	Type of Document: Church record	By whom issued and signed: LDS Church	Date Issued: Jan.23,1978	Date Orig. Entry: May4,1913
	Date of Birth / Birth Place: Jan.12,1913 / Grace, ID	Full Name of Mother: Faye Stanford	Name of Father: Francis A. Allen	
SUPPORTING RECORD 3.	Type of Document: Insurance application	By whom issued and signed: Beneficial Life Ins. Co.	Date Issued: June3,1941	Date Orig. Entry: June3,1941
	Date of Birth / Birth Place: Jan.12,1913 / Grace, ID	Full Name of Mother: Faye S. Allen	Name of Father: -----	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Colleen Cunningham
Date Filed: DEC 08 1980

FORM BH 56067

ALLEN

FEB 8 1980

555-111-019-695

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-046

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Harold D. Everitt			2. Date Of Birth (month) 8 (day) 11 (year) '13	
	3. Color or Race: W	4. Sex: M	5. Place of Birth a. County: Idaho, Custer	b. City or Town of Birth: Leslie	
FATHER	6. Full Name of Father: Couer de Vine Everitt			7. State or Country of Father's Birth: Colorado	
MOTHER	8. Full Maiden Name of Mother: Mary Leola Winner			9. State or Country of Mother's Birth: Illinois	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Harold D Everitt	11. Present Address of Registrant: 195 E. 22nd St. Idaho Falls, Idaho 83401	
NOTARY (Seal)	Subscribed and sworn to before me on January 30 19 81		12. Signature of Notary: Brenda Palmer	13. Notary Commission expires: Lifetime 19	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by aunt	By whom issued and signed: Grace E. Flatt	Date Issued: Jan.28,1981	Date Orig. Entry: Jan.28,1981
	Date of Birth: Aug.11,1913 Birth Place: Leslie, ID	Full Name of Mother: Mary Leola Winner Everitt	Name of Father: Couer de Vine Everitt	
SUPPORTING RECORD 2.	Type of Document: School records	By whom issued and signed: Meridian High School	Date Issued: Feb.3,1981	Date Orig. Entry: Sep.8,1930
	Date of Birth: Aug.11,1913 Birth Place: Idaho	Full Name of Mother: --------	Name of Father: C. V. Everitt	
SUPPORTING RECORD 3.	Type of Document: Insurance record	By whom issued and signed: Fireman's Fund American	Date Issued: Oct.31,1971	Date Orig. Entry: Oct.31,1971
	Date of Birth: Aug.11,1913 Birth Place: Idaho	Full Name of Mother: ----------	Name of Father: ----------	
QUALIFYING INFORMATION				

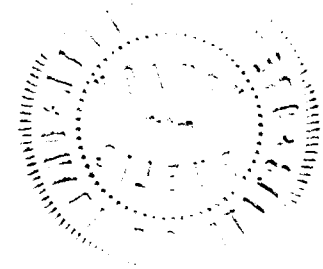
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Janet M. Hicks	Colleen Cunningham	FEB 20 1981

FORM BH 56067

FEB 23 1981



255-126-021-466

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-117

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Floyd Alton Bennett
2. Date Of Birth (month) June (day) 26 (year) 1913
3. Color or Race: white
4. Sex: Male
5. Place of Birth a. County: Franklin; b. City or Town of Birth: Winder

FATHER

6. Full Name of Father: George Albert Bennett
7. State or Country of Father's Birth: Kaysville, Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Jane moore
9. State or Country of Mother's Birth: Ogden, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Floyd Alton Bennett
11. Present Address of Registrant: R#3, Preston Idaho 83263

NOTARY (Seal)

Subscribed and sworn to before me on March 16 1981

12. Signature of Notary: LaRae C. Johnson
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

	Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
SUPPORTING RECORD 1.	Church birth Certificate	LDS Church, Salt Lake, Utah	May10,1967	Blessed Aug 3, 1913
	Date of Birth / Birth Place	**Full Name of Mother**	**Name of Father**	
	June 26,1913 Winder, Idaho	Elizabeth Jane Moore	George Albert Bennett	
SUPPORTING RECORD 2.	Affidavit by friend	Henry L. Talbot	Mar 16,1981	---
	June 26, 1913 Winder, Idaho	Elizabeth Jane Moore	George Albert Bennett	
SUPPORTING RECORD 3.	Insurance application	Occidental Life Ins. Co.	Mar 26,1927	---
	June26,1913 Idaho	---	---	

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Janet M. Wick
Evidence reviewed by: Teresa L. Cleverly
Date Filed: MAR 25 1981

K FORM BH 56067

Idaho # 22413

3-11-81

Bennett

MAR 9 5 198

DECEASED

293-116-028-243

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE81-444

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: George Joseph Bitter		2. Date of Birth (month) 1 (day) 16 (year) 1913	
	3. Color or Race: white	4. Sex: Male	5. Place of Birth a. County: Kootenai	b. City or Town of Birth: Coeur d'Alene
FATHER	6. Full Name of Father: Joseph A. Bitter		7. State or Country of Father's Birth: Iowa, United States	
MOTHER	8. Full Maiden Name of Mother: Ottilia Kutsch		9. State or Country of Mother's Birth: Iowa United States	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: George J Bitter	11. Present Address of Registrant: P.O Box 754 Novato, Calif 94948	
NOTARY (Seal) on back	Subscribed and sworn to before me on 11-23- 1981	12. Signature of Notary: Laurence Taylor	13. Notary Commission expires: FEB. 6 1984	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by sister age79yrs	By whom issued and signed: Serene Bitter Kroetch	Date Issued: Mar18,1981	Date Orig. Entry: ----	
	Date of Birth: Jan.16,1913	Birth Place: Coeur d'Alene, ID	Full Name of Mother: Ottilia Kutsch	Name of Father: Joseph A. Bitter	
SUPPORTING RECORD 2.	Type of Document: Own child's birth certificate	By whom issued and signed: State of California#50-207951	Date Issued: Nov12,1981	Date Orig. Entry: Child born Nov. 3,1950	
	Date of Birth: age 37yrs	Birth Place: Idaho	Full Name of Mother: ------	Name of Father: ------	
SUPPORTING RECORD 3.	Type of Document: Baptismal record	By whom issued and signed: Church of St. Thomas, Cd'A,ID	Date Issued: May6,1977	Date Orig. Entry: June15,1913	
	Date of Birth: Jan.16,1913	Birth Place: Coeur d'Alene,ID	Full Name of Mother: Ottilia Bitter	Name of Father: Joseph Bitter	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: DEC 14 1981

FORM BH 56067

DEC 17 1981

INDIVIDUAL ACKNOWLEDGMENT

State of California
County of MARIN } S.S.

On this 23RD day of NOVEMBER 19 81, before me,
Laureen Taylor, a Notary Public in and for said MARIN County,
(SEAL)
personally appeared George F. Bitter

known to me to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same.

WITNESS my hand and official seal.

Laureen Taylor

Notary Public in and for said MARIN County and State
My commission expires FEB. 6 19 84

OFFICIAL SEAL
LAURFEN TAYLOR
NOTARY PUBLIC - CALIFORNIA
MARIN COUNTY
My comm. expires FEB 6, 1984

P-169 4-80

469-219-010-992

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-018

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Edith Morris
2. Date Of Birth (month) (day) (year): November 19, 1913
3. Color or Race:
4. Sex: Fem
5. Place of Birth a. County: Bonneville
b. City or Town of Birth: Woodville

FATHER

6. Full Name of Father: Ebenezar William Morris
7. State or Country of Father's Birth: Wellsville, Utah

MOTHER

8. Full Maiden Name of Mother: Elizabeth Risenmay
9. State or Country of Mother's Birth: Logan, Utah

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Edith [redacted] Fowler
11. Present Address of Registrant: 206 So Meridian, Blackfoot Ida

NOTARY (Seal)

Subscribed and sworn to before me on Aug 9 1981
12. Signature of Notary: Carol W. Draper
13. Notary Commission expires: Lifetime 19___

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, Woodvill, Idaho	Blessed Jan 4,1914	Blessed Jan 4, 1914

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov19, 1913	Woodvill, Idaho	Elizabeth Risenmay	E. W. Morris

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	State of Idaho #418692	child born April 1, 1946	Child born April 1, 1946

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 32yrs	Wo odville,Ida.	Edith Morris	Hyrum Leon Fowler

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Hospital record	Bingham Memorial Hosp., Idaho	Jan.20,1982	Nov.29,1950

Date of Birth	Birth Place	Full Name of Mother	Name of Father
Nov.19,1913	Idaho	-------	---------

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	FEB 4 1982

FORM BH 56067

7-30-81

Perry

FEB 4 1982

DELAYED

DUP OF 1913 -18843

735-229-016-719

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE82-264

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: HAZEL GLEN			2. Date Of Birth (month) (day) (year): JANUARY 29 1913	
	3. Color or Race: WHITE	4. Sex: FEMALE	5. Place of Birth a. County: ELBA CASSIA IDAHO	b. City or Town of Birth: ELBA IDAHO	
FATHER	6. Full Name of Father: ALMA GLEN			7. State or Country of Father's Birth: IDAHO	
MOTHER	8. Full Maiden Name of Mother: SARAH AMBER PARISH			9. State or Country of Mother's Birth: IDAHO	
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.		10. Signature of Registrant: Hazel L. Ralph	11. Present Address of Registrant: 44 NORTH, KAYSVILLE UTAH 5 th EAST	
NOTARY (Seal)	Subscribed and sworn to before me on: July 7th 1982		12. Signature of Notary: David T. Hill	13. Notary Commission expires: 11-19 1983	

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church certificate of birth	By whom issued and signed: LDS Church		Date Issued: Apr. 28, 1982	Date Orig. Entry: Mar. 2, 1913
	Date of Birth: Jan. 29, 1913	Birth Place: Elba, Idaho	Full Name of Mother: Amber Parish	Name of Father: Alma Glen	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church		Date Issued: July 3, 1921	Date Orig. Entry: Baptized July 3, 1921
	Date of Birth: Jan. 29, 1913	Birth Place: Elba, Idaho	Full Name of Mother: Amber Parish	Name of Father: Alma Glen	
SUPPORTING RECORD 3.	Type of Document: Application for Life Ins.	By whom issued and signed: Beneficial Life Ins. Co.		Date Issued: June 17, 1952	Date Orig. Entry: ----
	Date of Birth: Jan. 29, 1913	Birth Place: Elba, Idaho	Full Name of Mother: -----	Name of Father: - ------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Bee Biggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: NOV 8 1982

FORM BH 56067

Copy rec'd 13993

625-82

Ralph

NOV 8 1982

619-120-016-539

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-197

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: David Leon Ward.
2. Date Of Birth (month) (day) (year): July 20 1913
3. Color or Race: White
4. Sex: Male.
5. Place of Birth a. County: Declo. Cassia
b. City or Town of Birth: Declo. Idaho.

FATHER

6. Full Name of Father: Louis abraham Ward.
7. State or Country of Father's Birth: Idaho.

MOTHER

8. Full Maiden Name of Mother: Ella Alvesta Elison
9. State or Country of Mother's Birth: Idaho

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: D. L. Ward
11. DAVID L. WARD
7851 E. LATHROP RD
MANTECA, CAL.
95336

NOTARY (Seal)

Subscribed and sworn to before me on 6-14 19 83

12. Signature of Notary: [illegible]
13. 7-25-83 19

OFFICIAL SEAL
MARY A. DOLAN
NOTARY PUBLIC-CALIFORNIA
SAN JOAQUIN COUNTY
My Commission Expires July 7, 1983

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Blessing	LDS Church, John L. Smith	Blessed Sept. 21, 1913	Blessed Sept. 21, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 20, 1913	Idaho	Ella Elison	Louis A. Ward

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	LDS Church, John J. Millard	Aug. 7, 1921	Aug. 6, 1921

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 20, 1913	Declo, Idaho	Ella A. Eilson	Lewis A. Ward

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certif.	San Joaquin Co, Recorder's office, California	May 29, 1979	Child born Feb. 1, 1939

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 25yrs.	Idaho	-----	-----

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	AUG 1 1983

FORM BH 56067 Copy # 9943

5-3-82

Ward

AUG 1 1983

613-201-039-296

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE83-243

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: LUCIE WATTS			2. Date Of Birth (month) (day) (year): AUGUST 1 1913
	3. Color or Race: White	4. Sex: Female	5. Place of Birth a. County: POWER	b. City or Town of Birth: AMERICAN FALLS
FATHER	6. Full Name of Father: JOSEPH THOMAS WATTS			7. State or Country of Father's Birth: MISSOURI
MOTHER	8. Full Maiden Name of Mother: MARY ANN BROWN			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: [signature]		11. Present Address of Registrant: 2364 Vanburen Ogden, Ut
NOTARY (Seal)	Subscribed and sworn to before me on: June 28 1983	12. Signature of Notary: Stella P. Sosa		13. Notary Commission expires: May 15 1985

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: App. for marriage license	By whom issued and signed: State of Utah		Date Issued: Aug.20,1932	Date Orig. Entry: Apr.17,1959
	Date of Birth: Aug.1,1913	Birth Place: American Falls, ID	Full Name of Mother: Mary Ann Brown	Name of Father: Joseph T. Watts	
SUPPORTING RECORD 2.	Type of Document: Statement by hospital	By whom issued and signed: St. Benedict's Hospital Ogden, Utah		Date Issued: July27,1983	Date Orig. Entry: May 7, 1963
	Date of Birth: Aug.1,1913	Birth Place: American Falls	Full Name of Mother: Mary Brown	Name of Father: Joseph Watts	
SUPPORTING RECORD 3.	Type of Document: Own son's birth certificate	By whom issued and signed: State of Idaho #378575		Date Issued: Aug.22,1983	Date Orig. Entry: child born Aug.24,1943
	Date of Birth: age 29yrs.	Birth Place: American Falls	Full Name of Mother: ----	Name of Father: --------	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	tc Teresa L. Cleverly	SEP 22 1983

FORM BH 56067

8-13-82

SEP 22 1983

Whiler

258-225-042-398

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-080

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Tracy Knypstra			2. Date Of Birth (month) Oct (day) 25 (year) 1913
	3. Color or Race: White	4. Sex: F	5. Place of Birth a. County: Buhl, Twin Falls	b. City or Town of Birth: Buhl, Idaho
FATHER	6. Full Name of Father: Herman Knypstra			7. State or Country of Father's Birth: Leeuwarden Netherlands
MOTHER	8. Full Maiden Name of Mother: Tryntje Dykstra (Tryntje)			9. State or Country of Mother's Birth: Anjum Netherlands
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Tracy Knypstra Haskins		11. Present Address of Registrant: 644 Monte Vista Dr. Twin Falls, Idaho
NOTARY (Seal)	Subscribed and sworn to before me on: March 20, 1984	12. Signature of Notary: Neal O. Johnson		13. Notary Commission expires: Life 19

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by mother age 100yrs.	By whom issued and signed: Tina Knypstra	Date Issued: Jan. 15, 1975	Date Orig. Entry: -----
	Date of Birth: Oct. 25, 1913 / Birth Place: Buhl, Idaho	Full Name of Mother: Tina Knypstra	Name of Father: Herman Knypstra	
SUPPORTING RECORD 2.	Type of Document: school transcript	By whom issued and signed: Buhl High school, Buhl, Idaho	Date Issued: Mar. 23, 1984	Date Orig. Entry: May 19, 1932
	Date of Birth: Oct. 12, 1914 / Birth Place: Buhl, Idaho	Full Name of Mother: Mrs. H. Knypstra	Name of Father: H. Knypstra	
SUPPORTING RECORD 3.	Type of Document: Application for employment	By whom issued and signed: Mercy Hospital, Nampa, Idaho	Date Issued: Sept. 9, 1933	Date Orig. Entry: Spet. 9, 1933
	Date of Birth: Oct. 25, 1914 / Birth Place: Buhl, Idaho	Full Name of Mother: -----	Name of Father: ------	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	APR 17 1984

FORM BH 56067

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2-26-75

APR 17 1984

696-103-039-799

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE84-169

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: VERLAND JAY FRODSHAM			2. Date Of Birth (month) AUG. (day) 3 (year) 1913
	3. Color or Race: CAU	4. Sex: M	5. Place of Birth a. County: POWER	b. City or Town of Birth: ROCKLAND
FATHER	6. Full Name of Father: FRANK LEROY FRODSHAM			7. State or Country of Father's Birth: UTAH
MOTHER	8. Full Maiden Name of Mother: MARY ADELPHA PRIEST			9. State or Country of Mother's Birth: UTAH
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Jay Frodsham		11. Present Address of Registrant: 519 N. 400 W., BRIGHAM, UT.
NOTARY (Seal)	Subscribed and sworn to before me on: July 16 1984	12. Signature of Notary: Richard Whitaker		13. Notary Commission expires: 5-10 1986

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church		Date Issued: Mar.6,1922	Date Orig. Entry: Baptized Feb.4,1922
	Date of Birth: Aug.3,1912	Birth Place: Rockland, Idaho	Full Name of Mother: LeRoy Frodsham	Name of Father: Adelpha Priest	
SUPPORTING RECORD 2.	Type of Document: Certificate of Belssing	By whom issued and signed: LDS Church		Date Issued: Blessed Aug.6,1913	Date Orig. Entry: Blessed Aug.6,1913
	Date of Birth: Aug.3,1913	Birth Place: Rockland, Idaho	Full Name of Mother: Leroy Frodsham	Name of Father: Adelpha Priest	
SUPPORTING RECORD 3.	Type of Document: Affidavit by older sister age 84yrs	By whom issued and signed: Cathie Pirest Forrest Davis		Date Issued: July16,1984	Date Orig. Entry: ----
	Date of Birth: Aug.3,1913	Birth Place: Rockland, Idaho	Full Name of Mother: Mary Adelpha Priest	Name of Father: Frank Leroy Frodsham	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Bee Biggs, R.N.	Teresa L. Cleverly	JUL 19 1984

FORM BH 56067 2 COPIES PAID # 2236

6-15-84

Dawson

JUL 19 1984

619-179-028-513

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE 85-124

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: Raymond Wargi
2. Date Of Birth (month) July (day) 29, (year) 1913
3. Color or Race: W
4. Sex: Male
5. Place of Birth a. County: Kootenai
b. City or Town of Birth: Coeur d'Alene

FATHER

6. Full Name of Father: John Wargi
7. State or Country of Father's Birth: Czechoslovakia

MOTHER

8. Full Maiden Name of Mother: Mary Eachon
9. State or Country of Mother's Birth: Czechoslovakia

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Raymond Wargi
11. Present Address of Registrant: Rt. 1 Box 110, Peck, Idaho

NOTARY (Seal)

Subscribed and sworn to before me on August 5, 19 85
12. Signature of Notary: Joan R. Wargi
13. Notary Commission expires: September 6, 19 88

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Certificate of Baptism	St. Thomas Catholic Church	Aug. 1985	Baptized Sept 14, 1913

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 29, 1913	Coeur d'Alene	Mary Eachon	John Wargi

SUPPORTING RECORD 2.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Own child's birth certificate	Washington State Vital Rec.	Mar. 3, 1947	child born Feb. 20, 1947

Date of Birth	Birth Place	Full Name of Mother	Name of Father
age 33	Coeur d'Alene	-------	- - ------

SUPPORTING RECORD 3.

Type of Document	By whom issued and signed	Date Issued	Date Orig. Entry
Affidavit by aunt age 87	Mrs. Lucy Kelbel	Aug 6, 1985	------

Date of Birth	Birth Place	Full Name of Mother	Name of Father
July 29, 1913	Coeur d'Alene	Mary Eachon	John Wargi

QUALIFYING INFORMATION

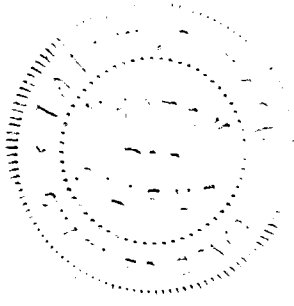
REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Lee Briggs, R.N.	Florence Curtright	Sept. 5, 1985

FORM BH 56067

SEP 5 1985



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312-215-007-795

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE86-080

REGISTRANT (Person whose birth is being registered)	1. Registrant's Full Name at Birth: Emma Labrum			2. Date Of Birth (month) 08 (day) 15 (year) 1913
	3. Color or Race: caucacian	4. Sex: F	5. Place of Birth: Home a. County: Blaine	b. City or Town of Birth: Manard, ID.
FATHER	6. Full Name of Father: Henry George Labrum			7. State or Country of Father's Birth: Utah
MOTHER	8. Full Maiden Name of Mother: Sarah Emma Greenhalgh			9. State or Country of Mother's Birth: Utah
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Emma Labrum		11. Present Address of Registrant: 2208 N. 18th, Boise, ID
NOTARY (Seal)	Subscribed and sworn to before me on: June 24 1986	12. Signature of Notary: Connie Duvall		13. Notary Commission expires: March 1987

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Church birth certificate	By whom issued and signed: LDS Church, Salt Lake City,UT	Date Issued: Feb.11, 1942	Date Orig. Entry: Sept.28,1913	
	Date of Birth: Aug.15,1913	Birth Place: Manard, Idaho	Full Name of Mother: Sarah E. Greenhalgh	Name of Father: Henry G. Labrum	
SUPPORTING RECORD 2.	Type of Document: Certificate of Baptism	By whom issued and signed: LDS Church, Boise, Idaho	Date Issued: Baptized Sept.4,1921	Date Orig. Entry: Baptized Sept. 4, 1921	
	Date of Birth: Aug.15,1913	Birth Place: Manard, Idaho	Full Name of Mother: Sarah Emma Greenhalgh	Name of Father: Henry G. Labrum	
SUPPORTING RECORD 3.	Type of Document: Own daughter's birth certif.	By whom issued and signed: State of Idaho #283174	Date Issued: child born May 9, 1939	Date Orig. Entry: child born May 9, 1939	
	Date of Birth: age 25yrs	Birth Place: Manard, Idaho	Full Name of Mother: ----	Name of Father: -----	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)	I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.		
	State Registrar: Briggs, R.N.	Evidence reviewed by: Teresa L. Cleverly	Date Filed: JUN 24 1986

FORM BH 56067

06-23-86

JUN 24 1986

STATE BOARD OF HEALTH
Division of Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE93-065

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Maud Mae Lewis		2. Date Of Birth (month) July (day) 17 (year) 1913
	3. Color or Race: White	4. Sex: female	5. Place of Birth a. County: Owyhee; b. City or Town of Birth: nearest town--Oreana
FATHER	6. Full Name of Father: George Henry Lewis		7. State or Country of Father's Birth: Idaho
MOTHER	8. Full Maiden Name of Mother: Lela Maud Carothers		9. State or Country of Mother's Birth: Colorado
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Peggy Apelsen (Maud Mae)	11. Present Address of Registrant: ~~Route 3C Caldwell, Idaho~~ 4901 S Florida, Caldwell, ID 83605
NOTARY (Seal)	Subscribed and sworn to before me on: May 19 1969	12. Signature of Notary: Nils Apelsen	13. Notary Commission expires: Feb. 17, 1972 19

APPLICANT-- DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Affidavit by Birth Attendant		By whom issued and signed: Mary Carothers Sothern	Date issued: May 23, 1967	Date Orig. Entry: ----
	Date of Birth: July17,1913	Birth Place: Oreana, Idaho	Full Name of Mother: Lela Maud Carothers Lewis	Name of Father: George H Lewis	
SUPPORTING RECORD 2.	Type of Document: Own daughter's birth certificate		By whom issued and signed: State of Idaho #316134	Date issued: Mar.18,1960	Date Orig. Entry: child born June 17, 1941
	Date of Birth: age: 27yrs	Birth Place: Oreana, Idaho	Full Name of Mother: --	Name of Father: --	
SUPPORTING RECORD 3.	Type of Document: Census Record		By whom issued and signed: National Archives-Pacific NW Reg., Seattle,Washington	Date issued: Nov.23,1993	Date Orig. Entry: Janaury 1920
	Date of Birth: age: 6yrs	Birth Place: Idaho	Full Name of Mother: Lela M Lewis	Name of Father: George H. Lewis	
QUALIFYING INFORMATION					

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane S. Smith	tlc Teresa L Cleverly	DEC 1 1993

K FORM BH 56067 no search made - no i.f. 12-22-66

Pulsen

DEC 1 1993

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE96-0040

REGISTRANT (Person whose Birth is being registered)

1. Registrant's Full Name at Birth: LEWIS LEROY PETTY
2. Date Of Birth (month) (day) (year): MAY 7 1913
3. Color or Race: WHITE
4. Sex: MALE
5. Place of Birth a. County: BANNOCK
b. City or Town of Birth: SWAN LAKE

FATHER

6. Full Name of Father: LEWIS JAMES PETTY JR.
7. State or Country of Father's Birth: RICHMOND (CACHE) UTAH

MOTHER

8. Full Maiden Name of Mother: CHELLA HOWELL PETTY
9. State or Country of Mother's Birth: CLIFTON (ONEIDA) IDAHO

AFFIDAVIT

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.

10. Signature of Registrant: Lewis L Petty
11. Present Address of Registrant: 3617 Pole Line Road Pocatello, ID 83201

NOTARY (Seal)

Subscribed and sworn to before me on July 22nd 1996

12. Signature of Notary: Lynda P Jaffa
13. Notary Commission expires: 10/26 1996

APPLICANT— DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.

Type of Document: Church Blessing Record
By whom issued and signed: LDS Church, Onairda Stake Swan Lake Ward, Idaho
Date Issued: Oct.28,1980
Date Orig. Entry: Blessed June 1, 1913
Date of Birth: May 7,1913
Birth Place: Swan Lake, Idaho
Full Name of Mother: Edith Chella Howell
Name of Father: Lewis James Petty, Jr.

SUPPORTING RECORD 2.

Type of Document: Church Membership Record
By whom issued and signed: LDS Church, Pocatello 26th Ward, Pocatello Idaho West Stake
Date Issued: Sept24,1980
Date Orig. Entry: May 26, 1921
Date of Birth: May 7,1913
Birth Place: Swan Lake, Idaho
Full Name of Mother: Edith Chella Howell
Name of Father: Lewis J Petty, Jr.

SUPPORTING RECORD 3.

Type of Document: 1920 Census Record
By whom issued and signed: US Bureau of Census
Date Issued: July16,1996
Date Orig. Entry: Jan. 7, 1920
Date of Birth: Age: 6yrs
Birth Place: Idaho
Full Name of Mother: Edith C. Petty
Name of Father: Lewis J. Petty

QUALIFYING INFORMATION

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar: Joyce A. Smith
Evidence reviewed by: tlc Teresa L. Cleverly
Date Filed: SEP 4 1996

FORM HW 0610

$ 10.00 pd

delfeb 6-10-96

SEP 4 1996

Health and Welfare
Vital Statistics
Boise, Idaho

DELAYED CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. DE97-0007

REGISTRANT (Person whose Birth is being registered)	1. Registrant's Full Name at Birth: Howard William Green		2. Date Of Birth (month) January (day) 23 (year) 1913
	3. Color or Race: White	4. Sex: Male	5. Place of Birth: rock cut on New York Canal; a. County: Ada; b. City or Town of Birth: Boise, Idaho
FATHER	6. Full Name of Father: Lewis Emerson Green		7. State or Country of Father's Birth: Tennessee
MOTHER	8. Full Maiden Name of Mother: Elizabeth Eleanor Marsh		9. State or Country of Mother's Birth: Kansas
AFFIDAVIT	I hereby declare upon oath that the above statements are true to the best of my knowledge and belief.	10. Signature of Registrant: Howard W Green	11. Present Address of Registrant: 2362 Wal Altman Redding Ca 96003
NOTARY (Seal)	Subscribed and sworn to before me on: December 26 1996	12. Signature of Notary: Laurie Carroll	13. Notary Commission expires: Dec 29 1997

LAURIE CARROLL
Commission # 1076337
Notary Public - California
Butte County
My Comm. Expires Oct 29 1999

APPLICANT — DO NOT WRITE BELOW THIS LINE

SUPPORTING RECORD 1.	Type of Document: Own child's birth record	By whom issued and signed: State of Idaho #41-329349	Date Issued: child born Dec.11,1941	Date Orig. Entry: child born Dec.11, 1941
	Date of Birth: Age: 28yrs; Birth Place: Boise, Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 2.	Type of Document: Marriage Record	By whom issued and signed: Shasta County, California	Date Issued: Dec.26,1996	Date Orig. Entry: June 26, 1976
	Date of Birth: Jan.23,1913; Birth Place: Idaho	Full Name of Mother: ---	Name of Father: ----	
SUPPORTING RECORD 3.	Type of Document: Census Record	By whom issued and signed: Bureau of Census Washington, D. C.	Date Issued: Jan.30,1997	Date Orig. Entry: January 1, 1920
	Date of Birth: Age: 6yrs; Birth Place: Idaho	Full Name of Mother: Lizzie Green	Name of Father: Lewis E. Green	
QUALIFYING INFORMATION				

REGISTRAR'S CERTIFICATION (seal)

I hereby certify that no prior birth certificate has been found in the Division of Vital Statistics for this registrant and that documentary evidence has been reviewed, which substantiates the facts as set forth in the foregoing abstract.

State Registrar	Evidence reviewed by	Date Filed
Jane S. Smith	tlc Teresa L. Cleverly	FEB 3 1997

FORM HW 0610

$8.00 pd #282722

12-11-96

Green

FEB 3 199

MAR 27 2002